

Patient Rights and Responsibilities Statement

Blessing Physician Services, 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 care giving and medical practices within Blessing Physician Services 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 policy.
- Personal privacy
- 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.
- 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.
- 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 payers, 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 Health Systems 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 Physician Services rules, regulations and policies.
- Respect the property, privacy, dignity and confidentiality of other patients.
- Be considerate of 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 Blessing Health System No Smoking policy.

Complaint Procedure-If you have a complaint about your care or treatment at Blessing Physician Services, we are available at any time to discuss your concerns. You may share complaints with your provider, staff, or department supervisor. You may also contact a representative of Administration in the Risk Management Department at 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.