

# ***Patients/Residents Rights and Responsibilities***

You have a fundamental right to considerate care that safeguards your personal dignity, values and beliefs. You are also entitled to the respect of your cultural, psychosocial, and spiritual preferences, and lifelong patterns of living. You are also entitled to be fully informed of these rights prior to your admission, and you will receive a written acknowledgement of those rights.

Hammond-Henry Hospital is committed to the ideal that healthcare services should contribute to the physical, psychological, emotional, and spiritual well-being of those we serve. The basic rights of human beings for independence of expression, decision, action, and concern for personal dignity and human relationships are always of great importance. It is our prime responsibility to assure that these rights are preserved for our patients.

## ***While you are receiving care at Hammond-Henry Hospital you or your legal representative has the right to...***



**Access to Care** - Individuals will be provided impartial treatment or accommodations that are available or medically indicated, regardless of race, creed, gender, sex, national origin, disability or sources of payment for care. The family or individual's designee(s) may participate in all aspects of care and/or care decisions.

**Advance Directives** - You have the right to formulate advanced directives and appoint a surrogate to make healthcare decisions in your behalf to the extent permitted by law. Once you have designated that person verbally or in writing, that person takes precedence over any non-designated relationship and continues throughout the inpatient/outpatient stay unless withdrawn by you. If a patient is incapacitated and does not have written documentation, then the spouse, domestic partner, parent or other family member will provide information required to make informed consent about the patient's care, unless more than one individual claims to be the patient's representative or the hospital has reasonable cause to believe that the individual is falsely claiming to be the patient's representative.

**Citizenship Privileges** - You have the right to personal freedom and dignity and the right to exercise citizenship privileges.

**Patient Care Services** - We provide a variety of patient care services to our patients. In an effort to ensure patient safety and public trust, anyone can inquire about our staffing levels and staff competence by calling 944-9101 to make an appointment with the vice president of patient care services. All questions will be answered in accordance with the Illinois Hospital Report Card Act.

**Communication** - You will be free from mental, sexual, or verbal abuse, and neglect. Chemical and, physical restraints are not used except as authorized in writing by a physician for a specified and limited period of time, or

when necessary to protect the patient or others from injury. You have the right of access to people outside the hospital by means of visitors and by verbal and written communication. You have the right to unlimited contact with visitors and others. Any restrictions (visitors, mail, telephone, etc.) are fully explained to you and your family and evaluated for therapeutic effectiveness. The restrictions are determined with your participation. You have access to hearing impaired telephone equipment and the foreign language interpreter line.

**Compliments, Concerns, or Complaints** - You are entitled to information about the hospital's mechanism for the initiation, review, and resolution of patient complaints. You have the right to voice complaints regarding the quality of care, to have those complaints reviewed, and when possible, resolved, without fear of coercion or retaliation. Compliment, concern or complaint may be presented to any employee of Hammond-Henry Hospital.

You may report a compliment, concern, or complaint by:

- Reporting the compliment, concern, or complaint to a nurse or staff member caring for you.
- Reporting the compliment, concern, or complaint to the quality manager at extension 2341 or 944-9159 or vice president of patient care services at extension 1301 or 944-9101. These individuals are available 8:00 a.m. to 4:30 p.m., Monday-Friday. To reach them after hours, please ask any of the hospital staff.
- Writing a letter to the hospital to the attention of the quality manager
- Filling out the patient satisfaction survey you will receive in the mail.
- By including your name, phone number and concern, you can be assured someone will follow up and contact you with information to answer your question or address your concerns.
- Filling out the self-addressed compliment, concern, or complaint form. Obtain the form from a nurse.

**Consumer Complaints** - If you have a complaint against the hospital concerning patient care, you can contact the Illinois Department of Public Health's Hotline at 1-800-252-4343. You will be asked for your name, date of birth, social security number, the name of the hospital and its address. The information is logged into a computer and reviewed. Presenting your complaint will not compromise your future care at Hammond-Henry Hospital.

**Accreditation** - Patients may notify DNV (Det Norske Veritas) regarding a concern with the care received at Hammond-Henry Hospital. Please visit [www.dnvghealthcare.com](http://www.dnvghealthcare.com) or call -866-496-9647.

**Consultation** - You, at your own request and expense, have the right to consult with a specialist or other physician.

**DNR or Withdrawing or Foregoing Life Sustaining Treatment** - A competent adult patient has the right to request a Do Not Resuscitate (DNR) order and withhold/withdrawal of life sustaining treatment and care at the end of life.

