



Patient Rights and Responsibilities

We respect your rights as a patient and recognize that you have unique healthcare needs. We will make every attempt to provide your care based on your individual needs and will provide your care respecting your personal dignity. Please take the time to read through United's Patient Rights and Responsibilities and let us know if you have any questions or concerns.

The Patient Rights and Responsibilities identified in this document may also apply to the people who are legally responsible for making your healthcare decisions, such as parents of minors, legal guardians and those you have given decision-making responsibilities in a Durable Power of Attorney for Health Care.

We want to hear from you if your expectations are not being met.

YOUR RIGHTS

You have the right to:

Receive medical care without regard to race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, newborn status, handicap or source of payment;

Be treated with consideration, respect, and recognition of your individuality and personal needs, including the need for privacy in treatment;

Receive, at the time of admission, a copy of this handout, United Hospital System's "Patient Rights and Responsibilities;"

Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital;

Receive care in a safe setting, free from all forms of abuse and harassment;

Receive information about the prevention of infection and other patient safety initiatives;

Except in emergencies, agree to treatment before a physician or our staff begins any procedure, test, or surgical procedure;

Make decisions with your physician about your healthcare, including accepting or refusing care as permitted by law. If you do refuse treatment, the medical consequences will be explained to you;

Expect that all communication and records pertaining to your care will be treated confidentially and that we will not release your medical record without your consent unless authorized by law or if the release is to those responsible for paying all or part of your bill;

Receive, along with any person whom you have authorized in writing to receive, information from your physician about your illness, course of treatment and prognosis for recovery, in terms that you will understand;

Access information contained in your clinical records within a reasonable time frame and have the information explained or interpreted as necessary, except when restricted by law;

Have your spiritual, cultural and social needs respected;

Participate to the fullest extent possible in planning your care and treatment;

Communicate with family members and/or significant others and to designate who may visit you as permitted by law or by your specific care requirements;

Have visitors of your choosing. Visitors will not be restricted based upon race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. At times, it may be necessary to limit visitation for justified reasons, which may be related to legal, behavioral, environmental, infection, or medical situations;

Designate a support person to be present with you during your stay unless the individual's presence infringes on the rights, safety, or medical care of you or others;

Have your pain effectively managed and receive information about pain relief alternatives and the safest, most effective pain relief possible for you;

Know who has overall responsibility for your care and treatment;

Have your legally authorized representative make healthcare decisions for you if you become incompetent according to law, or if your physician determines that you cannot understand proposed treatment(s) or procedures, or if you cannot communicate your wishes regarding your treatment;

Participate in discussions about any ethical issue affecting your care;

Be free from restraint in any form that is not medically required;

Sign language or foreign language interpreter services;

Be informed of clinical research which may provide you with an investigational drug, device, or other treatment. We will ask your permission before we include you in any research project and you may refuse without fear of being denied treatment;

Be provided with a full explanation of the need to transfer you to another facility. We will obtain the other facility's acceptance prior to your transfer;

Be involved in your discharge plan. You can expect to be told in a timely manner of the need for planning your discharge or transfer to another facility or level of care. Before discharge, you can expect to receive information about follow-up care that you may need;

Examine and receive an explanation of your bill, regardless of the source of payment and, upon request, receive information relating to financial assistance available through our System; and

Express concerns about any aspect of your care without fear of retaliation. You may express your concern either verbally or in writing to any one of our staff. Our procedure for sharing your concerns is available upon request. If we are unable to provide a resolution, you may write to the Bureau of Health Services of the Division of Quality Assurance, P.O. Box 2969, Madison, WI 53701, or call at 608-266-8481 or 1-800-642-6552 and/or you may contact The Joint Commission by either calling 1-800-994-6610 or email through their website at jointcommission.org.

YOUR RESPONSIBILITIES

Each patient has certain responsibilities in the management of his or her healthcare. Your responsibilities as a patient are to:

Provide accurate and complete information to your physician and the staff regarding your present complaint, past illness, hospitalization, medication, and other matters relating to your health;

Accept responsibility for refusing treatment or not following your physician's recommendations. Ask your physician about the risks and consequences for refusal prior to making decisions;

Report what you may believe are any risks related to your care and any unexpected changes in your condition;

Ask questions when you do not understand what you have been told about your care or what you are expected to do;

Follow the treatment plan that was developed with your input. You are responsible for expressing concern if you are unable to comply with the treatment plan based on your specific needs and limitations. You should understand the consequences of failing to follow the recommended course of treatment or of using other treatments;

Supply us with accurate personal and insurance information and pay your bill promptly so we can continue to serve you and the community effectively;

Make sure we have a copy of your Advance Directive, if you have one;

Follow infection prevention initiatives such as performing proper hand hygiene, covering your mouth when you cough or sneeze, and avoiding contact with others when you are ill.

Speak-up if a healthcare professional has not checked your identity or washed their hands before treating you, remind them to do this.

Provide your health care provider with a current list of your medications and allergies.

Learn about your illnesses and medications. Ask questions if you do not understand information that you are given.

Respect the rights of other patients, families, United staff members and property, including observation of the visiting guidelines, discharge time and the no-smoking policy. Be considerate of other patients for privacy and quiet, and consider other patients when using your television, radio, or telephone.

Take care of your personal items such as dentures, glasses, or hearing aids and place all valuables in the designated safe or locker;

Follow your physician's orders and instructions and the staff's instructions for your care; and

Be responsible for recognizing the impact of your lifestyle on your personal health.