

## ***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, 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 race, creed, sex, national origin, or source of payment. 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.

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 and those present with your permission, access to your medical record limited to those directly involved with your treatment or monitoring its quality, and having 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 your 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 and, when appropriate, your family 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 also have the right to information on any relationship which may suggest a conflict of interest that may affect your care. You have the right to be informed of policies applicable to patient conduct, as well as 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 HealthSystem facility. **If you or your family have hearing, speech or language difficulties, or if you have a cognitive impairment, Interpretive Services and other aids are available for you and your family members. Contact your nurse for details.**

### **Communication**

If you are admitted to one of our hospitals, you have the right to visitors and a right to communicate verbally and in writing with people outside the Hospital, including state regulatory agencies.

### **Consent**

You or your legally authorized decision maker has the right to participate in decisions about your treatment. 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 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 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, including your Advance Directives document. 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 family 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.

*If you would like to express a concern or complaint about your care or safety please speak to your caregiver, the department director or manager. You are also welcome to call Concierge Services at (224) 364 4YOU or (224) 364 4968 for assistance. If the hospital is unable to provide resolution that you consider to be satisfactory, you may contact The Joint Commission by either calling (800) 994 6610 or emailing [complaint@jcaho.org](mailto:complaint@jcaho.org). The Illinois Department of Public Health can also be reached at (800) 252-4343; TTY call (800) 547-0466.*