



## Hospital Signage & Communication Requirements in Washington State

LAST UPDATED: November 2020

**NOTE:** Although every effort has been made to develop a complete list of hospital signage requirements, WSHA cannot guarantee that this list is exhaustive in all cases. This list is intended to be a list of generally applicable state and federal signage requirements related to health care and cannot take into account city, county, and other local requirements. This list is provided as a courtesy to our members and should not be relied upon as specific, legal advice.

WSHA welcomes your input - if you believe a requirement is missing or any information in the list is inaccurate, please contact: Zosia Stanley at [zosias@wsa.org](mailto:zosias@wsa.org) or (206) 216-2511.

### Washington State Signage/Communication Requirements

<b>Admission Policy</b>  AUTHORITY: RCW 70.41.520; WAC 246-320-141	APPLICABILITY	Hospitals licensed under RCW 70.41.
	SPECIFIC PLACEMENT	Hospital website where policy is readily accessible to the public, without requiring a login or other restriction.
	INFORMATION - REQUIRED	Hospital policy on admissions.
	ADD'L INFORMATION	Hospitals must also submit policy to the Department of Health within 30 days after the hospital approves changes/additions. Submit policies to <a href="mailto:HospitalPolicies@doh.wa.gov">HospitalPolicies@doh.wa.gov</a> . Policies are publicly available on the DOH website.
<b>Billing Notification</b>  AUTHORITY: RCW 70.41.400	APPLICABILITY	Hospitals licensed under RCW 70.41.
	SPECIFIC TIME/METHOD	Prior to or upon discharge.
	INFORMATION - REQUIRED	A hospital must furnish each patient receiving inpatient services a written statement providing a list of physician groups and other professional partners that commonly provide care for patients at the hospital and from whom the patient may receive a bill, along with contact phone numbers for those groups. The statement must prominently display a phone number that a patient can call for assistance if the patient has any questions about any of the bills they receive after discharge that relate to their hospital stay.
	ADD'L INFORMATION	A model brochure is available on the WSHA website: <a href="http://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/understanding-your-hospital-bill">http://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/understanding-your-hospital-bill</a> An insert template is also available on the WSHA website: <a href="http://washington-state-hospital-association.myshopify.com/products/understanding-your-hospital-bill-template">http://washington-state-hospital-association.myshopify.com/products/understanding-your-hospital-bill-template</a>
<b>Biohazardous Material Warning</b>  AUTHORITY: WAC 296-800-11045	APPLICABILITY	All employers.
	SPECIFIC PLACEMENT	Must use on signs, tags, or labels to identify: the actual or potential presence of biohazard; and equipment, containers, rooms, materials, experimental animals, or any combinations of these that contain viable hazardous agents.
	TEXT - REQUIRED	Required biohazard symbol proportioned requirements—see WAC 296-800-11045; WAC 296-823-18040.
	ADD'L INFORMATION	There must be sufficient contrast for the symbol to be clearly defined. It is recommended that the sign, tag, or label have a key color of fluorescent orange or orange-red and lettering or symbols in a contrasting color. Appropriate wording may be used in association with the symbol to indicate: the nature or identity of the hazard; name or individual responsible for its control; precautionary information; or other information. This information should not be written on the symbol.
<b>Breast Density Information</b>  AUTHORITY: RCW 70.54.460	APPLICABILITY	Health care facilities (including hospital, clinic, nursing home, laboratory, office, or similar place where mammography examinations are performed).
	SPECIFIC PLACEMENT	In the summary of mammography report (which is required by federal law) to be provided to a patient.
	INFORMATION - REQUIRED	Patient's individual breast density classification based on the breast imaging reporting and data system established by the American College of Radiology.
	TEXT - REQUIRED	If physician determines patient has heterogeneously or extremely dense breasts, the summary of the mammography report must include the following notice: "Your mammogram indicates that you may have dense breast tissue. Roughly half of all women have dense breast tissue which is normal. Dense breast tissue may make it more difficult to evaluate your mammogram. We are sharing this information with you and your health care provider to raise your awareness of breast density. We encourage you to talk with your health care provider about this and other breast cancer risk factors. Together, you can decide which screening options are right for you."
	ADD'L INFORMATION	This section expires January 1, 2025.


