

**Follow the Treatment Plan** - Advise the staff treating you if you feel unable to follow a certain treatment plan.

**Report Changes** - Tell your doctor about any changes in your health.

**Know Your Medicines** - Know or write down the names and purposes of the medications you have taken recently.

**Inform** us of your Advance Directive.

**Adhere** to Aspirus' rules and be respectful of other patients, staff and property.

**Know** your health insurance benefits and provide required information concerning payment of charges.

**Request** to have anything of value sent home with a family member/friend or locked up until you are discharged.

**Ask** your family members to respect the rights of other patients.

## minors

Health care providers and parents/legal guardians have a shared responsibility to ensure the health care needs of children (generally under the age of 18) are met. Decision making should reflect this shared responsibility.

Providers have the ethical and legal obligation to obtain informed parental/guardian permission to proposed medical interventions. In rare cases, this permission may need to be sought through the courts.

In certain situations, minor children have the same rights as adults and can act accordingly without the consent of a parent/guardian. Questions related to patient rights should be voiced to a staff member, our Social Services Department at 715-623-9314, or our Quality Resource Manager at 715-623-9317.

## if you have a concern about your care

We are always exploring ways of improving the care we offer and take great pride in following the Joint Commission Standards of patient care. Please report any concerns you have in regard to your care to any staff members so we may resolve it. If you are not satisfied with the method a problem is handled by the staff member, please ask to talk with the department manager or the **Patient Customer Relations Coordinator (715)623-9494**.

Your concern will be investigated in a timely manner. You will be contacted either verbally and/or by written communication. If you feel that we are not capable of addressing your issue, you may contact:

Department of Health and Family Services  
Bureau of Quality Assurance  
PO Box 2969  
Madison, WI 53701-2969  
telephone 608.243.2024

Joint Commission on Accreditation of  
Health care Organization  
One Renaissance Blvd.,  
Oakbrook Terrace, IL 60181

complaint hotline 800.994.6610  
complaint@jointcommission.org

## patient rights and responsibilities



a partnership between you  
and your health care providers



www.langladehospital.org

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Through the practice of our mission and core values, Llanglade Hospital is committed to respecting our patient's rights. Honoring your rights and collaborating with you on your health care ensures your satisfaction and quality in the treatment and the care you receive.

Your role as a member of this team is to exercise your rights and to take responsibility by asking for clarification of things you do not understand.

## you have the right to...

### *patient safety*

- You will be cared for in a safe environment by competent and caring practitioners.

### *courteous treatment*

- Be treated with dignity & respect, and addressed in a manner that recognizes individuality & personal needs.
- Discrimination free environment. The care provided will not be affected by your race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, newborn status, illness, handicap or source of payment.
- Interpreter services - both oral and written
- Know your doctor or other health care providers and ask all personnel involved in your care to introduce themselves, state their positions, and explain what they are going to do.

### *privacy*

Case examinations, and treatment pertaining to your case are confidential, and will be used only by those involved in your case.

#### **You have the right to:**

- Be given respect and privacy during appointments, examinations, treatments and personal hygiene activities.
- Request no visitors or designate who may visit you during your hospital stay to include your clergy.
- Have your medical doctor and/or family notified upon admission to the hospital.

### *confidentiality - medical record*

You are assured confidential treatment of your medical record by state and federal law. You may review your medical record with a health care provider and have the information explained and interpreted.

### *information about treatment*

Your treatment will be explained to you. You may choose to include any family members or friends in this discussion. In addition you have the right to:

- Obtain information from your provider, concerning your diagnosis, treatment, treatment options, probable outcome, and benefits and risks of each treatment option.
- Receive from your provider, necessary information to give informed consent prior to the start of any procedure, treatment or participation in any form of research.

- Obtain information about any relationship the facility has with other health care and education institutions in so far as your personal care is concerned.
- Expect reasonable continuity of care and the right to know, in advance, what appointment times and providers are available and where.
- Be free from restraints unless medically necessary.
- Be free from abuse, harassment and seclusion.

#### **You can expect an explanation to include:**

- Your diagnosis and plan of care.
- Alternatives of treatment.
- The probable outcome.
- The benefits and risks of each alternative.

### *participate in decisions about your care*

#### **We respect your right:**

- To choose your physician
- To participate in the development and implementation of your plan of care.
- To have appropriate assessment and management of pain.
- To refuse a diagnostic procedure or treatment to the extent permitted by law and to be informed of the medical consequences of this action.
- To discontinue current treatment.
- To formulate an Advance Directive and to have medical staff and practitioners who provide care comply with the directive.

- To be given a full explanation before you are transferred to another facility and/or provider.
- You may be treated without consent if there is an emergency and immediate action must be taken to save your life. If you are unconscious or too sick to give consent, consent will be obtained from:
  - The decision maker designated in your Advance Directive.
  - Your nearest relative or your legal guardian.

### *examine and understand your medical bill*

You can examine and receive an explanation of your medical bill regardless of the source of payment. You shall receive upon request information relating to financial assistance if needed.

## your responsibilities

As a partner in your health care, we encourage you to consider the responsibilities to:

**Be Honest** - Provide an accurate and complete medical history and tell those who are caring for you exactly how you feel about the things that are happening to you.

**Understand** - Be informed about your health problems. If you do not understand your illness or your treatment, ask your health care team to explain it to you.