**Ethics** - You or your representative has the right to be involved in and assist in discussions about ethical issues surrounding your care. Ethical concerns should be presented to the social services manager. An Ethics Advisory Committee is available to consult regarding ethical issues. If you or your family has an ethical concern, please notify the staff.

**Hospital Charges** - Regardless of the source of payment of your care, you have the right to request and receive an itemized and detailed explanation of your total bill for services rendered in the hospital. You have the right to a timely notice prior to termination of your eligibility for reimbursement by any third-party payor for the cost of your care.

**Hospital Rules and Regulations** - You will be informed of any hospital rules and regulations that may apply to you as a patient.

**Identity** - You have the right to know the identity and professional status of individuals providing service to you and to know which physician or other practitioner is primarily responsible for your care. This includes your right to know of the existence of any professional relationship to any other healthcare or educational institutions involved in your care. You have the right to select medical and dental care providers and to communicate with those providers.

**Information** - You have the right to obtain information and be fully informed, by the physician or practitioner responsible for coordinating your care. You may obtain complete and current information concerning your diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms that you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information should be made available to a legally authorized individual. You are afforded the opportunity to participate in the plan of

treatment. The patient has the right to participate in the development and implementation of his/her plan of care.

**Informed Consent** - You and your representative have the right to reasonable informed participation in decisions involving your healthcare. To the degree possible, this should be based on a clear, concise explanation of your condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. You should not be subjected to any procedure without your voluntary, competent, and understanding consent or the consent of your legally authorized representative. Where medically significant alternatives for care or treatment exist, you shall be so informed. You or your representative will be asked for written consent when required.

You have the right to know who is responsible for authorizing and performing the procedures or treatment. You shall be informed if the hospital proposes to engage in or perform human experimentation or other research/educational projects affecting your care or treatment; you have the right to refuse to participate in any such activity. Participation by patients in clinical training programs or in the gathering of data for research purposes shall be voluntary. (At the present time, Hammond-Henry Hospital does not participate in any **experimental** or research projects.)

**Language Assistance** - You have the right to communicate in a way that you understand. The hospital participates in a foreign language interpreter line service and a sign language interpretation service. Contact social services or your nurse if you require these services.

**Organ/Tissue Donation** - You and/or your family's request for organ/tissue donation will be fulfilled in accordance with Hammond-Henry Hospital's policies and procedures.

**Pain Management** - Pain Management is an important aspect of your care at Hammond-Henry Hospital. You have a right to pain relief measures.

You will be assessed for presence, absence, and history of pain. You have a right to be believed when reporting levels of pain.

Education will be provided to you regarding pain, pain relief measures, pain rating scale, and information regarding pain medication addiction. You will receive necessary information to manage your pain at home.

**Patient Health Portal** - *My Chart* is an online tool that allows you to access your health information online at any time from almost anywhere. All of the information in the portal comes from your Electronic Health Record at Hammond-Henry Hospital. You may be asked during your hospital visit if you are interested in enrolling. You can also go the Hammond-Henry Hospital website [www.hammondhenry.com](http://www.hammondhenry.com) to begin the enrollment process.

**Privacy** - As a safeguard to your rights of privacy, Hammond-Henry Hospital does not report patient conditions to the general public. With your permission, your nurses will discuss the details of your condition with the appropriate designated members of your family when they call. While your friends are concerned about your well-being, we at Hammond-Henry Hospital believe you have the right to control who is given information about your hospital stay. Therefore, a close friend, or family member should be the contact person who will share this information with your friends and acquaintances.

According to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, unless you object, we can give your room number and general condition to people who ask for you specifically by name. Specific information about your diagnosis and treatment must come from your physician and is only available to you and members of your immediate family whom you designate.

**Privacy and Confidentiality** - You have the right, within the law, to personal and informational privacy, as manifested by the following rights:

- To refuse to talk with or see anyone not officially connected with the hospital, including visitors, or persons officially connected with the hospital but not directly involved in your care.
- You may associate and communicate privately with persons of your choice, and send/receive unopened mail, unless medically contraindicated.
- To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment, unless medically contraindicated or if they infringe upon the rights of others.
- To be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. This includes the right to have a person of one's own gender present during certain parts of a physical examination, treatment, or procedure performed by a health professional of the opposite gender and you have the right not to remain disrobed any longer than is required for accomplishing the medical purpose.
- To have the quality of life that supports independent expression, choice, and decision-making consistent with applicable laws and regulation.
- To meet with and participate or refuse to participate in activities of social, religious, and community groups at your discretion, unless medically contraindicated in the privacy of your room.
- To be treated with consideration, respect, and full recognition of your dignity and individuality, including privacy in treatment and in care for personal needs. You have the right to select and communicate with medical and dental care providers.
- To expect that any discussion or consultation involving your case will be conducted discreetly and that individuals not directly involved in your care will not be present without your permission.