<b>Child Abuse or Neglect Reporting</b>  <b>AUTHORITY:</b> RCW 26.44.030(23)	<b>APPLICABILITY</b>	All healthcare entities that include licensed practitioners, nurses, psychologists, or pharmacists.
	<b>SPECIFIC PLACEMENT</b>	Clearly displayed in common areas of a facility.
	<b>TEXT - REQUIRED</b>	Minimum poster size: 8.5 x 11" Minimum information: (a) who is required to report child abuse and neglect; (b) the standard of knowledge to justify a report; (c) the definition of reportable crimes; (d) where to report suspected child abuse and neglect; and (e) what should be included in a report and the appropriate timing.
	<b>ADD'L INFORMATION</b>	The Department of Children, Youth, and Families has a poster with reporting requirements <a href="https://www.dcyf.wa.gov/sites/default/files/pubs/CWP_0040.pdf">https://www.dcyf.wa.gov/sites/default/files/pubs/CWP_0040.pdf</a>
<b>Complaint Toll-Free Number</b>  <b>AUTHORITY:</b> RCW 70.41.330	<b>APPLICABILITY</b>	Hospitals licensed under RCW 70.41.
	<b>SPECIFIC PLACEMENT</b>	Conspicuous locations.
	<b>TEXT - REQUIRED</b>	Notice of the WA DOH hospital complaint toll-free telephone number. The form of the notice shall be approved by the department.
	<b>ADD'L INFORMATION</b>	Toll free number: 1-800-633-6828.
<b>Community Health Needs Assessment (CHNA) &amp; Community Benefit Implementation Strategy</b>  <b>AUTHORITY:</b> RCW 70.41.470	<b>APPLICABILITY</b>	Hospitals licensed under RCW 70.41 and recognized as a 501(c)(3) nonprofit entity by the IRS.
	<b>SPECIFIC PLACEMENT</b>	Make community health needs assessment "widely available to the public"
	<b>SPECIFIC TIME</b>	Within fifteen days of submission of the CHNA to the IRS.
	<b>TEXT - REQUIRED</b>	Final Community Health Needs Assessment Report and Community Benefit Implementation Strategy
<b>Contracted Health Plans and Balance Billing Consumer Rights</b>  <b>AUTHORITY:</b> RCW 48.49.070; RCW 48.49.080; WAC 284-43B-050	<b>ADD'L INFORMATION</b>	Unless included in the CHNA, hospitals must make public a description of the community served by the hospital, including both a geographic description and a description of the general population served by the hospital; and demographic information such as leading causes of death, levels of chronic illness, and descriptions of the medically underserved, low-income, and minority, or chronically ill populations in the community.  Unless contained in the implementation strategy, the hospital must provide a brief explanation for not accepting recommendations for community benefit proposals identified in the assessment through the stakeholder consultation process, such as excessive expense to implement or infeasibility of implementation of the proposal.
	<b>APPLICABILITY</b>	All hospitals, ambulatory surgical facilities, and providers that provide services in a hospital or facility setting, including: hospitals and providers of emergency services; surgery; radiology; pathology; anesthesiology; and hospitalists.
	<b>SPECIFIC PLACEMENT</b>	(1) Facility or provider's website, if available, in a prominent and relevant location near the list of the carrier health plan provider networks with which the provider or facility is an in-network provider; (2) in any communication to a patient, in electronic or any other format, confirming the scheduling of nonemergency surgical or ancillary services at a facility that involve enrollees and services subject to the BBPA; and upon written or oral request of a patient.
	<b>INFORMATION - REQUIRED</b>	(1) Listing of the carrier health plan provider networks that the facility is an in-network provider (hospital and ambulatory surgical facilities) or that the provider contracts (health care provider) based upon the information provided by the carrier; and (2) a notice of consumer rights, the template for which can be found at: <a href="https://www.insurance.wa.gov/sites/default/files/documents/final-consumer-notice-of-surprise-billing-rights.pdf">https://www.insurance.wa.gov/sites/default/files/documents/final-consumer-notice-of-surprise-billing-rights.pdf</a>
	<b>SPECIFIC TIME</b>	Within fourteen calendar days of receipt of a fully executed contract from a carrier. If the information is posted in advance of the effective date of the contract, the date that the network participation will begin must be indicated.
	<b>ADD'L INFORMATION</b>	WSHA recommends hospitals and providers ensure they have processes to obtain this information via the X12 271 transaction when scheduling patients for non-emergency services and prior to any balance billing activity.

<b>Crime Victim Compensation</b>  <b>AUTHORITY:</b> WAC 296-30-081	<b>APPLICABILITY</b>	All health services providers.
	<b>SPECIFIC PLACEMENT</b>	No specific requirement, approved on case by case basis.
	<b>TEXT - REQUIRED</b>	Health services providers are required to inform the "victim of his or her rights under the Crime Victims Act and give whatever assistance is necessary for the victim to apply for compensation."
<b>End of Life Care Policy</b>  <b>AUTHORITY:</b> RCW 70.41.520; WAC 246-320-141	<b>APPLICABILITY</b>	Hospitals licensed under RCW 70.41.
	<b>SPECIFIC PLACEMENT</b>	Hospital website where policy is readily accessible to the public, without requiring a login or other restriction.
	<b>INFORMATION - REQUIRED</b>	Hospital policy on end of life care.
	<b>ADD'L INFORMATION</b>	Hospitals must also submit policy to the Department of Health within 30 days after the hospital approves changes/additions. Submit policies to HospitalPolicies@doh.wa.gov. Policies are publicly available on the DOH website.
<b>Estimate of Charges</b>  <b>AUTHORITY:</b> RCW 70.01.030(3); RCW 70.41.450	<b>APPLICABILITY</b>	Health care providers licensed under Title 18 RCW and health care facilities licensed under Title 70 RCW; Hospitals licensed under Title 70 RCW.
	<b>SPECIFIC PLACEMENT</b>	Patient registration areas.
	<b>TEXT - REQUIRED</b>	"Information about the estimated charges of your health services is available upon request. Please do not hesitate to ask for information."
	<b>ADD'L INFORMATION</b>	A model sign is available on the WSHA website: <a href="http://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/right-to-request-estimated-charges-signage">http://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/right-to-request-estimated-charges-signage</a>
<b>Financial Assistance/Charity Care - Signage, Documents, Billing Statements</b>  <b>AUTHORITY:</b> RCW 70.170.060(6)-(8); WAC 246-453-020(2); WAC 246-453-010(16)	<b>APPLICABILITY</b>	Hospitals licensed under RCW 70.41 or RCW 71.12.
	<b>SPECIFIC PLACEMENT</b>	Posted or prominently displayed within public areas of the hospital; provided to the patient in writing and explained, at the time the hospital requests information regarding third-party coverage, in any language spoken by more than 10% of the population in the hospital's service area and interpreted for other limited English speaking patients.
		Notice of charity care availability must be prominently displayed in all: (1) areas where patients are admitted or registered, (2) emergency departments, if any, and (c) financial services/billing areas accessible to patients. Notice must be posted in all languages spoken by more than 10% of the population of the hospital's service area.
		Current versions of the hospital's charity care policy, a plain language summary of the policy, and the application form must be available on the hospital's web site. The summary and application form must be available in all languages spoken by more than 10% of the population of the hospital's service area.
	<b>TEXT - REQUIRED</b>	Notice shall be made that charges for services provided to persons meeting the criteria for indigency established within WAC 246-453-040 may be waived or reduced.
		The first page of all hospital billing statements and other written billing/collection communications must include the following or substantially similar statement in English and the second-most spoken language in the hospital's service area: "You may qualify for free care or a discount on your hospital bill, whether or not you have insurance. Please contact our financial assistance office at [web site] and [phone number]."
	<b>ADD'L INFORMATION</b>	Model signs are available on the WSHA website: <a href="http://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/financial-assistance-sign-english-spanish">http://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/financial-assistance-sign-english-spanish</a> <a href="http://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/financial-assistance-signs-eight-languages">http://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/financial-assistance-signs-eight-languages</a>
<b>Financial Assistance/Charity Care - Notice</b>  <b>AUTHORITY:</b> WAC 246-453-010(16)	<b>APPLICABILITY</b>	Hospitals licensed under RCW 70.41 or RCW 71.12.
	<b>SPECIFIC TIME/METHOD</b>	At the time that the hospital requests information from the responsible party with regard to the availability of any third-party coverage.
	<b>TEXT - REQUIRED</b>	The availability of financial assistance must be provided to the individual in writing and explained, at the time that the hospital requests information from the responsible party with regard to the availability of any third-party coverage, in any language spoken by more than ten percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited-English speaking or other patients who can not read or understand the writing and explanation.

