

## PATIENT RIGHTS & RESPONSIBILITIES

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### WE RESPECT YOUR RIGHT TO:

#### High Quality Care

- Receive care with dignity, respect and appreciation of the beliefs and values of each patient. Care is provided without regard to: age, race, ethnicity, religion or other spiritual services, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression.
- Know the names of your caregivers and who has overall responsibility for your care.
- Be informed about your illness, the care you will receive including course of treatment and your prognosis for recovery in words you understand.
- Have your pain evaluated and managed.
- Know when something goes wrong with your care.
- Be given a list of all your current medicines.
- Be in a clean, safe environment.
- Receive safe care by staff trained in safe practices in a safe setting.
- Privacy in treatment.
- Be free of all forms of physical or mental abuse including harassment.
- Be free from restraint or seclusion unless you could harm yourself or others.
- Participate in end-of-life decisions.
- Receive religious and spiritual services of your choice.

#### Involvement in Your Care

- Get information in a way that you best understand.
- Get information about your care in your preferred language.
- Get information in a way that will meet your needs if you have vision, speech, hearing or mental impairments.
- Make decisions about your care including the development and implementation of your plan of care.
- Formulate an advance directive with hospital staff and providers who will honor the directive.
- Except in the case of emergencies, you (or your legally authorized representative) will be asked to consent before treatment or participation in research.
- Refuse care to the extent permitted by law, and be informed of the medical consequences of refusal.
- Express your thoughts and be heard.
- Identify family members, representatives of your choice and a physician to be notified of your hospital stay.
- Have a support person, also called an advocate, with you during your stay. Your support person may be a family member or friend of your choice to provide emotional support.

#### Protection of Your Privacy

- Decide who may or may not visit you during your hospital stay.
- Understand that we store and protect your medical records. These records are kept private. You must make a written request for us to share your records with others.
- Review your records and have them explained in words you understand. You may have a copy of your record. A fee for copies may apply.
- Request a copy of the Notice of Privacy Practices at (715) 284-5361.

#### Help When Leaving Black River Memorial Hospital

- Understand what medicine to take, why it is needed and when to take it.
- Receive help in arranging for follow-up care.
- Except in emergencies, receive a full explanation of any transfer and continuing care plan including transfers to and acceptance by the receiving facility.
- Understand options of skilled care in the home or alternative care, such as a nursing home or assisted living facility.

#### Help with Your Bill

- Ask for an explanation of your charges.
- Understand the cost of your care.
- Request financial assistance or advice for places to apply for help.

## PATIENT RIGHTS & RESPONSIBILITIES

### YOUR RESPONSIBILITIES AS A PATIENT:

- Become involved in your own care in an open respectful partnership.
- Provide your doctor and nurse a complete and accurate medical history.
- Comply with hospital rules.
- Be respectful of other patients, staff and property.
- Provide required information concerning payment of charges.

### PATIENT CONCERNS AND COMPLAINTS:

To ensure all patients receive the best care possible, our patient and/or their family have the right to make a complaint. All complaints will be acknowledged, reviewed and followed up on without fear of discrimination, reprisal, or unreasonable interruption of care. When patients have an immediate problem or concern, they may:

- Notify any staff member of a grievance or complaint.
- Ask to speak to a department director.
- Ask to speak with the Chief Nursing Officer.
- Billing complaints should be referred to a Patient Financial Advocate.
- Request an Ethics Committee Consult

Patients and/or their family may express their concerns to one of the agencies listed below.

<b>The Joint Commission:</b> Office of Quality and Patient Safety One Renaissance Boulevard Oakbrook Terrace, IL 60181 1-800-994-6610 <a href="http://www.jointcommission.org">www.jointcommission.org</a> E-mail: <a href="mailto:patientsafetyreport@jointcommission.org">patientsafetyreport@jointcommission.org</a>	<b>Disability Rights Wisconsin</b> 131 West Wilson Street, Suite 700 Madison, WI 53703 608-267-0214
<b>Division of Quality Assurance:</b> 1 West Wilson Street, Room 1150 Madison, WI 53703 1-608-266-8481 <a href="http://www.dhs.wisconsin.gov/dqa/sections.htm">www.dhs.wisconsin.gov/dqa/sections.htm</a>	<b>Ombudsman Program</b> 1402 Pankrats Street, Suite 11 Madison, WI 53704 1-800-815-0015 <a href="http://www.longtermcare.wi.gov">www.longtermcare.wi.gov</a>
<b>Livanta</b> Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO). BFCC-QIOs can help you if you have a concern about the care you have been receiving or if you want to request a review (appeal) of your discharge from a health care facility. Helpline: 888-524-9900 TTY: 888-985-8775 Fax: 855-236-2423	

Black River Memorial Hospital recognizes and respects patient rights, as it has shown to encourage patients to become more informed and involved in their own care. Empowered patients ask questions and develop better relationships with their caregivers. Acknowledgment of patient rights also helps patients feel supported by the people directly involved in their care, treatment and services.