



Patient Rights and Responsibilities

Quality Care

You have the right to:

- Receive quality care in a safe and secure environment by courteous and skilled doctors and staff who respect your privacy, confidentiality, and dignity.
- Receive care regardless of your age, race, ethnicity, religion, culture, national origin, or language, and have your culture, values, beliefs, and preferences respected.
- Receive care regardless of physical or mental disability, education, socio-economic status, sex, sexual orientation, and gender identity or expression.

Safety

You have the right to:

- Be free from neglect, harassment, misuse, verbal, mental, physical, and sexual abuse.
- Be free from seclusion or restraints unless needed for safety.
- Be heard and voice your concerns, file a complaint or grievance, and receive a response without fear of retaliation.
- Have access to available protective and advocacy services.
- Have contact information for reporting a quality-of-care concern to the appropriate State and Federal protection and advocacy services.

Communication

You have the right to:

- The privacy of your medical information and records, in accordance with state and federal law.
- Receive information in your preferred language, including services for visual and/or auditory needs, including interpreter services free of charge.
- Receive information about advance directives and how a person of your choice may be designated to make care decisions in the event you are unable to communicate your wishes.
- Have a family member, friend, and your doctor notified of your admission.
- Take part in making decisions concerning your care including treatment, anticipated outcomes, request for second opinion or consultant, the need for additional services while in the hospital or after discharge.
- Receive information about your current health status and need for treatment, including information necessary for you or your designee to give informed consent prior to treatment, except in an emergency.
- Refuse care, treatment, or consent.
- Review and inspect your medical record with your caregivers at any time during your stay.
- Receive a copy of your medical records within a reasonable time frame.
- Request and receive a detailed bill for the services you received after discharge.
- Receive discharge instructions and assistance with post discharge medical needs.

Personal Care

You have the right to:

- Personal privacy, private conversations.
- Request and have a chaperone present during examinations and treatments and during certain intimate examinations and treatments.

- Have an emotional support person with you unless prohibited by policy.
- Be notified if something goes wrong and when there is a change in treatment or care.
- Be treated with respect and dignity in a setting that promotes health and well-being.
- Know the names and jobs of the people who care for you.
- Have your advance directive or end-of-life care wishes respected, followed and conflicts addressed.
- Receive visitors of your choice to include but not limited to spouse, domestic partner including same-sex partners, family member, or friend without discrimination unless you are provided with an explanation for safety or medical reasons. You can refuse visitors at any time.
- Receive assessment and appropriate treatment for your pain.
- Refuse to allow photographs, videos, films, recordings, or other images of you for purposes other than providing medical care.
- Accept or refuse participation in research and care by students.

You or your representative have the responsibility to:

- Share accurate and complete health and contact information, including your advance directives or living will.
- Ask questions when you do not understand your condition or treatment, or you do not plan to follow your doctor's advice.
- Be kind, respectful, and considerate of other patients and hospital property and staff.
- Send your valuables home.
- Let us know if you have concerns or questions about your treatment plan and the need for follow-up care.
- Make arrangements for meeting your financial responsibilities, and provide accurate health insurance information or payment information for billing purposes.
- Inform staff of ways we can improve services or make your family or visitors feel more welcome.

If you feel these rights have been violated, you want to share a care concern or file a grievance, or if we do not live up to your expectations, please contact our patient advocate at **Stephanie Hopper**
Stephanie.Hopper@lpnt.net.

To share a concern with us about the privacy of your health information, please contact our privacy officer at **Cheryl Carpenter**
Cheryl.Carpenter@lpnt.net

You may also contact any of the following agencies to share a care concern:

Care concerns – The Joint Commission
Officer of Quality and Patient Safety
One Renaissance Boulevard, Oakbrook Terrace, IL 60181
Submit online at www.jointcommission.org

OR **Stephanie Hopper**
Stephanie.Hopper@lpnt.net

Quality concerns for Medicare Beneficiaries – **Stephanie Hopper**
Stephanie.Hopper@lpnt.net

Privacy concerns – Office for Civil Rights
Email: OCRMail@hhs.gov
Phone: 1.800.368.1019, TDD: 1.800.537.7697
Submit online at hhs.gov