<b>Financial Assistance Policy/Charity Care</b>  AUTHORITY: WAC 246-453	APPLICABILITY	Hospitals licensed under RCW 70.41 or RCW 71.12.
	SPECIFIC PLACEMENT	Hospital website where policy is readily accessible to the public.
	SPECIFIC TIME/METHOD	Must be submitted to the Department of Health 30 days before adoption by hospital.
	INFORMATION - REQUIRED	Charity care policies, procedures, sliding fee schedules, and bad debt policies and
<b>Hospital License</b>  AUTHORITY: RCW 70.41.110	APPLICABILITY	Hospitals licensed under RCW 70.41.
	SPECIFIC PLACEMENT	Licenses shall be posted in a conspicuous place on the licensed premises.
	TEXT - REQUIRED	Actual license document.
<b>Infant Safe Haven</b>  AUTHORITY: RCW 13.34.360(4)(a)	APPLICABILITY	Emergency department of a hospital licensed under chapter 70.41 RCW; federally designated rural health clinic.
	SPECIFIC PLACEMENT	None specified.
	TEXT - REQUIRED	Statement that location is an appropriate place for the safe and legal transfer of a newborn.
	ADD'L INFORMATION	A model sign is available on the WSHA website: <a href="http://washington-state-hospital-association.myshopify.com/products/safety-of-newborns-sign">http://washington-state-hospital-association.myshopify.com/products/safety-of-newborns-sign</a>
<b>Nondiscrimination policy</b>  AUTHORITY: RCW 70.41.520; WAC 246-320-141	APPLICABILITY	Hospitals licensed under RCW 70.41.
	SPECIFIC PLACEMENT	Website where policy is readily accessible to the public, without requiring a login or other restriction.
	INFORMATION - REQUIRED	Hospital policy on nondiscrimination.
	ADD'L INFORMATION	Hospitals must also submit policy to the Department of Health within 30 days after the hospital approves changes/additions. Submit policies to HospitalPolicies@doh.wa.gov. Policies are publicly available on the DOH website.
<b>Nurse Staffing Plan</b>  AUTHORITY: RCW 70.41.420(8)	APPLICABILITY	Hospitals licensed under RCW 70.41.
	SPECIFIC PLACEMENT	Public area on each patient care unit.
	TEXT - REQUIRED	The nurse staffing plan and the nurse staffing schedule for that shift on that unit, as well as the relevant clinical staffing for that shift.
	ADD'L INFORMATION	Staffing plan and current staffing levels must also be made available to patients and visitors upon request. Hospitals must also submit nurse staffing plans to DOH.
<b>Provider-Based Clinic Facility Fee</b>  AUTHORITY: RCW 70.01.040	APPLICABILITY	Provider-based clinics that charge a facility fee.
	SPECIFIC PLACEMENT	Locations easily accessible to and visible by patients, including the facility's web site; not to any patient.
	SPECIFIC TIME/METHOD	Prior to delivery of nonemergency services.
	INFORMATION - REQUIRED	A statement that the provider-based clinic is licensed as part of the hospital and the patient may receive a separate charge or billing for the facility, which may result in a higher out-of-pocket expense.
	ADD'L INFORMATION	A model sign and downloadable notice template are available on the WSHA website: <a href="https://washington-state-hospital-association.myshopify.com/products/clinic-sign-for-hospital-based-clinics">https://washington-state-hospital-association.myshopify.com/products/clinic-sign-for-hospital-based-clinics</a>
<b>Provider Sexual Misconduct</b>  AUTHORITY: RCW 18.130.063	APPLICABILITY	All health care providers (or his or her designee) subject to Uniform Disciplinary Act to any patient scheduled for an appointment during the time period when the disciplining authority's order or stipulation is in effect.
	SPECIFIC TIME/METHOD	Only required to be provided at or before the patient's first visit with the provider.
	INFORMATION - REQUIRED	Disclosure to patients of the provider is sanctioned by the relevant disciplining authority for unprofessional conduct involving sexual misconduct: (1) a copy of the disciplining authority's stipulation to informal disposition or public order, such as an agreed order, default order, final order, or reinstatement order (but not a summary restriction order); (2) a description of the sanction imposed, including their duration; (3) the telephone number of the relevant disciplining authority; and (4) an explanation of how the patient can find more information about the provider on the disciplining authority's license information website.
	ADD'L INFORMATION	Patient or surrogate decision maker must sign a copy of the disclosure, indicating that the patient received a copy of the order or stipulation and is aware that the provider was sanctioned for unprofessional conduct involving sexual misconduct; a copy of the signed disclosure must be maintained in patient's file. A sample is available on the WSHA website: <a href="http://www.wsha.org/wp-content/uploads/WSHA-Model-Notice_Sexual-Misconduct-Disclosure_September-2019-.docx">http://www.wsha.org/wp-content/uploads/WSHA-Model-Notice_Sexual-Misconduct-Disclosure_September-2019-.docx</a>
<b>Radioactive Material Warning</b>  AUTHORITY: WAC 246-221-120; WAC 246-240-207	APPLICABILITY	WA DOH Radioactive Material Licensees.
	SPECIFIC PLACEMENT	Variable depending on circumstances: "Radiation area" as defined in: WAC 246-220-010; Patient or human research subject's room door.
	TEXT - REQUIRED	Required language varies based on hazard level - see WAC 246-221-120.

