## STATEMENT ON PATIENT'S RIGHTS AND RESPONSIBILITIES

The Morris Hospital \& Healthcare Centers (MHHC) presents a statement on the patient's rights and responsibilities with the expectation patients have a fundamental right to considerate and respectful care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values. Understanding and respecting these values guide the physician/Advanced Practice Professional (APP) in meeting the patients' care needs and preferences and will contribute to more effective patient care and greater satisfaction for the patient, their physician/APP, and the hospital organization. MHHC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability or sex, sexual orientation, gender identity or gender expression. It is recognized that the basic rights of human beings for independence of expression, decision and action take on a new dimension during sickness, and especially in an organizational structure. It is in recognition of these concerns that MHHC affirms its responsibility to endeavor to assure that these rights are preserved for patients. MHHC respects a patient's right to delegate their right to make informed decisions to another person (as allowed under State Law).

## Patient's or their Representative's Rights:

The patient or their representative has the following rights:
A. To participate in the development and implementation of their plan of care.
B. To make informed decisions regarding their care. The patient's rights include being informed of their health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right is not a mechanism to demand treatment or services deemed medically unnecessary or inappropriate.
C. To formulate advance directives and to have hospital staff and Physician/APP who provide care in the hospital comply with these directives.
D. To have a family member or representative of their choice and their own physician notified promptly of their admission to the hospital. MHHC will make reasonable efforts that the system sends notifications to all applicable post acute care services providers identified by the patient as their Physician/APP.
E. To personal privacy.
F. To receive care in a safe setting.
G. To be free from all forms of abuse or harassment, including those based on gender identity or gender expression.
H. To the confidentiality of their clinical records.
I. To access information contained in their clinical records within a reasonable time frame.
J. To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
K. To be fully informed of and consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services.
L. To know the professional status of any person providing their care/services.
M. To know the reason for any proposed change in the professional staff responsible for their care.
N. To know the reasons for their transfer either within or outside the hospital.
0. To know the relationship(s) of the hospital to other persons or organizations participating in the provision of their care.
P. Of access to the cost, itemized when possible, of services rendered within a reasonable period of time.
Q. To be informed of the source of the hospital's reimbursement for their services, and of any limitation which may be placed upon his/her care.
R. To be informed of the right to have pain treated as effectively as possible.
S. To be informed of the policies and procedures of the hospital regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reason for the clinical restriction or limitation. To inform the patient (or support person), where appropriate, of the right, subject to their consent, to receive the visitors whom they designate, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), and other family member, or a friend, and their right to withdraw or deny such consent at any time. Not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. To ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.
T. Of informed consent for donation of organs and tissues.

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Patient's or their Representative's Responsibilities:
The patient or their representative has the following responsibilities:
A. The safety of healthcare is enhanced by the involvement of the patient as a partner in the healthcare process. A patient has the responsibility to provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to their health. They have the responsibility for reporting perceived risks in their care and unexpected changes in his condition to the responsible Physician/APP. A patient is responsible for making it known whether they clearly comprehend a contemplated course of action and what is expected of them. The patient and family help the hospital improve its understanding of the patient's environment by providing feedback about service needs, expectations and safety issues.
B. For following the care, service or treatment plan recommended by the Physician/APP primarily responsible for their care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible Physician/APP's orders, and as they enforce the applicable hospital rules and regulations. The patient is responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do. The patient should express any concerns they have about their ability to follow and comply with the proposed care plan or course of treatment. The patient is responsible for keeping appointments and when they are unable to do so for any reason, for notifying the responsible Physician/APP or the hospital.
C. For outcomes if they do not follow the care, service or treatment plan.
D. For assuring that the financial obligations of his/her healthcare are fulfilled as promptly as possible.
E. For following hospital rules and regulations concerning patient care and conduct.
F. For being considerate of the rights and safety of other patients and hospital personnel, and helping control of noise and disturbances, following smoking policies and limiting the number of visitors. The patient is responsible for being respectful of the property of other persons and of the hospital.
G. For notifying healthcare providers of the patient's Durable Power of Attorney for Healthcare or Living Will and its amendment or revocation. This document must be presented.

Rights and Responsibilities of Neonatal, Pediatric and Adolescent Patients:
A. The parents or legal guardians of neonatal, pediatric and adolescent patients shall assume the aforementioned rights and responsibilities on their behalf.

Patients will be made aware of their right to voice concerns and complaints in the following manner via the Patient Rights and Responsibilities handout, including:
A. The hospital takes quality of care very seriously and encourages patients or patient representatives to contact hospital management with any concerns as soon as they arise. Please feel free to contact the manager of the department or the Director of Quality and Risk Management at 815-705-7120 if you have any concerns about safety or quality of care issues. The house supervisor can assist you during the evening and midnight shifts.
B. If concerns cannot be resolved through the hospital, contact may be made to the Illinois Department of Public Health, Central Complaint Registry, at 800-252-4343, (for hearing impaired use TTY 800-547-0466) or write to the Illinois Department of Public Health, Division of Healthcare Facilities, 525 W. Jefferson St., Springfield, IL 62761-0001 or fax: 217-782-0382.
C. A Medicare beneficiary may call the Medicare Quality Improvement Organization at 888-524-9900. (for hearing impaired, use TTY 888-985-8775).
D. Patient or patient representatives can also file a civil rights complaint with the U.S. Department of Health and Human Services, office for Civil Rights electronically at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,by mail at 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 or by email at OCRComplaint@hhs.gov.
E. For DME concerns related to Orthopedics and Sports Medicine Product, that have not been resolved by your provider office, you may contact ACHC directly at 855-937-2242 or refer to their website at www.achc.org.

## Interpretive Services

Morris Hospital \& Healthcare Centers provides language interpretation 24 hours a day at no cost to the patient.
These services are available upon request or as identified by a healthcare provider. If you need these services, contact any staff member, or call 815-705-7490 for the MHHC House Supervisor for assistance.