- To private visits by a significant other. If both of you are patients of the facility, you may share a room unless medically contraindicated, and/or a bed is available.
- To have your medical record read only by individuals directly involved in your treatment or in the monitoring of its quality. Other individuals can only read your medical record on your written authorization or that of your legally authorized representative.
- To expect all communications and other records pertaining to your care, including the source of payment for treatment, to be treated as confidential.
- To be placed in protective privacy when considered necessary for personal safety.

**Protective Services** - The hospital supports patient's right for protective support (i.e., state survey, licensure, ombudsman, Medicare fraud, etc.). Information regarding your right to file a complaint with the state survey and certification agency if you have a concern can be accessed through the social services department and this information is also posted in the facility.

**Refusal of Treatment** - You may refuse treatment to the extent permitted by law. When refusal of treatment by you or your legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the hospital's relationship with you may be terminated upon reasonable notice. Documentation in the medical record will indicate your refusal of treatment and that you were informed of the medical consequences of such refusal.

You are responsible for your actions if you refuse treatment or do not follow a medical practitioner's instructions.

**Respect and Dignity/Freedom/Positive Self-Image** - The patient/resident has the right to considerate, respectful care and treatment at all times and under all circumstances, with recognition of his/her personal dignity and individuality. Care will be provided considering the psychosocial, spiritual, and cultural variables that influence the patient's perception of illness. Pastoral counseling is available through the Chaplain on Call or through patient's request to contact a spiritual designee.

- The patient/resident is not required to perform services for the facility that are not included in his/her plan of care for therapeutic purposes.
- Extended Care residents have the right to be involved in the Resident Council.

**Transfer and Continuity of Care** - You may not be transferred or discharged to another facility or organization unless you have received a complete explanation of the need for the transfer and of the alternatives to such a transfer. In addition, you can only be transferred if the transfer is acceptable to the other facility or organization. You have the right to be informed by the practitioner responsible for your care, or your delegate, of any continuing healthcare requirements following discharge from the hospital. You may be transferred for medical reasons, or for your own welfare or the welfare of other patients.

## ***As a patient/resident you are responsible for...***

**Compliance Instructions** - You are responsible for following the treatment plan recommended by the physician or practitioner primarily responsible for your care. This may include following the instructions of nurses and allied health personnel as they carry out your coordinated plan of care, implement the responsible practitioner's orders, and enforce the applicable hospital rules and regulations. Your plan of care may include restricting mail, telephone, visits, etc., after evaluation has been made of their effectiveness.

You are responsible for keeping appointments and for notifying the appropriate practitioner of the hospital if you are unable to do so for any reason.

**Hospital Charges** - You are responsible for assuring that the financial obligations of your healthcare are fulfilled as promptly as possible.

**Hospital Rules and Regulations** - You are responsible for following rules and regulations affecting patient care and conduct.

**Pain Management** - You are responsible for informing caregivers of pain presence/status including effectiveness of pain management efforts.

**Provision of Information** - You are responsible for providing, to the best of your knowledge, accurate and complete information concerning present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. You are responsible for reporting unexpected changes in your condition to the responsible practitioner and/or to the nursing staff. You are responsible for reporting whether or not you clearly comprehend the contemplated course of action and what is expected of you.

**Respect and Consideration** - You are responsible for being considerate of the rights of other patients and hospital personnel and for assisting in the control of noise, which may include the number of visitors in your room. You are responsible for being respectful of the property of other persons and of the hospital.

**Be Involved** - Your safety is important to us. Research shows that patients who take part in decisions about their healthcare are more likely to have better outcomes. To ensure your safety, you are urged to be involved in your care.

**Let us know** if you have questions or concerns, and if you still don't understand, ask again. It's your body and you have a right to know.

**Make sure** you're getting the right treatments and medications by the right healthcare professionals. Don't assume anything.

**Learn** about your illness, Learn about the medical tests you get, and your treatment plan.

Invite a trusted family member or friend to be your advocate (advisor or supporter).

**Be aware of** what medication you take and why you take them. Medicine errors are the most common healthcare mistakes.

**Select** a hospital, clinic, surgery center or other type of healthcare organization that has been carefully checked out.

**Be involved** in all decisions about your treatment. You are the center of the healthcare team. Call the Rapid Response Team at 944-7327 if you feel you're not receiving the attention needed to support your care or that of your loved one.



### Mission

To improve the quality of life in our communities through excellence in healthcare.

### Vision

Medical Excellence Close to Home