<b>Reproductive Health Care Policy</b>  <b>AUTHORITY:</b> RCW 70.41.520; WAC 246-320-141	<b>APPLICABILITY</b>	Hospitals licensed under RCW 70.41.
	<b>SPECIFIC PLACEMENT</b>	Website where policy is readily accessible to the public, without requiring a login or other restriction.
	<b>INFORMATION - REQUIRED</b>	Hospital policy on reproductive health care.
	<b>ADD'L INFORMATION</b>	Hospitals must also submit policy to the Department of Health within 30 days after the hospital approves changes/additions. Submit policies to HospitalPolicies@doh.wa.gov. Policies are publicly available on the DOH website.
<b>Reproductive Health Services Form</b>  <b>AUTHORITY:</b> RCW 70.41.520(5)	<b>APPLICABILITY</b>	Hospitals licensed under RCW 70.41.
	<b>SPECIFIC PLACEMENT</b>	Website where policy is readily accessible to the public, without requiring a login or other restriction.
	<b>INFORMATION - REQUIRED</b>	DOH created Reproductive Health Services form
	<b>ADD'L INFORMATION</b>	Submit form to HospitalPolicies@doh.wa.gov. Forms are publicly available on the DOH website: <a href="https://www.doh.wa.gov/Portals/1/Documents/Pubs/346107-HospitalReproductiveHealthServices.pdf">https://www.doh.wa.gov/Portals/1/Documents/Pubs/346107-HospitalReproductiveHealthServices.pdf</a>
<b>Self-Admission of Adolescent for Inpatient Mental Health Treatment</b>  <b>AUTHORITY:</b> RCW 71.34.510	<b>APPLICABILITY</b>	Professional person in charge of an evaluation and treatment facility when an adolescent is voluntarily admitted to inpatient treatment under RCW 71.34.500 solely for mental health treatment and not for substance use disorder treatment.
	<b>SPECIFIC METHOD/TIME</b>	In form most likely to reach the parent within twenty-four (24) hours of the adolescent's voluntary admission; efforts shall begin as soon as reasonably practicable.
	<b>INFORMATION - REQUIRED</b>	Notice to parent of adolescent that (a) the adolescent has been admitted to inpatient treatment; (b) the location and telephone number of the facility; (c) the name of a professional person on the staff of the facility providing treatment who is designated to discuss adolescent's need for inpatient treatment with the parent; and (d) of the medical necessity for admission.
	<b>EXCEPTIONS</b>	Notice not required if professional person has a compelling reason to believe that such disclosure would be detrimental to the adolescent or contact cannot be made.
	<b>ADD'L INFORMATION</b>	If professional person does not make contact with parent for either exception, professional person must document the reasons in the adolescent's medical record; and consult Washington State Patrol's publicly available information about parent legal custodian, or guardian-reported run away children at least once every eight (8) hours for the first seventy-two (72) hours of treatment and once every twenty-four (24) hours thereafter while adolescent receives inpatient services until the time the professional person contacts parent. If the adolescent is publicly listed as missing, the professional person must immediately notify the Department of Children, Youth, and Families of the professional person's contact with the adolescent (including the adolescent's physical and emotional condition).
<b>Self-Admission of Adolescent for Inpatient Substance Use Disorder Treatment</b>  <b>AUTHORITY:</b> RCW 71.34.510	<b>APPLICABILITY</b>	Professional person in charge of an evaluation and treatment facility or an approved substance use disorder treatment program when an adolescent is voluntarily admitted to inpatient treatment under RCW 71.34.500 for substance use disorder and if: (a) the adolescent provides written consent to the disclosure to the adolescent's parents of admission and such other substance use disorder treatment information; or (b) permitted by federal law.
	<b>SPECIFIC TIME/METHOD</b>	In form most likely to reach the parent within twenty-four (24) hours of the adolescent's voluntary admission; efforts shall begin as soon as reasonably practicable.
	<b>INFORMATION INCLUDED</b>	(a) The adolescent has been admitted to inpatient treatment; (b) the location and telephone number of the facility; (c) the name of a professional person on the staff of the facility providing treatment who is designated to discuss adolescent's need for inpatient treatment with the parent; and (d) of the medical necessity for admission.
<b>Sexual Assault Evidence Kit Collection</b>  <b>AUTHORITY:</b> RCW 70.41.367	<b>APPLICABILITY</b>	Hospitals licensed under RCW 70.41 that do not perform sexual assault evidence kit collections or do not have appropriate providers available upon an individual's arrival in the emergency department of the hospital who requests a sexual assault evidence kit collection.
	<b>SPECIFIC TIME/METHOD</b>	To the patient within two (2) hours of a request for a sexual assault evidence kit.
	<b>INFORMATION - [R]EQUIRED</b>	Notice that the hospital does not perform sexual assault evidence kit collection or does not have appropriate providers available; and that the individual may file a complaint with the Washington Department of Health if the hospital failed to inform the patient within two hours of the request of the above information.

