

PATIENT RIGHTS AND RESPONSIBILITIES

While you are a patient of UnityPoint Health - Methodist or UnityPoint Clinic (collectively, "Methodist"), we will do our best to protect and promote your personal rights in accordance with all relevant state and federal laws, and the standards of The Joint Commission. For additional information about your rights, you may contact the Patient Advocate by calling the Methodist Pride Line at 309.671.8209.

ACCESS TO CARE. YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE:

1. Having access to medical care regardless of race, creed, sex, sexual orientation, disability, national origin, or source of payment.
2. Having your cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected.
3. Receiving a medical screening examination and stabilizing care, regardless of ability to pay.
4. Receiving a consultation or second opinion from another provider as well as to change providers.
5. Ability to examine and receive a reasonable explanation of your medical bill.
6. Having a family member or representative and your provider notified of a hospital admission.
7. Receive accommodations of any special needs or disabilities, including provision of interpretive assistance or assistive devices.

RESPECT/DIGNITY/CONFIDENTIALITY/SAFETY. YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE:

1. Receiving considerate care that safeguards your dignity and respects your cultural, psychosocial, and spiritual values.
2. Maintenance of confidentiality of your medical records and information.
3. Receiving care in a safe and secure setting.
4. Being protected from all forms of abuse or harassment.
5. Ability to access protective services, including counseling or guardianship, and to reach the maximum level of independence.
6. Ability to access pastoral care, upon request.
7. Knowing the identity and profession of all those providing patient care services.
8. Being free from restraints of any form that are not medically necessary or that are used as a means to coerce, discipline, convenience, or retaliation by staff.

INVOLVEMENT IN CARE/INFORMED CONSENT/RESEARCH. YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE:

1. Ability to access all information concerning your medical condition, treatment, prognosis and other treatment available and to choose among these alternatives.
2. Ability to participate in ethical questions that arise in the course of your care.
3. Ability to make informed decisions regarding your care. This right includes being informed of your health status, being involved in care planning and treatment, and being able to request and refuse treatment and to know what may happen if you don't have this treatment.
4. Ability to address end of life decisions with their provider upon their request and as deemed appropriate.
5. Ability to designate a health care decision-maker, if incapable of understanding a proposed treatment or if unable to communicate your wishes regarding care.
6. Ability to participate in approved research studies, after giving informed consent. Ability to refuse to participate in research studies, without such refusal affecting care.
7. Ability to participate in the development and implementation of your plan of care.
8. Receive appropriate pain management support.
9. Ability to access your medical record or ability to request a copy of your medical record.

COMPLAINT/GRIEVANCE PROCEDURE.

YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE:

1. Ability to discuss any concerns/dissatisfaction with the care received, which cannot be resolved by available staff, by contacting the Patient Advocate at 309.671.8209 or ask any staff member to contact them on your behalf.
2. Receiving at least a preliminary response to Patient Advocate calls on the same day that the call is received, even if further investigation of the concerns/dissatisfaction is required.
3. You have the right to contact the Illinois Department of Public Health's Central Complaint Registry at 1.800.252.4343 or writing them at Illinois Department of Public Health, Office of Health Care Regulation, 525 W. Jefferson Street, 5th Floor, Springfield, IL 62761-0001.
4. You have the right to contact, in writing, Division of Accreditation and Certification Operations, Office of Quality Monitoring, the Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181; Fax: 630.792.5005; E-Mail: complaint@jointcommission.org, or call 1.800.994.6610.

COMMUNITY CARE PROGRAM:

You may be eligible for financial assistance under the terms and conditions that Methodist offers to qualified patients. For more information, contact Patient Accounts for Hospital-based care: [1.800.845.0231](tel:1.800.845.0231); UnityPoint Physicians' Billing for Clinic-based care: 1.888.772.5357

PATIENT RESPONSIBILITIES.

THE PATIENT AND/OR, WHEN APPROPRIATE, FAMILY IS RESPONSIBLE FOR:

1. Providing, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives (Health Care Power of Attorney; Living Will, POLST, etc.) and other matters relating to the patient's health.
2. Reporting unexpected changes in the patient's condition to the responsible practitioner and whether the patient clearly comprehends a contemplated course of action and what is expected of him or her.
3. Following the treatment plan developed by your provider(s). The patient should promptly express any concerns to their provider regarding their inability to comply with a proposed course of treatment. Methodist will make every effort to adapt the treatment plan to the patient's specific needs and limitations.
4. His/her actions if he/she refuses treatment or does not follow his/her provider's instructions.
5. Ensuring they fulfill all of their financial obligations related to the patient's care.
6. Following all Methodist rules and regulations affecting the patient care, conduct and safety.
7. Respectful consideration of the rights of other patients, visitors, and Methodist personnel.