

We understand that you and your family may find it necessary to make difficult treatment choices while you are here. We respect your right to make an individual decision that is based on your personal beliefs and values as well as on the available medical information. If there is disagreement about your care that cannot be resolved through discussion with caregivers or if difficult ethical issues arise, Meriter's Ethics Advisory Group is available to patients, families and caregivers to serve as a forum for discussion and problem solving. You may ask your healthcare provider to contact a member of the Ethics Advisory Group, or you may call the Patient Representative directly at **(608) 417-6462**.

### **You Have the Right to Confidentiality of Your Clinical Records**

You are assured confidential treatment of your written and electronic medical records, and may approve or refuse their release to any individual outside the Meriter system. You have the right to know your medical record can be released without written consent:

- to the physicians who referred you to Meriter.
- as required by court order.
- as required for third party payers such as insurance companies and Medicare.
- to medical personnel, in the case of a medical emergency.
- to any other authorized legal representative.

Information regarding your medical condition, treatment and prognosis will not be discussed with friends or family members without your consent. If you are unable to give consent, information may be shared with your legal representative, friends and/or family if it is felt to be in your best interests.

### **You Have the Right to Have Concerns and Complaints Heard**

If you are not satisfied with the quality of care and services you receive, you have the right to voice your concerns and to be assured that a complaint will in no way compromise your access to care. If you do have a complaint or you feel your rights are not being respected, please let your healthcare providers know, or call the Patient Representative Office at **(608) 417-6462**.

You also have the right to file a grievance with the Wisconsin Department of Health Services, Division of Quality Assurance, P.O. Box 2969, Madison, WI 53701-2969 (Telephone: 608-266-8481, Toll Free: 800-642-6552, Fax: 608-267-0352).

You also may contact the Joint Commission's Office of Quality Monitoring to report any concerns or to register complaints.

- at [www.jointcommission.org](http://www.jointcommission.org), using the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website.
- by fax to 630-792-5636
- by mail to The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.

### **RESPONSIBILITIES**

In addition to your rights, you also have basic responsibilities. Please note: UnityPoint Health – Meriter has a zero tolerance for verbal or physical aggression. Aggressive behavior will result in contact with security and/or law enforcement.

#### **You have a responsibility to:**

- Respect the rights of other patients, families, visitors and staff. Refrain from the use of inappropriate language or actions related to race, color, national origin, ancestry, religion, sex, gender identity or expression, genetic information, sexual orientation, age, disability, veteran or military status, marital/domestic partner status, citizenship/immigration status, or other personal characteristics.
- Respect the privacy of others. Refrain from videotaping and recording staff or providers, unless you have the consent of those involved. To protect your privacy as a patient and the privacy of others, please do not videotape in any area of the hospital where other patients may be present.
- Assist in maintaining a healing environment for all. Be considerate with volume of electronics, control noise, limit the number of visitors, and do not use profanity.
- Ask for clarification of things you do not understand.
- Provide accurate and complete information about your health status, medical history, medication and Advance Medical Directives.
- Follow instructions regarding your care plan. If you have questions or disagree with the plan, please express your concern. The plan may be able to change. If the plan cannot change, you will be informed of the consequences of not following the plan. You have the responsibility to accept the consequences of declining care.
- Meet your financial commitments to the hospital. A Financial Coordinator is available to help with financial questions by dialing **(608) 417-5035**.

# Patient Rights and Responsibilities



PARTNER OF  
**UWHealth**

#802-20  
MR-BRO-0034

#817456  
1-2021



PARTNER OF  
**UWHealth**

## RIGHTS

Meriter is committed to providing excellent treatment and services within the scope of our mission. You have the right to expect that this care is delivered in a professional and ethical manner. The following are specific rights you have as a Meriter patient. You should feel fully empowered to exercise these rights and to communicate any concerns to our staff and/or to your physician. If you are a minor or are unable to participate in your care, these rights will apply to your legal representative.