<b>Voluntary Waiver of Firearms</b>  <b>AUTHORITY:</b> RCW 9.41.352	<b>APPLICABILITY</b>	All health care provider locations.
	<b>SPECIFIC PLACEMENT</b>	Widely available at health care provider locations.
	<b>INFORMATION - REQUIRED</b>	Two required forms: (1) Voluntary Waiver of Firearm Rights Form; and (2) Revocation of Voluntary Waiver of Firearm Rights Form.
	<b>TEXT - REQUIRED</b>	The voluntary waiver of firearm rights form must include the following language: "Because you have filed this voluntary waiver of firearm rights, effective immediately you may not purchase or receive any firearm. You may revoke this voluntary waiver of firearm rights any time after at least seven calendar days have elapsed since the time of filing."
<b>Washington Employment Security Department</b>  <b>AUTHORITY:</b> RCW 50.20.140	<b>ADD'L INFORMATION</b>	Forms are available at on the administrator for the courts website: <a href="http://www.courts.wa.gov/forms/?fa=forms.contribute&amp;formID=120">http://www.courts.wa.gov/forms/?fa=forms.contribute&amp;formID=120</a>
	<b>APPLICABILITY</b>	All employers.
	<b>SPECIFIC PLACEMENT</b>	Anywhere it can easily be seen and read by employees - e.g. employee break rooms or bulletin boards, or the area where time cards are kept.
	<b>TEXT - REQUIRED</b>	Form poster(s).
<b>Washington Labor &amp; Industries</b>  <b>AUTHORITY:</b> Various	<b>ADD'L INFORMATION</b>	The state provides a form poster: <a href="https://esdorchardstorage.blob.core.windows.net/esdwa/Default/ESDWAGOV/about-employees/ESD-unemployment-benefits-poster.pdf">https://esdorchardstorage.blob.core.windows.net/esdwa/Default/ESDWAGOV/about-employees/ESD-unemployment-benefits-poster.pdf</a> Other employer required forms: <a href="https://esdorchardstorage.blob.core.windows.net/esdwa/Default/ESDWAGOV/about-employees/ESD-Workplace-Posters-checklist.pdf">https://esdorchardstorage.blob.core.windows.net/esdwa/Default/ESDWAGOV/about-employees/ESD-Workplace-Posters-checklist.pdf</a>
	<b>APPLICABILITY</b>	All employers.
	<b>SPECIFIC PLACEMENT</b>	Anywhere it can easily be seen and read by employees - e.g. employee break rooms or bulletin boards, or the area where time cards are kept.
	<b>TEXT - REQUIRED</b>	Form poster(s).
<b>Your Rights as a Worker - Updated Paid Sick Leave Notice</b>  <b>AUTHORITY:</b> Washington Labor & Industries	<b>ADD'L INFORMATION</b>	Washington State Department of Labor & Industries has multiple poster requirements: <a href="https://www.lni.wa.gov/forms-publications/required-workplace-posters">https://www.lni.wa.gov/forms-publications/required-workplace-posters</a>
	<b>APPLICABILITY</b>	All employers.
	<b>SPECIFIC PLACEMENT</b>	Anywhere it can easily be seen and read by employees - e.g. employee break rooms or bulletin boards, or the area where time cards are kept.
	<b>TEXT - REQUIRED</b>	[R] <i>Your Rights as a Worker</i> notice/poster.
	<b>ADD'L INFORMATION</b>	Washington State Department of Labor & Industries updated poster with paid sick leave notice, available at: <a href="https://lni.wa.gov/dA/87b23aa8bc/F700-074-909.pdf">https://lni.wa.gov/dA/87b23aa8bc/F700-074-909.pdf</a>

