

Patient Rights & Responsibilities

EDGERTON HOSPITAL AND HEALTH SERVICES BELIEVES A PATIENT'S RIGHTS AND RESPONSIBILITIES ARE AN IMPORTANT PART OF PROVIDING QUALITY HEALTH CARE.

Every patient, and/or patient's support person, shall be informed orally, and in writing, on EHHS policy of patient rights and responsibilities. Copies of Patient's Rights and Responsibilities are also posted in patient areas and additional copies are available upon request.

Except in emergencies, the consent of the patient or the patient's support person shall be obtained before treatment is administered. All efforts will be made to identify a patient support person in the case of an incapacitated patient.

CARE, TREATMENT AND SERVICES RIGHTS

You have the right:

- To know by name the health care provider responsible for coordinating your care and the names and responsibilities of all the personnel involved in your care
- To have prompt and quality treatment within the range of services the facility provides
- To fully participate in the decisions regarding the planning of your treatment, care, continued health needs and discharge planning
- To obtain complete and current information concerning your diagnosis, treatment, prognosis and any changes in a manner you can understand and any information necessary to give informed consent prior to the start of any procedure and/or treatment, including realistic alternative, expected outcomes and possible side effects
- To request treatment unless it is deemed medically unnecessary or inappropriate by your physician
- To ask for a second opinion or a change in provider
- To receive medical evaluation, services and/or referral as indicated by the urgency of your case. If medically necessary you may need to be transferred to another facility; the transfer must be acceptable to both you and the other facility after you have received an explanation concerning the need for the transfer and your alternatives
- To have your pain frequently re-assessed and managed with your participation and to have your expression of pain accepted and respected as the most reliable indicator
- To be free from unnecessary or excessive medication
- To not be chemically or physically restrained or placed in seclusion unless authorized for your protection by time-limited health care provider order
- To create an advanced directive, such as a power of attorney for health care or living will, and to have it used according to your direction
- To request a consult from the Ethics Committee

REFUSAL RIGHTS

You have the right:

- To refuse treatment and medication to the extent permitted by law, and to be informed of the medical consequences of this action. No treatment will be given without your consent unless court ordered
- To leave the hospital against your physician's recommendation regardless of your condition, to the extent permitted by Wisconsin state law, after signing a release form
- To refuse to take part in experimental research
- To refuse to be filmed or taped without your consent

FINANCIAL RIGHTS

You have the right:

- To have emergency treatment regardless of ability to pay
- To request, receive, and review an explanation of your bill and obtain information relating to available financial assistance in a reasonable time frame
- To receive a copy of your health care records upon payment of a reasonable cost
- To manage your own money or choose someone you trust to do this for you. EHHS will not manage your money but if requested a social worker can assist in finding an outside person or agency
- To be informed of business relationships among hospitals, payers, educational institutes, and other health care providers that may affect your care

COMMUNICATION RIGHTS

You have the right:

- To be informed of visitation rights, including clinical restrictions or limitations on such rights.
 - You (not the hospital) determine who may visit and who may not visit
 - You may withdraw or deny consent for visitors at any time
 - If your visitation rights are clinically restricted or limited you will be updated as to the justification and anticipated time frame
 - EHHS does not restrict visiting hours unless there is a justified cause
- To have access to an interpreter and/or translation services
- To have a support person of your choice and your own health care provider notified promptly of your admission to the hospital
- To send and promptly receive unopened mail and retain personal letter writing materials

RESPECT AND DIGNITY RIGHTS

You have the right:

