

PROTECTIVE SERVICES

You have the right to:

Get help if you are identified as a possible victim of abuse or neglect. This includes child or adult protective services or guardianship.

COMPLAINTS AND CONCERNS

You have the right to:

1. Tell staff members if you have complaints or concerns about your care.
2. Have your complaints or concerns resolved timely.
3. Have a right to request that a grievance be initiated concerning patient care.
4. Have a right to request to meet with the grievance committee if a formal grievance has been initiated.

If you have a concern, comment or compliment about your care, please see the list of contacts at the end of this brochure.

YOUR RESPONSIBILITIES

PROVIDING INFORMATION

You are responsible for:

1. Giving your health care providers accurate and complete information about your medical history. Your health care providers are the doctors, nurses, therapists and other professionals caring for you. Your medical history includes past illnesses, hospital stays, pain, drugs, sensitivities or allergies, and any other facts about your health.
2. Telling your health care providers if there is a change in your condition.
3. Telling your health care providers if you have a reaction to your treatment.
4. Telling your health care providers if your pain continues or gets worse. You are responsible for working with them to develop a plan to manage your pain.
5. Giving your health care providers copies of your advance directives. Advance directives are legal papers that tell us what you want to happen if you

cannot make your own decisions about your care. These papers can include a power of attorney (POA) for health care, a living will, a do not resuscitate (DNR) form or a physician orders for life-sustaining treatment (POLST) form.

6. Telling staff members right away if you think your rights have been violated.
7. Giving accurate insurance information so that your bills are processed correctly. You are responsible for paying your bills on time.
8. Giving accurate and complete information when filling out an application for financial assistance.

RECEIVING OR REFUSING CARE

You are responsible for:

1. Asking questions if you do not understand your agreed plan of care.
2. Following the instructions from your health care providers. You are responsible for asking questions if you do not understand those instructions.
3. Accepting the results if you refuse treatment or if you do not follow the instructions from your health care providers.
4. Keeping appointments. If you cannot keep an appointment, you are responsible for telling the doctor's office before the appointment.

SAFETY AND RESPECT

You are responsible for:

1. Following the requests made by your health care providers about your care, behavior and safety.
2. Following requests about the number of people who visit you or the length of their visits. You and your visitors should not be noisy, threatening or disruptive.
3. Showing respect for other patients, staff members and property.
4. Following the no-smoking policy.



WARNER HOSPITAL
& Health Services

422 West White Street
Clinton, Illinois 61727-2199
217/935-9571
<http://www.warnerhospital.org>

Any comments or concerns may be directed to our Customer Comment Line at (217) 937-5209 or e-mail us at: info@warnerhospital.org. You may also ask for our Patient Advocate at any time.

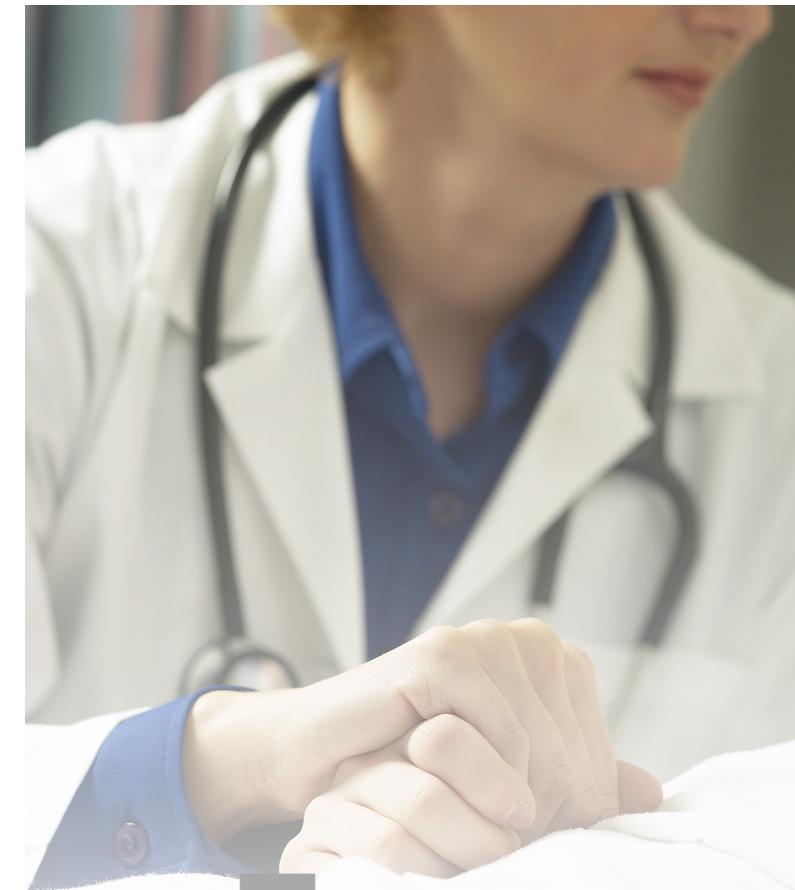
If a concern you have shared has not been addressed to your satisfaction, you may contact:

Illinois Department of Public Health
(800) 252-4343 <http://www.idph.state.il.us/>
TTY (for hearing impaired) (800) 547-0466
535 West Jefferson Street
Springfield, IL 62761

KEPRO is the Medicare Quality Improvement Organization (QIO) for Illinois.
Toll-free (855) 408-8557
Medicare Beneficiary and Family Centered Care Team
5201 W. Kennedy Blvd., Suite 900
Tampa, FL 33609
Fax (844) 834-7130
www.keproqio.com

WARNER HOSPITAL
& Health Services

PATIENT RIGHTS
& RESPONSIBILITIES



WARNER HOSPITAL
& Health Services

OUR MISSION

To provide our community with quality, compassionate care close to home.