U.S. Federal Signage Requirements		
<b>Accountable Care Act - Participation in Shared Savings Program</b>  <b>AUTHORITY:</b> 42 CFR §312(a)(2)	APPLICABILITY	ACO participants, defined as an entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants that is required under §425.118.
	SPECIFIC TIME/PLACEMENT	Posts signs in the facility and in settings in which beneficiaries receive primary care. Standardized written notices must be made available upon request.
	TEXT - REQUIRED	Must use template language developed by CMS and must meet marketing material requirements per 42 CFR 425.310.
	ADD'L INFORMATION	CMS has provided template poster language in the ACO Marketing Toolkit on the Shared Savings Program ACO Portal, accessible to ACO participants, available at: <a href="https://portal.cms.gov">https://portal.cms.gov</a>
<b>Americans with Disabilities Act (ADA) Information and Signage</b>  <b>AUTHORITY:</b> ADA, Title 10, §35.163	APPLICABILITY	Public entities (owned by state and local governments).
	SPECIFIC PLACEMENT	Signage at all inaccessible entrances at each facility, directing users to an accessible entrance or to a location at which they can obtain information about accessible facilities.
	TEXT - REQUIRED	The international symbol for accessibility shall be used at each accessible entrance of a facility.
	ADD'L INFORMATION	International Symbol of Accessibility is available at: <a href="https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/guide-to-the-ada-standards/guidance-on-the-isa">https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/guide-to-the-ada-standards/guidance-on-the-isa</a> 
<b>Ambulance Replenishing</b>  <b>AUTHORITY:</b> 42 CFR §1001.952(v)	APPLICABILITY	Receiving hospital's emergency department or other locations where emergency medical services are provided to patients (e.g., ambulance pick up/drop off areas).
	SPECIFIC PLACEMENT	Posting requirements for general replenishing arrangements only: Written disclosure of the replenishing program must be posted conspicuously in the hospital's ED or other locations where the ambulance providers deliver patients (unless the agreement operates in accordance with a plan promulgated by an EMS Council or similar agency). Copies of the plan must be made available upon request to ambulance providers, government representatives, and members of the public. *Note: posting requirements do not apply to fair market value replenishing or government mandated replenishing agreements.
	INFORMATION - REQUIRED	The receiving hospital or ambulance provider, or both, must: (1) maintain records of replenished drugs and medical supplies and the patient transport to which they related; (2) provide a copy of such records to the other party within a reasonable time (unless the other party is separately maintaining records); and (3) make those records available to the Secretary promptly upon request.
	ADD'L INFORMATION	Records must be maintained for 5 years, either in hard copy or electronically. A pre-hospital care report (including, but not limited to, a trip sheet, patient care report or patient encounter report) prepared by the ambulance provider and filed with the receiving facility will meet the requirements.
<b>Community Health Needs Assessment (CHNA)</b>  <b>AUTHORITY:</b> 26 CFR §1.501(r)-3	APPLICABILITY	Hospital organizations and hospital facilities as defined in 501(r)-1(17) & (18) that are tax exempt under 501(c)(3), including public hospital districts.
	SPECIFIC PLACEMENT	Website where policy is readily accessible to the public, without requiring a login or other restriction, at least until the date the hospital facility has made its two subsequent CHNA reports widely available on its website.
	TEXT - REQUIRED	Final Community Health Needs Assessment Report as adopted by an authorized body of the hospital facility, as defined by 501(r)-3(b)(6)
	ADD'L INFORMATION	See 501(r)-3(b)(6) for Details on CHNA Report: <a href="https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf">https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf</a>
<b>Comprehensive Care for Joint Replacement (CJR) Program Participants</b>  <b>AUTHORITY:</b> 42 CFR §510.500(d)(1)	APPLICABILITY	Participant hospitals in the CJR model, which include: (1) hospitals located in geographic areas selected for participation in the Comprehensive Care for Joint Replacement (CJR) program model; (2) hospitals that are not rural or low-volume in a mandatory MSA (metropolitan statistical area); (3) rural or low-volume hospitals in a mandatory MSA that elect to participate in the CJR model; and (4) any hospital in a voluntary MSA that elects to participate in the CJR model.
	SPECIFIC TIME/PLACEMENT	Post on participant hospital's website; update quarterly (at a minimum).
	INFORMATION - REQUIRED	Website must include: [R] List of all current and past CJR collaborators, including names and addresses, and written policies for selecting collaborators required by §510.500(a)(3).
	ADD'L INFORMATION	Participant hospitals must document and maintain records related to its processes and payments, as described in 42 CFR 510.500(d)(1) and (2).