- To receive care provided with respect, dignity, comfort and recognition of individual and personal needs
- To considerate and respectful care regardless of age, race, color, sex, sexual orientation, gender identity or expression, creed, religion, national origin, ancestry, language, arrest or conviction record, marital status, source of payment, newborn status, or physical and mental challenges
- To have your cultural, spiritual, psychosocial and personal values, beliefs and preferences respected and accommodated within the limits of the law and without compromising your care or the care of others
- To have safe and clean surroundings that are free from all forms of abuse, neglect or harassment, whether from staff, other patients or visitors (please see Abuse Allegation Policy for more information)
- To have a nutritional diet with reasonable food choices that suit your religious, cultural or personal needs
- To be informed of EHHS's rules and regulations affecting your care and conduct
- To retain and use personal possessions, including some furnishings, and appropriate clothing, unless to do so would infringe upon the rights or health and safety of others. The hospital has the right to limit personal property due to space limitations or safety considerations

- To have a family member, support person or advocate with you during your stay
- To share a room with a spouse
- To participate in an ongoing program of activities on a daily basis, which are centered around the patient's interests, and the physical, mental and psychosocial well-being of the patient

PRIVACY RIGHTS AND CONFIDENTIALITY

You have the right:

- To personal privacy, visual and auditory, to the fullest extent possible during personal hygiene activities, medical and nursing treatments, clinical discussions, visits, family meetings, and when requested
- To receive an explanation of your medical record during regular business hours with a reasonable notice
- To challenge the accuracy of your records and request corrections
- To request restrictions according to federal law (HIPAA) on certain uses and disclosures of your health information
- To request restrictions on how and where EHHS communicates with you outside of the hospital
- To know information regarding your medical condition, treatment and prognosis will not be discussed with your family or friends without your consent. If you are unable to give consent, limited information may be shared with your legal counsel, friends and/or family members if it is felt to be in your best interest
- To expect that all communications and records pertaining to your care, including source of payment, are kept confidential unless you provided written consent
 - your medical record can only be released without written consent in the follow circumstances:
 - as required by court order
 - as required for 3rd party payers such as insurance companies and Medicare
 - to medical personnel, in the case of a medical emergency
 - to the physician who referred you to EHHS

PATIENT RESPONSIBILITIES

You are expected:

- To provide accurate information about past illnesses, hospital stays, use of medication and other matters relating to your health, as you can best remember
- To follow your agreed upon care plan, report unexpected changes in your condition and pain levels
- To ask questions when you don't understand information or instructions
- To tell your health care provider if you believe you cannot follow through with your treatment and to accept responsibility if you do not following the treatment plan
- To accept responsibility for recognizing the effects of your lifestyle on your personal health. Your health depends not just on your hospital care but, in the long term, on the decisions you make in your daily life
- To provide information about your sources of payment and work with the hospital to arrange payment
- To wear appropriate personal clothing that does not interfere with diagnostic procedures or treatment
- To respect the privacy, confidentiality, property, and dignity of others in the hospital. Be respectful and non-discriminatory in your interactions with other patients, visitors, employees and physicians
- To assist in the control of noise and the number of visitors
- To keep your appointments or notify EHHS well in advance if unable to keep appointments
- To keep EHHS free from tobacco, alcohol, drugs, weapons, and any violence including verbal intimidation

COMPLAINT PROCESS

- You have the right, without recrimination, to voice a concern or complaint about the care received. You are encouraged to share your concern with any member of our staff or with Quality Services at 608-561-6620. Our staff actively responds to patient/family complaints and seeks resolution through a standard resolution process.
- If a resolution cannot be achieved to your satisfaction, you may request a formal grievance process through Quality Services at 608-561-6620.

Edgerton Hospital wants your stay to be as pleasant as possible.

If you have any comments or questions, feel free to call:

CEO: 608-884-1651 • Patient Care Services: 608-884-1450

FOR UNRESOLVED CONCERNS CONTACT:

Division of Quality Assurance (1-800-642-6552)

P.O. Box 2969, Madison, WI 53701

www.dhs.wisconsin.gov/guide/complaints.htm

OR CONTACT:

LIVANTA (1-888-524-9900)

Wisconsin Quality Improvement Organization for Medicare patients



OUR MISSION: Improving Health and Wellness for Longer, Healthier Lives