

## *Patient Rights and Responsibilities*

We believe that our patients receive the best possible care when they participate with our medical staff in their medical treatment. Toward that goal, please be aware of your rights and responsibilities when you are a patient at a NorthShore University HealthSystem facility, or when you are the parent, guardian, representative or legally authorized decision maker of a patient.

### **Your Rights as a Patient**

#### **Access to Care, Transfer, and Continuity of Care**

You will have access to medical treatment, care, and services that are available or medically indicated, regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression or any other status protected by relevant law. You will not be transferred to another facility or organization unless you receive a complete explanation of the need for the transfer. You will be informed of any continuing healthcare requirements.

#### **Respect and Dignity**

You have the right to considerate, respectful care at all times and under all circumstances, with recognition of your personal dignity. You have the right to have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected. You have the right to be free from mental, physical, sexual, and verbal abuse; neglect; and exploitation.

#### **Advance Directive**

You have the right to formulate an advance directive and to have the hospital staff and practitioners who provide you care in the hospital comply with these directives.

If you have provided us with a copy of your advance directive, we will honor your expressed wishes and directives as fully and as reasonably possible, and in accordance with Illinois law. Your access to care, treatment, and services, however, is not dependent upon whether or not you have an advance directive.

#### **Confidentiality**

You have the right, within the law, to privacy and confidentiality during your stay. This includes: discreet discussion or consultation of your case among those directly involved or who are present with your permission; access to your medical record limited to those directly involved with your treatment; or with monitoring its quality or with your expressed permission; and to have your personal privacy and modesty respected as much as possible when being treated and examined.

#### **Your Medical Record**

You have the right to access, review and get copies of your medical record. You have a right to request amendments to your medical record in accordance with our policies. Except where permitted by law, your medical record cannot be released without your consent. You have a right to receive an accounting of any disclosures regarding you health information.

### **Information**

You have the right to complete and current information about your diagnosis, treatment, pain management and prognosis when it is known. In cases when it is not medically advisable to provide such information to you, we will provide that information to a legally authorized individual. You have the right to designate a personal representative to be involved in your plan of care and to receive information, if you should choose to designate a personal representative, please inform your nurse. You and, when appropriate, your family, personal representative or legally authorized decision maker, have a right to be informed about the outcomes of care, including unanticipated outcomes. You have the right to know the identity and professional status of people providing service to you and to know which physician or practitioner is responsible for your care. You have the right to have a family member or individual of your choice and your own physician notified promptly of your admission to the hospital. You also have the right to information on any relationship which may suggest a conflict of interest which may affect your care. You have the right to be informed of policies applicable to conduct as a patient in addition to the mechanism for the initiation, review, and resolution of complaints. You also are entitled to an itemized explanation of your bill for any services rendered at a NorthShore University Health System facility. If you, your personal representative or someone in your family have hearing, speech or language difficulties, interpretive and translation services will be made available to insure information is provided in a manner that you can clearly understand. Contact your nurse for details.

### **Visitation/Communication**

If you are admitted to one of our hospitals, you have the right to have a family member, friend or other individual be present with you for emotional support during the course of your stay. You also have the right to refuse visitors.

There may be instances when we ask that your support person not be present. These times may include but are not limited to the following:

- when you are undergoing a care intervention or procedure
- when there may be an infection control issue
- when you need rest or privacy
- when there are existing court orders restricting contact of which the hospital is aware
- a visitor becomes disruptive, threatening or violent.

Please check with your care provider for any unit specific visitation guidelines.

You have the right to communicate verbally and in writing with people outside the Hospital, including state regulatory agencies.

### **Consent**

You, your personal representative, or your legally authorized decision maker have the right to participate in decisions about your treatment including the development and implementation of your care plan, your discharge plan and your pain management plan. You should receive a clear and concise explanation of your condition and all proposed technical procedures, including any medically significant alternatives of care or treatment. Whenever possible, this explanation will include a discussion of the risk of death or of serious side effects, problems of recuperation, probabilities of success, alternatives to the proposed plan, and possible consequences if you choose to forgo treatment.

### **Acceptance and Refusal of Treatment**

To the extent permitted by law and regulation, you or your legally authorized decision maker have the right to accept or to refuse medical or surgical treatment, care, or services including foregoing or withdrawing life-sustaining treatment or withholding resuscitative services. You also have the right to additional consultation at your own expense. You or your legally authorized decision-maker has the right to refuse to participate in research programs.

### **Access to Pain Management**

In cooperation with your physician, you have the right to appropriate assessment and management of pain. As appropriate, and as identified as part of your treatment, you will be educated about the pain assessment process and in ways that you can actively participate in the management of your pain. To achieve optimal pain management, it is important to communicate your pain management needs with your physician and others responsible for your care.

### **Access to Protective Services**

If you believe that you are in need of protective services or have been identified as a possible victim of abuse or neglect, you have the right to receive protective services that are consistent with your needs. Ask your nurse to contact a social worker to assist you.

## **Your Responsibilities as a Patient**

### **Following Rules and Regulations**

You have the responsibility to abide by the rules and regulations of the NorthShore University HealthSystem facility, including observing our concealed carry weapon and non-smoking policy.

### **Providing Information**

You have the responsibility, to the fullest extent possible, to completely and accurately provide your healthcare provider with all the information that may affect the care you receive. You are responsible for providing a copy of your advance directive and a list of



home medications upon admission. You and your family are responsible for reporting any perceived risks that may affect your care and unexpected changes in your condition.

### **Complying with Treatment Plans and Following Instructions**

You are responsible for complying with the treatment plans provided by your caregivers and with instructions for your care. If you do not understand the instructions or do not understand what you are expected to do, you should ask your caregivers for an explanation. If you do not follow the instructions given to you, you are responsible for the consequences and for the outcomes of the services or the treatment plan.

### **Showing Respect and Consideration**

You and your visitors are responsible for being considerate of the NorthShore University HealthSystem facility personnel and property and for being considerate of the needs of other patients by helping to control noise and other disturbances.

### **Meeting Financial Commitments**

You are responsible for promptly meeting any financial obligations agreed to with NorthShore University HealthSystem.

## **Our Commitment to Quality and Patient Safety**

### **Connecting with you as a partner in care**

NorthShore University Health System is dedicated to providing all our patients with the highest quality of care. Developing and maintaining our relationship with you is one of the most important components of delivering the safest possible care.

Learning about your choices in your treatment plan is important for you to make the best possible decisions. We encourage you to ask a family member or friend to assist you in times when you may not be able to fully participate in your care. Never hesitate to bring your concerns to the attention of your healthcare team. We want to know if something does not seem right or you have concerns.

If for any reason you feel that your concerns are not being heard, you and your family members have access to the same emergency response process our caregivers activate when they need additional assistance. This is called **Code Help**. To activate a **Code Help**, please dial H-E-L-P (4357) from any hospital phone. A member of the response team will come to hear your concerns.

**If you would like to express a concern or complaint about your care or safety please speak to your caregiver, the department Manager or Director. You are also welcome to call Concierge Services at (224) 364-4YOU or (224) 364-4968 for assistance. You may do this without fear of reprisal.**

**You may also directly contact The Joint Commission by either calling (800) 994-6610 or e-mailing [complaint@jcaho.org](mailto:complaint@jcaho.org), The Illinois Department of Public Health at (800)252-4343; TTY call (800)547-0466, or the Medicare Quality Improvement Organization for Illinois at 1(800) 647-8089.**