

## **Patient Rights Our Commitment**

1. Impartial access to treatment, regardless of race, religion, sex, sexual orientation, gender identity, ethnicity, age or handicap.
2. Receive care or treatment without coercion, discrimination or retaliation.
3. Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the patient's rights when the patient is incapable of doing so, without coercion, discrimination or retaliation.
4. Each patient or when appropriate, the patient's representative (as allowed under state law) to be informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.
5. To receive care in a safe setting.
6. To be free from all forms of abuse or harassment.
7. To be fully informed in advance of care or treatment and to actively participate in the planning of his/her care planning and treatment.
8. To consent or refuse treatment after being adequately informed of the benefits and risk of, and alternatives to treatment.
9. To be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services.
10. To know the professional status of any person providing his/her care/services.
11. To know the reasons for any proposed change in the Professional Staff responsible for his/her care.
12. To request an interpreter if you need one or to have one provided to you.
13. To designate visitors, regardless of whether the visitors are legally related to you.
14. To equal visitation privileges for all designated visitors.
15. To expect visitation privileges to be granted without regard to race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.
16. To expect that visitation may be restricted for any visitor in medically appropriate circumstances and when medical professionals deem it clinically necessary.

17. To personal privacy.
18. To confidentiality of his/her clinical records maintained by the facility.
19. To access information contained in his/her clinical records within a reasonable time frame.
20. To know the reasons for his/her transfer either within or outside the facility.
21. To know the relationship(s) of the facility to other persons or organizations participating in the provision of his/her care.
22. To access the cost, itemized when possible, of services rendered within a reasonable period of time.
23. To be informed of the source of the facility's reimbursement for his/her services and or any limitations which may be placed upon his/her care.
24. To be free from unnecessary use of physical or chemical restraint and/or seclusion as a means of coercion, convenience, discipline or retaliation.
25. To exercise an advance directive regarding decisions at the end of life in accordance with Federal and State Patient Self-Determination Act(s).
26. To have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.
27. To be informed of the right to have pain treated as effectively as possible.
28. The patient's family has the right of informed consent of donation of organs and tissues.
29. Each patient has the right to request a discharge plan.

Resources:

(HFAP) Accreditation Requirements for Healthcare Facilities -  
Chapter 15 Standards : Patient Rights

## **Patient Responsibilities**

### **Your Commitment**

1 The patient is responsible for providing, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other information relating to his or her health. The patient is responsible for reporting unexpected changes in his or her condition to the appropriate practitioner. The patient is responsible for reporting that he or she clearly understands a contemplated treatment or procedure and what is expected of him or her.

2 The patient has the responsibility to follow the prescribed care plan of the appropriate practitioner primarily responsible for his or her care. This may include following the instructions of nurses and allied health personnel as they carry out the prescribed care plan and enforce the applicable hospital rules and regulations. The patient is responsible to cooperate with the treatment schedules and appointments and give notification to the appropriate practitioner when unable to do so.

3 If a patient refuses treatment or does not follow the practitioner's instructions, he or she is responsible for his or her own actions.

4 The patient is responsible for providing information for insurance claims. When necessary, payment arrangements are to be made with the hospital business personnel as promptly as possible.

5 It is the patient's responsibility to comply with hospital rules and regulations affecting patient care and conduct.

6 Consideration of the right of other patients and hospital personnel and assistance in the control of noise and the number of visitors is the responsibility of each patient. Respect for the property of other persons and of the hospital is expected of each patient.

7 If a patient has executed an advance directive, he or she is responsible for providing the Medical Center with a copy.

### **Patient Complaint Process**

You have the right to file a grievance. If you want to file a grievance with Franciscan St. Anthony Health – Crown Point, you may do so by calling the Customer Service Department at (219) 757-5880 or writing to the hospital at 1201 S. Main St., Crown Point, IN 46307. A grievance committee will review each grievance and provide you with an initial written response within seven (7) working days. The written response will contain the name of the person your concern was directed to, the steps taken to investigate the grievance, and the name of a person to contact at the hospital. Within 30 days a final written response will be sent to you with the results of the grievance process, and the date of completion.

You also have the right to file a complaint with the Indiana State Department of Health regardless if you use the hospital's grievance process.

You may contact the Indiana State Department of Health in the following manner:

Write: Indiana State Department of Health  
2 North Meridian Street  
Indianapolis, IN 46204  
Phone: (317) 233-1325  
Internet: <http://www.in.gov/>