

MY RIGHTS AS A PATIENT:

WHAT RIGHTS DO I HAVE ABOUT MY PLAN OF CARE?

- I have the right to participate in the planning and decision making about my plan of care.
- I have the right to be given information so that I can make decisions about my care. I have the right to be given information about my health condition in a manner that I can understand so that I can take part in my plan of care and treatment. I have the right to request or refuse treatment. This right does not mean that I can demand medically inappropriate or unnecessary services or treatment. I have the right to have my representative receive information and to make decisions about my care.
- I have the right to be informed of my right to have my pain treated and controlled as well as possible based on my goals.
- I have the right to be fully informed about any unusual, experimental, or research project or treatment. I may consent or refuse this treatment without affecting my care.
- I have the right to know the professional title of any person providing me care and services.
- I have the right to know the reasons for any proposed change in the doctor responsible for my care.
- I have the right to know the reasons for my transfer within or outside the hospital.
- I have the right to know the relationship(s) of the hospital to other persons or organizations providing my care.
- I have the right to state my concerns about possible risks to me and/or complaints about my care. These concerns and complaints will always be reviewed and resolved when possible. I may state my concerns and/or complaints to any caregiver including my nurse. I also have the right to place a complaint with the Indiana State Department of Health at 2 North Meridian Street 4B, Indianapolis, IN 46204 or by calling (800) 246-8909.

WHAT RIGHTS DO I HAVE IF I CAN’T COMMUNICATE WHAT I WANT?

- The right to make decisions about future healthcare is called an advance directive. I have the right to make an advance directive and to have hospital staff and doctors who provide care follow this advance directive.

WHAT RIGHTS DO I HAVE ABOUT HOW THE HOSPITAL STAFF WILL TREAT ME?

- I have the right to have a family member or representative of my choice and my own doctor notified in a timely manner of my admission to the hospital.
- I (or my support person, where appropriate) have the right to receive or deny visitors of my choice including my spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend. These rights cannot be restricted, limited, or denied because of my visitor’s race, color, national origin, religion, sex, or gender identity, sexual orientation, or disability. I have the right to know the clinically necessary or reasonable restrictions or limits that the hospital may need to place on such rights and the reasons for the clinical restriction or limit.
- I have the right to receive information in easy to understand language and interpretation if I am unable to understand English. Other communication tools will be available to me as needed.
- I have the right to personal privacy.
- I have the right to courteous, considerate, respectful and safe care in a safe setting.
- I have the right to be free from all forms of abuse or harassment.
- I have the right to be free from restraints of any kind that are not medically necessary. Restraints will not be used as a means of force, discipline, convenience, or punishment by staff.

WHAT RIGHTS DO I HAVE ABOUT THE COSTS OF MY MEDICAL CARE?

- I have the right to get information about the costs of my medical care within a timely manner. I may ask for an itemized bill
- I have the right to be aware of the facility’s source of payment for the services I receive and to be told of any limits that might be placed upon my care.

WHAT RIGHTS DO I HAVE ABOUT MY PERSONAL HEALTH INFORMATION?

- I have the right to the confidentiality of my medical records.
- I have the right to get information from my medical record within a reasonable amount of time. The hospital will not prevent me from receiving my medical records in a timely manner.

WHAT RIGHTS DOES MY FAMILY HAVE ABOUT ORGAN DONATION?

- My family has the right to have information about tissue and organ donation. They have the right to consent or refuse tissue and organ donation as allowed by State Law.

MY RESPONSIBILITIES AS A PATIENT:

WHAT RESPONSIBILITIES DO I HAVE IN MY PLAN OF CARE?

- I am responsible for providing accurate and complete information about my present complaints, past illnesses, hospitalizations, medications, (including herbs, over the counter medicines, vitamins and supplements) and other matters relating to my health.
- I am responsible for following the plan of care I have agreed to or for notifying my doctor if I do not agree with the plan of care. I am responsible for asking questions if any instructions are not clear. I understand that following the plan of care involves cooperating with the hospital staff. I also understand that I may experience negative health consequences if I choose not to follow the plan of care.

WHAT RESPONSIBILITIES DO I HAVE FOR HOW I TREAT THE HOSPITAL STAFF AND OTHERS?

- I am responsible for showing respect and consideration to other patients, visitors and hospital staff.
- I am responsible for following the hospital rules and regulations. These rules and regulations provide safety and security for all patients, visitors and hospital staff. Included in these rules and regulations is not smoking in Major Hospital or hospital grounds.
- In order to protect the privacy and confidentiality of patients, visitors and staff, please refrain from taking photographs or videos without permission of those in the immediate area.

WHAT RESPONSIBILITIES DO I HAVE FOR MY HOSPITAL BILL?

- I am responsible for paying my hospital bill, for providing information necessary for insurance processing in a timely manner, and for asking any questions concerning my bill.
- If I am unable to pay the hospital bill in full, I can submit an application to the hospital’s financial assistance program. I may possibly qualify for a partial or full reduction in the balance owed through this program.
- When my doctor or insurance plan determines that I can be discharged from the hospital, I will be advised of my planned date of discharge. I may appeal if I think that I am being asked to leave the hospital too soon. I am responsible for understanding that if I choose to stay in the hospital after my planned date of discharge, it is possible that the charges for my additional day(s) in the hospital will not be covered by Medicare, Medicaid or my insurance plan.