

Patient Rights

- You have the right to participate in the development of your plan of care, being well-informed about your illness, possible treatments, and likely outcomes.
- You have the right to know the names and roles of the staff treating you.
- You have the right to emergency treatment to stabilize your condition if you come to the hospital Emergency Room.
- You will be given access to treatments that are available or medically indicated regardless of race, creed, sex, gender identity, sexual orientation, national origin, cultural or spiritual values, disability, or source of payment.
- You have the right to request, consent to, or refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will receive other needed and available care.
- You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
- You have the right to receive considerate, respectful care at all times and under all circumstances, with recognition of personal dignity, diversity, and religious or other spiritual preferences.
- You have the right to expect a timely response to your reports of pain, information about pain, pain relief measures, and a concerned staff committed to pain prevention and pain management.
- You have the right to formulate an advance directive, such as a living will, health care surrogate, anatomical gift, and durable power of attorney for health care. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. This hospital will follow these directives when they are provided. A copy should be given to the hospital, your family, and your doctor. You will receive appropriate care with or without this directive.
- You have the right to receive care in a private and safe setting.
- You have the right to considerate and respectful care, to be free from all forms of abuse or harassment, and to be free from restraints of any form that are not medically necessary.
- You have the right to expect that clinical records are confidential. When HMHD releases records to others, such as insurers, it is emphasized that all records are confidential.

- You have the right to review your clinical records and to have the information explained to you. HMHD will fulfill your request for information as timely as the system will permit. You must give permission to release information to others.
- You have the right to expect that the hospital will give you necessary health services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
- You have the right to know if this hospital has a relationship with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.
- You have the right to be told of realistic care alternatives when hospital care is no longer appropriate.
- You have the right to know hospital rules that affect you and your treatment.
- You have the right to have family members or representatives and your own physician notified of your admission to the hospital.
- You have the right to receive visitors you designate, including, but not limited to, a spouse, a domestic partner, another family member, or a friend. You have the right to withdraw or deny such consent at any time.
- You have the right to participate in your discharge planning.
- You have the right to ask any questions about the Independent Contractor Disclosure form that is included with the Treatment Consent form signed on admission.
- You have the right to receive a copy of a reasonably clear and understandable itemized bill and have the charges explained upon request. You have the right to know about charges and payment methods, and about hospital resources such as patient representatives or ethics committees. Any grievances may be directed verbally by phone or in writing to administration or any supervisor: 618.643.2361 option 5.
- You have the right to express a concern or grievance regarding any quality-of-care issue, either informally or formally, through the patient grievance mechanism by HMHD. If you have a complaint, you can discuss it with any employee, call administration at 618-643-2361 ext. 2003, or you can place it with the Illinois Department of Public Health by phone, mail, or fax.

Patient Responsibilities

- You are responsible for providing information about present complaints, past illnesses, including hospital stays, use of medication, and other matters relating to your health.
- You are responsible for asking questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your provider.
- You are responsible for reporting perceived risks in your care and unexpected changes in your condition.
- You are responsible for reporting anything in this facility that would put you at risk, such as spills on the floor, improper lighting, etc.
- You are responsible for providing information for insurance and for working with the hospital to arrange payment when necessary.
- You are responsible for talking with your provider or nurse about what to expect regarding pain and/or pain management. To help the staff assess your pain, you are also responsible for providing the information based on the pain scale and noting the areas, duration, and type of pain. If your pain continues after you have established a care plan, you are responsible for speaking with a staff member and/or your provider.
- It is your responsibility to be aware that verbal aggression will not be tolerated by HMHD, and any physical assault will be reported to law enforcement.

