

Your Rights and Responsibilities

PATIENT RIGHTS

■ Your Right to Respectful and Dignified Care

- ❖ Patients have the right to be treated with respect, dignity, and courtesy regardless of race, color, national origin, age, disability, sex, or any other group protected by law.
- ❖ Patients have the right to receive care in a safe environment free from abuse, neglect, harassment, or discrimination.
- ❖ Patients have the right to be free from restraints and seclusion in any form when used as a means of coercion, discipline, retaliation, or convenience for team members, providers, or workforce members.

■ Your Right to Privacy and Confidentiality

- ❖ Patients have the right to privacy concerning their medical information as per the Health Insurance Portability and Accountability Act (HIPAA). This includes the right to access and amend their medical records, and to request restrictions on certain uses and disclosures of protected health information (PHI).
 - Patients or their legal representatives will be informed of the Joint Notice of Privacy Practices.
 - Information shared with the health care team will be kept confidential unless required by law to disclose it.
 - If audio/visual monitoring is used, the patient or their representative/support person will be made aware.
- ❖ Patients have the right to contact family, a representative, or their personal physician to notify of their admission to the hospital, have a team member do so on their behalf or refuse to have others contacted.

■ Your Right to Participate in Care Decisions

- ❖ Patients have the right to be actively involved in all decisions related to their care, including the right to refuse any treatment or procedure after being fully informed of the risks and consequences, or unexpected occurrences affecting care.
- ❖ Patients have the right to participate in discharge planning.
- ❖ Patients have the right to seek a second opinion and may change providers.
- ❖ Patients have the right to execute advance directives (living wills, durable power of attorney for health care), which will be followed by the organization in the event the patient becomes incapacitated.

■ Your Right to Informed Consent

- ❖ Patients have the right to receive clear, complete information about their diagnosis, treatment options, potential risks, benefits, and alternatives in a manner they can understand, including in accessible formats.
- ❖ Patients have the right to participate in decisions regarding their care and to give or withhold informed consent for treatments, surgeries, and other interventions.
- ❖ Patients may appoint a health care agent or legal representative if they are unable to make decisions.
- ❖ Patients or legal representatives have the right to make decisions about a patient's participation in any form of research affecting care or treatment, including the right to withdraw consent at any time.
- ❖ Patients or legal representatives have the right for their wishes concerning organ/tissue donation to be honored within the limits of the law or the organization's capacity.

■ Your Right to Access Emergency Services

- ❖ Under the Emergency Medical Treatment and Labor Act (EMTALA), patients have the right to receive emergency medical treatment regardless of their ability to pay.
- ❖ Patients will be stabilized and treated in life-threatening emergencies before any discussions about transfer or financial considerations.
- ❖ Patients will be fully informed of the need for transfer to another facility (except in emergencies), that provisions are in place for continuing care, and acceptance by the receiving facility has occurred.

■ Your Right to Pain Management

- ❖ Patients have the right to have their pain controlled, including appropriate assessment and management of pain, information on pain relief options, and a pain management plan tailored to their needs.

■ Your Right to Cultural and Spiritual Support

- ❖ Patients have the right to receive care that is culturally sensitive and respects their personal values, beliefs, and spiritual needs. Team members will provide access to chaplaincy services or accommodate religious practices within medical and safety limits.
- ❖ Patients have the right to a family member, friend, or other individual to be present for emotional support during their hospital stay or treatment unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated.
- ❖ Patients have the right to wear personal clothing and/or religious or other symbolic items that do not interfere with diagnostic procedures or treatment and are not reasonably offensive to others.



■ **Your Right to Nondiscrimination and Equal Access**

- ❖ Patients have the right to access medically necessary care without discrimination based on race, color, national origin, age, disability, sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), or any other group protected by law.
- ❖ Patients have the right to choose who may visit them during their inpatient stay, regardless of whether the visitor is a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, as well as their right to withdraw such consent to visitation at any time.
 - Chosen visitors may visit as long as the patient desires unless that individual's presence infringes on the rights and safety of others, or is medically or therapeutically contraindicated.
 - Visitation privileges will not be restricted, limited, or otherwise denied in a way that is discriminatory.
- ❖ Patients and their companions will be provided professional interpreter services for visual/hearing impairments, or languages other than English free of charge, as needed, to support effective communication.

