

# Patient Rights and Responsibilities Statement

**Blessing Hospital, its Board and medical staff, jointly affirm and recognize the following rights and responsibilities of patients.**

## **Every Patient Has The Right To:**

- Reasonable access to care regardless of race, age, religion, sex, sexual orientation, gender identity, gender expression, disability, national origin, personal or cultural beliefs, values, preferences or payment sources.
- Care consistent with sound nursing and medical practices within Blessing Hospital's capacity and applicable laws and regulations.
- Effective communication by receiving information about their care in a language they can understand and access to a language interpreter, auxiliary aids/services when needed.
- Receive from their physician and caregivers detailed and understandable information concerning their diagnosis, treatment and prognosis.
- Participate in the development and implementation of their plan of care.
- Make informed decisions regarding their care, consent to treatment and being able to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of any refusal.
- Formulate advance directives concerning their health care decisions or designate a surrogate decision maker with the expectation we will honor the intent of that directive to the extent permitted by law and hospital policy.
- Have a family member or representative of their choice and their personal physician notified upon their admission to Blessing Hospital.
- Personal privacy
- Receive visitors who he or she designates, including but not limited to, a spouse, a domestic partner, another family member or a friend and the right to withdraw or deny such consent at any time.
- Have all visitors receive same privileges regardless of race, color, national origin, religion, sex, gender identity, gender expression, sexual orientation or disability.
- Have a support individual of their choosing, unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated.
- Be treated with respect and dignity.
- Receive care in a safe environment and be protected from abuse, neglect and harassment.
- Access protective and advocacy services such as guardianship, child or adult protective services, etc.
- Appropriate assessment and management of pain.
- Confidentiality of their medical records, except as otherwise provided by law.
- Obtain information contained in their medical records within a reasonable time period.
- Be free from any form of restraints and seclusion that are not medically necessary or used as a means of coercion, discipline, convenience or retaliation. A restraint or seclusion can only be used to ensure the immediate physical safety of the patient or others, to improve the patient's well-being, and when less restrictive alternatives have been determined to be ineffective.
- Know the names and roles of individuals providing care.
- To receive an itemized invoice and upon request, receive a reasonable explanation of their bill.
- Have issues related to care at the end of life addressed with sensitivity.
- Have access to religious and other spiritual services.
- Receive information regarding involvement in any experimental, research or investigational studies and clinical trials and the right to consent to or refuse to participate.

- Participate in discharge planning and receive information about what to do after the patient leaves the hospital.
- Expect reasonable continuity of care and be informed of realistic options when hospital care is no longer appropriate.
- Give or withhold informed consent to produce or use recordings, films or other images for purposes other than his/her care.
- Ask and be informed of business relationships among payors, health care providers, educational institutions, or others that may influence the patient's care.
- Voice concerns regarding the care received without recrimination and to have those concerns promptly reviewed and resolved when possible. To be informed of Blessing Hospital's grievance procedure and/or how to access a state or regulatory agency.
- Be allowed to access, request amendment to, and obtain information on disclosures of his/her health information, in accordance with law and regulation.

### **Every Patient Has The Responsibility To:**

- Provide, to the best of their knowledge, accurate and complete information relating to their medical condition, including present complaints, past health problems and hospitalizations, use of medications (prescription, over-the-counter, herbal), and any other relative information.
- Ask questions when they do not understand their care, treatment and services or what they are expected to do. Express any concerns about their ability to follow the proposed plan of care, treatment and services.
- Follow the agreed upon treatment plan and report any changes in condition, medications or symptoms to their doctor.
- Accept responsibility if they refuse treatment or do not follow the care plan.
- Follow Blessing Hospital's rules, regulations and policies.
- Respect the property, privacy, dignity and confidentiality of other patients.
- Be considerate of hospital staff and others; help control noise.
- Provide correct and complete information about Advance Directives and provide a current copy if they have one.
- Provide correct and complete demographic information and information about their financial situation and promptly assume their financial obligations for services received.
- Adhere to the hospital's No Smoking policy.
- Protect personal items brought into the hospital as the hospital cannot assume responsibility for loss, theft or damage of these items.
- Cooperate in discharge planning process.

**Complaint Procedure- If you have a complaint about your care or treatment at Blessing Hospital, we are available at any time to discuss your concerns. You may share complaints with your nurse, charge nurse, department manager, or if after hours, the house supervisor. You may also contact a representative of Administration in the Risk Management Department at 217-223-1200, extension 7214, P.O. Box 7005, Quincy, IL 62305.**

**If you are unable to resolve your concerns in this manner, you may contact the Illinois Department of Public Health, Division of Health Care Facilities and Programs at 800-252-4343 (TTY, hearing impaired use 800-547-0466), 525 W. Jefferson St., Springfield, IL 62761-0001 or DNV GL-Healthcare at 1-866-496-9647 or write to 400 Techne Center Drive, Suite 100, Milford, OH 45150 or email [hospitalcomplaint@dnvgl.com](mailto:hospitalcomplaint@dnvgl.com). For discrimination, a patient may lodge a grievance with the Illinois Department of Human Rights.**