<b>Emergency Care (EMTALA)</b>  <b>AUTHORITY:</b> 42 USC §1395cc(a)(1)(N)(iii)-(iv); 42 CFR §489.20(q)(1)	<b>APPLICABILITY</b>	Hospitals with Emergency Departments (ED) and Critical Access Hospitals. (Medicare) (Includes outpatient departments where patients may seek care for an emergency medical condition.)
	<b>SPECIFIC PLACEMENT</b>	Post conspicuously in any ED or in place(s) likely to be noticed by all individuals entering the ED, as well as those individuals waiting for examination and treatment in areas other than traditional EDs (that is, entrance, admitting area, waiting room, treatment area).
	<b>TEXT - [R]EQUIRED</b>	Language specifying the rights of individuals with emergency conditions and women in labor who come to the emergency department for health care services; and whether the facility participates in the Medicaid program. Wording must be clear and in simple terms and in language(s) that are understandable by the population served by the hospital.
	<b>ADD'L INFORMATION</b>	An EMTALA fact sheet is available on the WSHA website: <a href="http://www.wsha.org/quality-safety/projects/er-is-for-emergencies/">http://www.wsha.org/quality-safety/projects/er-is-for-emergencies/</a>
<b>Employee Polygraph Protection Act (EPPA)</b>  <b>AUTHORITY:</b> 29 USC §2001 et seq.; 29 CFR §801.6	<b>APPLICABILITY</b>	Most private employers.
	<b>SPECIFIC PLACEMENT</b>	Post notice in a prominent and conspicuous place in every establishment where it can be readily observed by employees and job applicants.
	<b>INFORMATION - REQUIRED</b>	Notice must explain the Employee Polygraph Protection Act.
	<b>ADD'L INFORMATION</b>	The EPPA poster notice created by the U.S. Department of Labor, Wage and Hour Division is available at: <a href="https://www.dol.gov/whd/regs/compliance/posters/eppac.pdf">https://www.dol.gov/whd/regs/compliance/posters/eppac.pdf</a>
<b>End-Stage Renal Disease Quality Incentive Program: Performance Score Certificate</b>  <b>AUTHORITY:</b> 42 USC §1395rr(h)(6)(C)	<b>APPLICABILITY</b>	Renal dialysis services providers and facilities
	<b>SPECIFIC TIME</b>	Prominently displayed in patient areas of the facility.
	<b>INFORMATION - REQUIRED</b>	Certificates to providers and facilities of renal dialysis services that indicate the total performance score.
	<b>ADD'L INFORMATION</b>	Each facility or provider receiving a certificate must prominently display it.
<b>Free and Reduced-Cost Health Care (Hill-Burton)</b>  <b>AUTHORITY:</b> 42 CFR §124.604	<b>APPLICABILITY</b>	Hill-Burton obligated facilities.
	<b>SPECIFIC PLACEMENT</b>	In appropriate areas of the facility, including but not limited to: admissions area, business office, and emergency room.
	<b>TEXT - REQUIRED</b>	"NOTICE—Medical Care for Those Who Cannot Afford to Pay." English and Spanish language notices required, as well as any language spoken by 10% of households in service area.
	<b>ADD'L INFORMATION</b>	Written Individual Notice that specifies the types of Hill-Burton free and reduced-cost services available and the income criteria is also required. The federal government provides model signs: <a href="http://www.hrsa.gov/getthehealthcare/affordable/hillburton/signenglish.pdf">http://www.hrsa.gov/getthehealthcare/affordable/hillburton/signenglish.pdf</a>
<b>Financial Assistance/Charity Care</b>  <b>AUTHORITY:</b> 26 CFR §1.501(r)-4(b)(5)	<b>APPLICABILITY</b>	Hospitals licensed under Title 70 RCW that are 501(c)(3) tax exempt under federal law.
	<b>SPECIFIC PLACEMENT/TIME</b>	Conspicuous public displays or other measures reasonably calculated to attract patients' attention in public areas of a hospital, including emergency departments and admission areas.
		Widely available on a website - applies to the hospital's financial assistance policy (and billing and collection policy if separate policy), FAP application, and a plain language summary. The FAP documents must be easily accessible free of charge (paper and electronic formats).
		Public areas of a hospital, including the emergency department and admissions areas must have paper copies of the FAP documents must be available upon request and without charge.
		Offer a plain language summary as part of the intake or discharge process.
	<b>INFORMATION - REQUIRED</b>	Notify and inform visitors to the hospital facility about the availability of financial assistance through conspicuous displays (size and location).
	<b>TEXT - REQUIRED</b>	Billing statements must include a "conspicuous written notice" regarding availability of financial assistance, including a phone number for information, application process, and website to access financial assistance documents.
	<b>ADD'L INFORMATION</b>	See for WSHA model signs: <a href="http://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/financial-assistance-sign-english-spanish">http://washington-state-hospital-association.myshopify.com/collections/financial-assistance/products/financial-assistance-sign-english-spanish</a>
		See 501(r) regulations for further details: <a href="https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf">https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf</a>



<b>Freedom to Choose Post Acute Care Provider</b>  <b>AUTHORITY:</b> 42 CFR §482.43(c)(6)	<b>APPLICABILITY</b>	Hospitals, including critical access hospitals.
	<b>SPECIFIC PLACEMENT</b>	List of home health agencies (HHAs) or skilled nursing facilities (SNFs) must be included in the discharge plan.
	<b>INFORMATION - REQUIRED</b>	<p>Discharge plan must include a list HHAs or SNFs that are available, participate in the Medicare program, and that serve the geographic area (as defined by the HHA) in which the patient resides, or in the case of a SNF, in the geographic area requested by the patient. HHAs must request to be listed by the hospital as available.</p> <p>For patients enrolled in managed care organizations, the hospital must indicate the availability of home health and posthospital extended care services through individuals and entities that have a contract with the managed care organizations.</p>
	<b>ADD'L INFORMATION</b>	Must document in the patient's medical record that the list was presented to the patient or to the individual acting on the patient's behalf.
<b>HIPAA Privacy Notice</b>  <b>AUTHORITY:</b> 45 CFR §164.520(c)(2)(iii)(A)	<b>APPLICABILITY</b>	HIPAA "covered entities."
	<b>SPECIFIC PLACEMENT</b>	A "clear and prominent location where it is reasonable to expect individuals seeking service from the covered health care provider to be able to read the notice."
	<b>TEXT - REQUIRED</b>	<p>Notice must have an effective date and the header: "THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY." Notice must also list: (1) how the covered entity may use and disclose protected health information about an individual; (2) the individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the covered entity; (3) the covered entity's legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of protected health information; and (4) contact information for further information about the covered entity's privacy policies.</p>
	<b>ADD'L INFORMATION</b>	<p>Written notice on a website and in a form that patients may take with them is also required. More information:</p> <p><a href="http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/">http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/</a></p>
<b>Mammography Accreditation Certificate</b>  <b>AUTHORITY:</b> 42 USC §263b(1)(A)(iii),(B)(iii)	<b>APPLICABILITY</b>	Facilities that conducts breast cancer screening or diagnosis through mammography activities, including a hospital, outpatient department, clinic, radiology practice, mobile unit, and physician's office.
	<b>SPECIFIC PLACEMENT</b>	Prominently displayed certificate in the facility conducting the mammography.
	<b>TEXT - REQUIRED</b>	The facility's accreditation certificate, temporary renewal certificate, provisional certificate, or limited provisional certificate.
<b>Medicaid Participation</b>  <b>AUTHORITY:</b> 42 CFR §489.20(q)(2)	<b>APPLICABILITY</b>	Hospitals and Critical Access Hospitals (Medicare).
	<b>SPECIFIC PLACEMENT</b>	Post conspicuously.
	<b>INFORMATION - REQUIRED</b>	Information indicating whether or not the hospital or rural primary care hospital participates in the Medicaid program under a State plan approved under Title XIX.
<b>Notice of Beneficiary Hospital Discharge Appeal Rights</b>  <b>AUTHORITY:</b> 42 CFR §405.1205	<b>APPLICABILITY</b>	All hospitals providing inpatient care, including critical access hospitals.
	<b>SPECIFIC TIME</b>	Notice to Medicare beneficiaries at or near admission, but no later than 2 days after being admitted. If notice was not delivered within 2 days of discharge, the hospital must provide the beneficiary a copy of the signed notice prior to discharge (but no earlier than 2 days before discharge).
	<b>TEXT - REQUIRED</b>	<p>Written notice must include a Medicare beneficiary's:</p> <p>(1) rights as a hospital inpatient;</p> <p>(2) discharge appeal rights - including a description of the process under §405.1206 and detailed information in accordance with §405.1206(e); and</p> <p>(3) liability for charges for continued inpatient stay.</p>
	<b>INFORMATION - REQUIRED</b>	The notice must be signed and dated by the beneficiary. If a beneficiary refuses to sign, the notice should indicate the date of refusal.

