

Providing quality care requires the cooperation of you, your health care provider and the hospital staff. Hendricks Regional Health wants you to know that, as a patient in our hospital, you have certain rights and responsibilities.

YOUR RIGHTS AS A PATIENT

1. You have the right to considerate and respectful care.
 2. You have the right to participate in your care, including developing and implementing a care plan.
 3. You have the right to appropriate medical treatment regardless of age, gender, sexual orientation, race, religion, national origin, handicap, disability or the source of payment for our care.
 4. You have the right to a reasonable response to your request for services in a reasonable timeframe.
 5. You have the right to have medical information provided to you in terms you can understand which may include access to an interpreter should a language or communication barrier exist.
 6. You have the right to discuss with your health care provider any treatment, procedure or operation planned for you so that you may understand the purpose, probable result, alternatives and risks involved before giving permission.
 7. You have the right to obtain from your health care provider complete and current information concerning your diagnosis, treatment and possible outcome in understandable terms. When it is not possible or medically advisable to give such information to you, the information will be made available to an appropriate person on your behalf.
 8. You have the right to refuse treatment to the extent permitted by law, and to be informed of the consequences of your refusal.
 9. You have the right to appoint a healthcare representative, healthcare power of attorney or surrogate decision-maker regarding your care.
 10. You have the right to exercise advanced directives regarding your care to the extent permitted by law. If you or your family need help making difficult end-of-life decisions, staff is available to help you.
 11. You have the right to personal and informational privacy and confidentiality concerning your medical care program, financial information and treatment. A copy of the Notice of Privacy Practices is available upon request.
 12. You have the right to have a family member or representative of your choice and your personal health care provider notified of your admission to the hospital.
 13. You have the right to expect care in a safe setting and clean environment.
 14. You have the right to receive care free from all forms of abuse and/or harassment.
 15. You have the right to access information in your clinical record to the extent permitted by law.
 16. You have the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
 17. You have the right to be fully informed if your health care provider proposes to engage in any unusual, experimental or research-based care or treatment. You have the right to refuse to consent to or participate in such care without coercion or retaliation by staff.
 18. You have the right to obtain information as to any relationship of the hospital to other healthcare providers and educational institutions participating in your care. You have the right to obtain the name, position and professional relationships of all individuals treating you. You have the right to request that students not provide your care.
 19. You have the right to discuss with your health care provider or request a second opinion from another member of the medical staff regarding the reason for a proposed change in your care. You also have the right to request an ethics consultation to address actual or potential issues that may arise.
 20. You have the right to expect an explanation concerning the need for a transfer within the hospital or to another facility as well as coordination, which provides continuity of care following the transfer.
 21. You have the right to understand the source of payment for services provided and any limitations this may place on your care.
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22. You have the right to see your itemized hospital bill, have it explained to you; and to inquire about financial assistance in paying your bill or filing insurance forms.
23. You have the right to be visited, should you so desire, by anyone you or your representative chooses. You may deny visitors at any time. We may restrict or limit visitation for reasonable or clinical reasons. You or your representative may inquire about restrictions to visiting.
24. You have the right to have pain treated as effectively as possible. As a patient, you can expect information about pain and pain relief measures and a concerned staff committed to pain prevention and treatment.
25. Your family has the right of informed consent for donation of organs and tissues.
26. You have the right to be informed about outcomes care, including those outcomes that differ significantly from anticipated outcomes.
27. You have the right to know what care you should seek after discharge from the hospital.
28. You have the right to express a complaint or grievance and to expect timely follow-up.
29. You have the right to know what hospital rules and regulations apply to your conduct as a patient.
30. You have the right to leave the hospital against your health care provider's advice to the extent permitted by law. If you refuse treatment or leave the hospital against your health care provider's advice, the hospital and your health care provider will not be responsible for any harm that this action may cause you or others.

The health care providers at the Hospital care for the sick and injured. They recognize that to be effective, the effort must be a partnership of the patient and the healthcare team working together for a common goal. As a patient you will be expected, within the limits of your abilities, to assume a share of the responsibility for your healthcare.

YOUR RESPONSIBILITIES AS A PATIENT

1. You have the responsibility to provide complete and accurate information about present complaints, past illnesses, hospitalizations, surgeries, prescribed and over-the-counter medications, past allergic reactions, changes in your condition and other matters relating to your health to the best of your ability in order for care to be coordinated in a safe manner.
 2. You have the responsibility to cooperate with all hospital personnel caring for you and to ask questions if you do not understand any instructions, course of action or expectations.
 3. You have the responsibility to help your doctors, nurses and other hospital personnel by following their instructions concerning treatment and safety.
 4. You have the responsibility to be considerate of other patients and staff, and to see that your visitors are considerate as well, particularly in regard to noise, the number of visitors and the compliance with the smoke-free environment.
 5. You have the responsibility to be respectful of others, of other people's property and that of the hospital.
 6. You have the responsibility to discuss pain relief options, assist in determining a plan for the management of pain and ask for pain relief when your pain first begins, help your caregivers measure the extent of your pain and to tell your doctor and nurses if your pain continues.
 7. You have the responsibility for following hospital rules and regulations.
 8. You assume the responsibility for your actions if you refuse treatment or do not follow instructions.
 9. You have the responsibility to be prompt in your payment of hospital bills, to provide the information necessary for insurance processing, and to be prompt about asking questions you have concerning the bill.
 10. After you leave the hospital, you have the responsibility to maintain the treatment recommended by your doctor and to notify him or her of any changes.
 11. You have the responsibility to share any values, spiritual beliefs, or advanced directive that are important to your care and well-being.
 12. You have the responsibility of informing the hospital as soon as possible if you believe any of your rights have been or may be violated. You are encouraged to bring such concerns to the attention of your doctor or the nursing management on your unit, or you may call the Patient Experience department at (317) 386-5621. Grievances will not be accepted or processed if filed after the 60-day deadline from the triggering event. If filed after the 60-day deadline, the hospital will dismiss the grievance and provide this notification to the patient or patient's representative in writing if the grievance was filed in writing and a mailing address has been provided.
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These rights and responsibilities apply to the guardian and/or parent of children and neonates and to the patient's family, designated healthcare representative or healthcare power of attorney. If you have concerns about your care, you may file a complaint by phone or in writing with the Indiana State Department of Health (ISDH) or Hendricks Regional Health.

Indiana State Department of Health
2 N. Meridian St.
Indianapolis, IN 46204
(317) 233-1325
or

Hendricks Regional Health
Safety Risk Manager
1000 E. Main Street
Danville, IN 46122
(317) 745-3835

NOTICE OF NON-DISCRIMINATION

Hendricks Regional Health (HRH) does not discriminate based on race, color, national origin, age, disability, or sex. HRH provides people with disabilities with reasonable modifications and appropriate auxiliary aids and services for effective communication such as qualified sign language interpreters and information in other formats (i.e., large print, pictures, devices to assist with visual limitations) and language assistance services to people whose primary language is not English. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, please let your healthcare provider know or contact HRH's Section 1557 Coordinator via email (patientexperience@hendricks.org) or phone (317-386-5621). If you believe that HRH has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability, or sex, you may file a grievance, within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action, by:

Email: Addressed to Section 1557 Coordinator at patientexperience@hendricks.org

Mail: Patient Experience Team
Attn: Section 1557 Coordinator
Hendricks Regional Hospital
1000 E. Main Street
Danville, IN 46122

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
This notice is available at Hendricks Regional Health's website: www.hendricks.org