**You Have the Right to Considerate and Respectful Care,** which includes your right to:

- receive quality treatment and continuity of care within the scope of our mission.
- not be denied appropriate hospital care because of your race, creed, color, national origin, ancestry, religion, sex, sexual orientation, gender identity or expression, marital status, age, newborn status, handicap, or source of payment.
- have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected within the limits of the law and without compromising your care or the care of other patients. This includes accommodating your right to religious or other spiritual services.
- ask all personnel involved in your care to introduce themselves, state their role in your care, and explain what they are going to do for you. The hospital shall inform you of the provider primarily responsible for your care.
- have your pain assessed appropriately and managed effectively.
- be cared for in an environment that provides personal privacy and preserves your dignity. This includes:
  - maintaining discretion during conversations with your doctor and other healthcare providers, during examinations and during treatment.
  - closing the curtain around your bed or closing the door when you want privacy.
  - your right to request no visitors/phone calls.
  - your right to request “Privacy Status” to protect your identity as a hospitalized patient.
  - access to a telephone and mail services for private correspondences as appropriate to the care you are receiving.
  - your right to give or withhold informed consent to produce or use recordings, films or other images of you for purposes other than providing care.

## **You Have the Right to Receive Care in a Safe Setting**

Being in an unfamiliar setting and in need of medical care can make some patients feel vulnerable. We want you to feel secure and to know that staff will work to keep you safe.

You have the right:

- to be free from abuse, harassment, neglect and exploitation.
- to access protective and advocacy services by asking to speak with a Social Worker.
- to be free from restraints or seclusion that are not medically necessary unless applied for custodial reasons by law enforcement.
- to designate a person or people as your “Partner in Care” and/or visitor(s). UnityPoint Health – Meriter shall not restrict, limit, or deny visitation privileges based on race, creed, color, national origin, ancestry, religion, sex, sexual orientation, gender identity or expression, marital status, age, newborn status, handicap, or source of payment unless their presence infringes upon other’s rights, safety, or is medically or therapeutically contraindicated.
- to have a family member or representative of your choice and your own physician promptly notified of your admission to the hospital.

## **You Have the Right to Information about Treatment and Services**

You cannot make decisions about your health without adequate information. Therefore, you have the right to:

- receive information in a manner that you can understand. If you are blind, visually impaired, deaf, hard-of hearing, have difficulty speaking or limited English proficiency, cognitively impaired, or have other limitations due to your age, every effort will be made to communicate effectively with you, including the use of an interpreter or other translation assistance, and will be provided at no extra charge. You may request the assistance of an interpreter by speaking with your care provider or by calling Guest Services at **(608) 417-6276**.
- be informed about your health status, including your diagnosis, treatment options and alternatives, the benefits and risks or treatment alternatives, and the probable outcome.
- be informed about the outcomes of care, treatment and services that have been provided, including unanticipated outcomes.
- be informed of any changes to your care plan in advance, except in the event of an emergency.

- be informed of any experimental or research activities that may be involved in your treatment. You will be asked if you wish to participate in these activities, and have the right to refuse to participate in such activities. Refusing to participate in these activities will not affect your access to care, treatment, and services unrelated to research.
- access and request amendment to information contained in your medical record within a reasonable timeframe. You may review your medical record with a healthcare provider and have the information explained.
- be given notice of beneficiary discharge rights, notice of non-coverage rights, and the right to appeal premature discharge.
- examine your hospital bill and to have it explained to you. Financial Counselors in the business office are available to answer questions regarding your bill, insurance coverage and financing your treatment costs.

## **You Have the Right to Participate in Development and Implementation of Your Plan of Care**

We believe that patients who participate in their health care achieve better results. Therefore, we encourage a partnership between you and your healthcare team at Meriter. As a partner in your care, you have the right:

- to make informed decisions regarding your care.
- to give informed consent prior to the start of any test, surgery, procedure or treatment.
- to request and participate in the evaluation and planning for discharge.
- except in emergencies, to not be transferred to another facility without being given a full explanation for the transfer, provision being made for continuing care, and acceptance by the receiving institution.
- to refuse or discontinue any procedure or treatment in accordance with law and regulation. You will be informed of the medical consequences of your decision.
- to request treatment, unless it is deemed medically unnecessary or inappropriate by your physician.
- to have issues addressed relating to end-of-life decisions. This includes your right to have an Advance Medical Directive (Power of Attorney for Healthcare or a Declaration to Physicians “Living Will”) and to have hospital staff and practitioners comply with these wishes. The existence or lack of an Advance Medical Directive does not affect your access to care, treatment, and services. For more information about Advance Medical Directives, please contact Care Coordination at **(608) 417-6027**.