■ **Your Right to Examine Bill and Charges**

- ❖ Patients have the right to examine their bill and receive an explanation of the bill regardless of source of payment, and the patient will receive, upon request, information relating to financial assistance available through the organization.
- ❖ Patients have the right to receive cost estimates before receiving treatment.

■ **Your Right to Grievance and Complaint Resolution**

- ❖ Patients have the right to express concerns, complaints, or grievances regarding their care, or experience without fear of retaliation, or discrimination. Patients may choose to report concerns anonymously.
- ❖ Patients can expect a prompt review and response to grievances through the organization's established patient grievance procedures.
 - The organization will investigate complaints and take corrective actions as needed.
- ❖ Patients have the right to file a complaint with external agencies.

■ **Your Right to Information About the Organization**

- ❖ Patients have the right to request and receive information regarding organization policies, procedures, and the qualifications of their health care providers.
- ❖ Patients have the right to know the names and jobs of the people responsible for their care and to know when students, residents, or other trainees are involved in their care.
- ❖ Patients have the right to review the records pertaining to their medical care and to have the information explained or interpreted as necessary, except when restricted by law.
- ❖ Patients have the right to ask and be informed of the existence of business relationships among the organization, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.

■ **Your Additional Rights**

- ❖ Patients receiving services for a documented mental health illness, substance use disorder, or developmental disability are entitled to additional rights under Wis. Stat. § 51.61 and Wis. Admin. Code Ch. DHS 94. A written copy of these rights is provided to patients or their legal representatives.
 - See the Wisconsin Department of Health Services Client Rights website at www.dhs.wisconsin.gov/clientrights.
- ❖ For patient's admitted to an inpatient behavioral health unit, any time a patient's rights are restricted, formal written notice of the restriction and the reasons for the restriction will be provided to the patient and/or their legal representative.
- ❖ All records related to the diagnosis, treatment, or referral for treatment of a Substance Use Disorder (SUD) are protected under 42 CFR Part 2 and HIPAA. In accordance with these regulations and related HHS guidance, patients of the Organization will execute a one-time written consent authorizing the use and disclosure of their SUD records for treatment, payment, and health care operations (TPO) consistent with HIPAA. When a valid one-time TPO consent is executed, SUD records disclosed to the organization and our business associates may be handled and redisclosed in accordance with HIPAA and this policy, except that SUD records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the patient absent a separate valid Part 2 consent or a Part 2-compliant court order. SUD counseling notes are subject to heightened protections and require a separate written consent for use or disclosure. Patients retain the right to revoke any consent in writing, subject to the rules in Part 2 governing revocation and reliance on previously-made disclosures.



PATIENT RESPONSIBILITIES

■ Your Responsibility to Provide of Accurate Information

- ❖ Patients are responsible for providing accurate and complete information about their health, including medical history, symptoms, medications including supplements, and any known allergies.
- ❖ Patients should notify their care providers of any changes in their condition or reactions to treatment.
- ❖ Patients or their legal representatives are responsible for providing the organization with a copy of any applicable advance directives.
- ❖ Patients or their legal representatives are responsible for understanding their insurance coverage.

■ Your Responsibility to Adhere to Treatment Plan

- ❖ Patients are responsible for following the agreed-upon treatment plan, including attending scheduled appointments, taking medications as prescribed, and adhering to post-treatment care instructions.
- ❖ Patients are responsible for providing a dependable adult for transport after surgery.
- ❖ If a patient is unable or unwilling to follow the treatment plan, it is their responsibility to inform their health care provider so alternative options can be discussed.
- ❖ Patients are responsible for accepting the risks for refusing treatment.
- ❖ Patients should ask questions about anything they do not understand.

■ Your Responsibility to Respect Health Care Providers and Team Members

- ❖ Patients are expected to treat all health care professionals, team members, and other patients with courtesy and respect.
 - Verbal or physical abuse, harassment or inappropriate behavior will not be tolerated.
- ❖ Patients are not to take pictures, videos or recordings without permission from organization team members or providers.
- ❖ Patients are expected to accept their care team assignment based on competency of care team members. The organization does not assign caregivers to a patient's care team based on a patient's discriminatory preferences.