AT WARNER HOSPITAL & HEALTH SERVICES

We want to treat all our patients with dignity. This is very important to us. We focus on the needs of each patient within the means of Warner Hospital & Health Services. We give considerate and respectful care to our patients. We follow the Warner Hospital & Health Services Mission and the law. We are committed to honoring your rights as a patient. We want you to be an active partner in your care so you can help us meet your needs. That is why we ask you to share in some responsibilities. Your rights and responsibilities are explained in this brochure.

A parent or guardian who is authorized by law has these rights for the patient. The parent or guardian must carry out these responsibilities for the patient.

YOUR RIGHTS

PERSONAL

You have the right to:

1. Be treated with respect and dignity.
2. Have your privacy protected.
3. Have your beliefs and values respected.
4. Have your spiritual needs and your family's spiritual needs met.
5. Ask and talk about the ethics of your care. This includes deciding if you want to be revived (or receive other life-saving treatment) if you stop breathing. We will help you and the members of your family agree on these decisions.
6. Have your wishes about organ donation followed.

COMMUNICATION

You have the right to:

1. Request your doctor and a family member or person that you choose to be notified when you are admitted to the hospital.
2. Get information in a way that you understand, in the language of your choice. We will provide interpreters and translation if needed. We will help if you have vision, speech or hearing problems.
3. Be involved in all aspects of your care. This includes your discharge plan. You have the right to take part in all your health care decisions. This includes the right to refuse treatment and services.
4. Know the names of your health care providers. Your health care providers are the doctors, nurses, therapists and other professionals caring for you. You have the right to know if any of your providers are in training.
5. Get information about the results of your care that were unexpected.

INFORMED DECISIONS:

You have the right to:

1. Get information about your treatment in a way you understand before you give permission to have it done. This is called "informed consent," which includes a discussion about the options, possible benefits and problems, risks, side effects and the chances of success of the treatment. Informed consent is not required in an emergency.
2. Have the hospital staff get your permission before they take photos, recordings or films of you if the reason is not for your care.
3. Decide if you want to take part in research and studies about your condition. You have the right to have those studies clearly explained to you before you decide.

ADVANCE DIRECTIVES

Advance Directives are legal papers that tell us what you want to happen if you cannot make your own decisions about your care. These papers can include a Power Of

Attorney (POA) for health care, a living will, a Do-Not-Resuscitate (DNR) form or a Physician Orders for Life-Sustaining Treatment (POLST) form.

You have the right to:

Have your advance directives followed if they are available. If your advance directives are not available and you cannot speak for yourself, emergency lifesaving treatment will be provided until your wishes are known. Please ask for help with advance directives if needed. Warner Hospital & Health Services will not participate in any directly intended cause of harm to a patient that will result in the death of the patient or that constitutes directly taking the life of the patient or of a third party, including euthanasia, suicide or physician-assisted suicide. This position is protected by Illinois law.* Illinois law also protects the beliefs of conscience of individual health care providers. If a provider is unable, based on conscience, to comply with any part of an advance directive, an alternate provider will be made available to the patient.

** Illinois Health Care Right of Conscience Act (745 ILCS 70), Illinois Health Care Surrogate Act (755 ILCS 40) and Illinois Power of Attorney Act (755 ILCS 45).*

RECEIVING CARE

You have the right to:

1. Receive health care. Your age, race, creed, national origin, language, disability, source of payment, sex, sexual orientation or gender identity does not affect your right to receive health care.
2. Receive a medical screening exam in the emergency room (ER). You have the right to have your emergency condition stabilized in the ER. You will receive a prompt and safe transfer to the care of others if we are not able to meet your requests or medical needs.
3. Be free from neglect or mistreatment. You have the right to be free from verbal, mental, physical or sexual abuse.
4. Receive care without being restrained. We will use restraints only to keep you and others safe. You will be

restrained only if other methods do not protect you or others. Restraints will not be used as punishment.

5. Expect that your health care providers will work with you to manage your pain.
6. Receive care to make you as comfortable as possible at all stages of life, including end-of-life care.

VISITORS

You have the right to:

Decide if you want visitors, such as your spouse, your domestic partner (including your same-sex domestic partner), another family member or a friend. The hospital staff may need to limit visits or the number of visitors if:

- You are having a procedure and your health care provider thinks it would be better for you not to have visitors.
- Visitors may get in the way of caring for other patients.
- You or other patients need rest or privacy.
- A visitor is bothering you, staff members or others.
- A visitor threatens your safety or the safety of others.
- You or a visitor is at risk of infection.
- You are being treated for drug or alcohol abuse.
- There is a court order limiting visitation.

HEALTH RECORDS

You have the right to:

1. Ask for and receive a copy of your health records within a reasonable amount of time.
2. Have your health records kept private.
3. Ask for corrections to your health records.
4. Know if your information is shared with others.

CHARGES AND BILLS

You have the right to:

1. Ask for and receive an itemized bill.
2. Receive an explanation of your bills.
3. Ask for and receive an application for financial assistance. The application for financial assistance is available online at <http://www.warnerhospital.org>