

# **Your Rights As A Patient**

*You play a vital role in your health care. When you are well-informed, participate in treatment decisions, and communicate openly with your provider and other health professionals, you help make your care as effective as possible. We encourage respect for personal preferences and the values of each individual. While you are a patient here, **you have the right:***

- to access impartial treatment regardless of race, color, national origin, religion, sex, sexual orientation, age, or disability.
- to effective communication and the use of a qualified interpreter if needed.
- to participate in the development and implementation of your care plan.
- to make informed decisions regarding your care.
- to be informed of your health status, be involved in planning and treatment, and be able to request or refuse treatment.
- to formulate advance directives and to have hospital staff and providers provide care in compliance with your directives. If you have a written advance directive, you should provide a copy to the hospital, your family, and your doctor.
- to have a family member or representative of your choice and your provider notified promptly of your admission to the hospital.
- to personal privacy.
- to receive care in a safe setting free from all forms of abuse or harassment.
- to the confidentiality of your clinical records.
- to access information contained in your clinical record within a reasonable amount of time.
- to be free from restraints of any form that are not medically necessary or used as a means of coercion, discipline, convenience, or retaliation by staff.
- to be fully informed of and to consent or refuse to participate in unusual, experimental, or research projects.
- to know the professional status of any person providing your care or services.
- to know the reasons for any proposed change in the professional staff responsible for your care.
- to know the reasons for your transfer either within or outside the hospital.
- to know the relationships of the hospital to other persons or organizations participating in the provision of your care.
- to access the cost, itemized when possible, of services rendered within a reasonable amount of time.
- to be informed of the source of reimbursement for your services and of any limitations which may be placed upon your care.
- to have pain treated as effectively as possible.
- to receive visitors whom you designate and to withdraw consent to visitors at any time. You have the right to know the clinically necessary reason or any reasonable restriction or limitation on your visitation rights. A support person may exercise this right on your behalf if you are unable to do so.
- to prompt resolution of complaints and grievances.
- To file a complaint regarding the care you received in the hospital, please contact one of the following:
  - Any care team member involved in your care.
  - The hospital's Service Excellence Coordinator @ 765-521-1453.
  - The Department Director or Supervisor responsible for the area where your issue occurred @ 765-521-0890.
  - The Indiana State Department of Health in one of the following manners:
    - Telephone: 317.233.7474 / Fax: 317.233.7157
    - Mail: ISDH, Division of Acute Care, 2 North Meridian Street, 4A, Indianapolis, IN, 46204
- Additionally, your family has the right of informed consent for donation of organs and tissues.

***These rights can be exercised on your behalf by a designated surrogate or proxy decision maker if you lack decision-making capacity, are legally incompetent, or are a minor.***