■ Your Financial Responsibilities

- ❖ Patients are responsible for ensuring payment for services rendered is made in a timely manner, including copayments, deductibles or any other financial obligations as outlined in their insurance plan.
- ❖ Patients are encouraged to communicate with the organization's financial office regarding any difficulties with payment. Patients are responsible for cooperating with payment arrangements.

■ Your Responsibility to Observe Organization Rules and Regulations

- ❖ Patients are expected to comply with organization rules regarding visitation, smoking, the use of mobile devices, noise and infection control measures.
- ❖ Patients are responsible for respecting property of the organization and others and using resources appropriately.

■ Your Responsibility to Consider Other Patients

- ❖ Patients should be considerate of the rights, privacy, and needs of other patients, including adhering to guidelines for noise levels, visiting hours, and shared spaces.

■ Your Responsibility to Report Safety Concerns

- ❖ Patients are responsible for notifying their health care team immediately of any perceived safety risks or errors in care.

■ Legal Representatives and Patient Decisions

- ❖ Patients and/or their legal representative have the right and responsibility to be involved in informed decision making about the patient's care. This includes the informed acceptance, refusal or modification of care and/or pain management.
 - Advance directive documentation detailing any withholding or withdrawal of resuscitation or life-sustaining measures must be included by providers in treatment plans and orders for patient care.
- ❖ A patient's legal representative must be allowed to exercise, to the extent permitted by law, the rights delineated on behalf of the patient. The patient's legal representative may exercise these rights when a patient:
 - Has named them in a legally authorized and active advance directive document.
 - Has been adjudicated Incompetent by the appropriate court.
 - Has been found by two physicians to be incapacitated.
 - Is a minor under the age of eighteen (18).
- ❖ Except in emergencies, the consent of the patient or the legal representative will be obtained before diagnostic procedures are administered or surgical procedures or other treatments are performed.

■ Contact Information

Should you wish to file a complaint or grievance with the organization, direct your correspondence to:

- ❖ Froedtert ThedaCare – North Region Patient Relations
Phone: 920-454-3044 Mon.-Fri. 8:30 a.m. to 5 p.m.
Email: patientrelations@thedacare.org
Mail: 130 Second St.
Neenah, WI 54956
- ❖ Froedtert ThedaCare – South Region Patient Relations
Phone: 414-805-2882 or TTY: 1-800-947-3529 Mon-Fri 8 a.m. to 4:30 p.m.
Fax: 414-805-4651
Mail: 9200 W. Wisconsin Ave.
Milwaukee, WI 53226

The Office of the Medicare Ombudsman (OMO) helps people with Medicare with complaints and grievances. If you have a concern that has not been resolved by Medicare or your plan, please direct your correspondence to:

- ❖ The Medicare Beneficiary Ombudsman
Phone: 1-800-MEDICARE (1-800-633-4227) and ask to submit your inquiry to the Medicare Beneficiary Ombudsman. TTY users can call 1-877-486-2048.
Online: <https://www.medicare.gov/basics/your-medicare-rights/get-help-with-your-rights-protections>

Should you wish to file a complaint or grievance with the state agency, direct your correspondence to:

- ❖ Wisconsin Department of Health Services, Division of Quality Assurance (DQA)
Online: <https://www.dhs.wisconsin.gov/guide/complaints.htm>
Phone: 1-800-642-6552
Mail: PO Box 2969
Madison, WI 53701-2969

You may file a complaint or grievance with accrediting bodies if you feel your concern regarding patient safety or quality has not been appropriately addressed. Patient safety concerns can be reported to the Joint Commission (all locations excluding Froedtert Community Hospitals) or DNV (Froedtert Community Hospitals only):

- ❖ The Joint Commission
Online: www.jointcommission.org using “Report a Patient Safety Event” link
Phone: 1-800-994-6610
Mail: Office of Quality and Patient Safety
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
- ❖ DNV (Det Norske Veritas)
Online: <https://www.dnvhealthcareportal.com/patient-complaint-report>
Phone: 1-866-496-9647
Fax: 281-870-4818

Should you wish to file a complaint or grievance with the federal agency, direct your correspondence to:

- ❖ United States Department of Health and Human Services, Office for Civil Rights (OCR)
Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Phone: 1-800-368-1019 or TDD: 1-800-537-7697
Email: OCRMail@hhs.gov
Mail: U.S. Department of Health and Human Services, Office for Civil Rights
200 Independence Ave., SW Room 509F, HHH Building
Washington D.C. 20201