<b>Notice of Patient Rights</b>  <b>AUTHORITY:</b> 42 CFR §482.13(a)	<b>APPLICABILITY</b>	Hospitals, including critical access hospitals.
	<b>SPECIFIC TIME</b>	Provide notice in advance of providing or discontinuing patient care, whenever possible.
	<b>TEXT - REQUIRED</b>	A hospital must inform each patient, or the patient's representative as allowed under State law when appropriate, of the patient's rights.
<b>Physician Availability</b>  <b>AUTHORITY:</b> 42 CFR §489.20(w)(3),(4)	<b>APPLICABILITY</b>	Hospitals, including critical access hospitals.
	<b>SPECIFIC TIME</b>	Written notice to patient at the beginning of an inpatient stay or outpatient visit for observation, surgery or any other procedure requiring anesthesia, if a doctor of medicine or a doctor of osteopathy is not present 24/7.
	<b>TEXT - REQUIRED</b>	Notice must state that the hospital does not have a doctor of medicine or a doctor of osteopathy present in the hospital 24 hours per day, 7 days per week, and must indicate how the hospital will meet the medical needs of any patient who develops an emergency medical condition, as defined in §489.24(b), at a time when there is no doctor of medicine or doctor of osteopathy present in the hospital.
	<b>INFORMATION - REQUIRED</b>	Before admitting a patient or providing an outpatient service to outpatients for whom a notice is required, the hospital must receive a signed acknowledgment from the patient stating that the patient understands that a doctor of medicine or doctor of osteopathy may not be present during all hours services are furnished to the patient.
<b>Family &amp; Medical Leave Act (FMLA)</b>  <b>AUTHORITY:</b> 29 CFR §825.300	<b>APPLICABILITY</b>	All public agencies, all public and private elementary and secondary schools, and companies with 50 or more employees.
	<b>SPECIFIC PLACEMENT</b>	Prominently post notice of the FMLA on its premises, in conspicuous places where it can be seen by employees and job applicants. The poster and the text must be large enough to be easily read and contain fully legible text. Electronic posting is sufficient.
	<b>TEXT - REQUIRED</b>	Notice explaining the FMLA's provisions and procedures for filing complaints.
	<b>ADD'L INFORMATION</b>	If an FMLA-covered employer has any eligible employees, it shall also provide this general notice to each employee by including the notice in employee handbooks or other written guidance to employees concerning employee benefits or leave rights, if such written materials exist, or by distributing a copy of the general notice to each new employee upon hiring. In either case, distribution may be accomplished electronically. A prototype FMLA poster is available at: <a href="https://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf">https://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf</a>
<b>Fair Labor Standards Act (FLSA)</b>  <b>AUTHORITY:</b> 29 CFR §516.4	<b>APPLICABILITY</b>	All employers with employees subject to minimum wage provisions.
	<b>SPECIFIC PLACEMENT</b>	Post in conspicuous places in every establishment where employees work and can readily observe.
	<b>TEXT - REQUIRED</b>	Notice explaining the Fair Labor Standards Act.
	<b>ADD'L INFORMATION</b>	A prototype FLSA poster is available at: <a href="https://www.dol.gov/whd/regs/compliance/posters/wh1385State.pdf">https://www.dol.gov/whd/regs/compliance/posters/wh1385State.pdf</a>
<b>U.S. Department of Labor</b>  <b>AUTHORITY:</b> Various - includes: OSHA, EEOC, etc.	<b>APPLICABILITY</b>	Variable.
	<b>SPECIFIC PLACEMENT</b>	Variable.
	<b>TEXT - REQUIRED</b>	Form poster(s).
	<b>ADD'L INFORMATION</b>	The U.S. Department of Labor has many generally applicable poster requirements under laws such as: OSHA (Occupational Safety and Health Act), EEOC, and other federal laws. As applicable requirements can vary based on the size and nature of a business, interested parties are encouraged to visit the "poster advisor" website provided by the DOL to determine the specific posters required for their individual businesses at: <a href="http://www.dol.gov/elaws/posters.htm">http://www.dol.gov/elaws/posters.htm</a>
NOTE: ACA Section 1557 notice and signage requirements were changed in summer 2020. The requirements were removed from this document, but litigation is ongoing. Hospitals are advised to consult legal counsel about current obligations. <a href="https://www.wsha.org/articles/section-1557-nondiscrimination-final-rule/">Further information: https://www.wsha.org/articles/section-1557-nondiscrimination-final-rule/</a>		