

While you are a patient of Carle Health – Methodist/Proctor/Pekin, and clinics in the greater Peoria region, 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 one of our Patient Advocates at (309) 671-8209.

ACCESS TO CARE

YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE:

1. To be informed of your rights.
2. To receive care that respects your individual, cultural, spiritual and social values, regardless of race, ethnicity, color, creed, religion, nationality, age, gender, sexual orientation, gender identity or expression, language, marital status, socioeconomic status, status with regard to public assistance, disability, or any other classification protected by law.
3. To have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
4. Receiving a medical screening examination and stabilizing care, regardless of ability to pay.
5. To receive care, treatment, and services within the capability of the hospital or to be evaluated, referred and transferred to another facility only after you have received complete information and explanation concerning the needs for an alternative provider.
6. Receiving a consultation or second opinion from another physician as well as to change physicians.
7. Ability to examine and receive a reasonable explanation of your medical bill regardless of source of payment.
8. To have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
9. To receive communication in a manner consistent with your needs, including interpreters and assistive devices.

RESPECT/DIGNITY/CONFIDENTIALITY/SAFETY,

YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE:

1. To be treated with respect for property, personal space, and preservation of personal dignity.
2. To privacy, confidentiality, safety, and security for your person, clinical record, and protected health information.
3. To report safety concerns.
4. To an environment that preserves dignity, safety, and contributes to a positive self-image.
5. To be free from mental, physical, sexual, and verbal abuse, neglect, exploitation, corporal punishment, and all forms of abuse or harassment.
6. To be made aware of protective services. Specific information on protective agencies and procedures will be provided upon request.
7. To receive pastoral care and other spiritual services upon request to the extent possible.
8. To receive adequate information about the person(s) responsible for the delivery of your care, treatment and services.
9. To be free from restraint and/or seclusion of any form unless needed for the purpose of protecting your or others from injury or with critical medical treatment. Restraints are used while preserving patient's rights, dignity, and well-being. Patients will not be restrained as a means of coercion, 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 to choose among these alternatives.
2. To request a discussion of ethical issues relating to your care, including conflict resolution, resuscitation (being revived if you stop breathing) and life-sustaining treatment.
3. Ability to make informed decisions regarding your care. This right includes being informed of your health status and diagnosis, prognosis (possible outcome), proposed procedures (including risks involved), being involved in development/implementation/management of your plan of care and treatment, and being able to request and refuse treatment and to know what may happen if you do not have this treatment.
4. To be informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.
5. To receive care to make you as comfortable as possible at all stages of life, including end-of-life care, and have your spiritual needs and those of your family met.
6. Ability to designate a health care decision-maker if incapable of understanding a proposed treatment or if unable to communicate your wishes regarding care.
7. To formulate, review, revise, and revoke advance directives and to have hospital staff and practitioners comply with these directives consistent with applicable law and to receive comfort and dignity at the end of life.
8. Ability to participate in approved research studies, after giving informed consent. Ability to refuse to participate in research studies without such refusal affecting care.
9. To provide consent for recording or filming made for purposes other than identification, diagnosis, and treatment, to request cessation of recording or filming at any time; and to rescind consent before the recording or film is used.
10. Receive appropriate pain management support.
11. Ability to access your medical record or ability to request a copy of your medical record within a reasonable time frame (within 30 days of your request).
12. To be informed of the rules and regulations applicable to your conduct as a patient.

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, without being subject to coercion, discrimination, reprisal, unreasonable interruption of care, by contacting a Patient Advocate at (309) 671-8209 or ask my staff member to contact them on your behalf.

2. To be informed of the initiation, review and when possible, resolution of patient complaints concerning safety, treatment or services. Contact the Patient Advocate at (309) 671-8209 or if you prefer, write your grievance and send to: Patient Advocate, Carle Health Methodist/Proctor/Pekin 221 N. E. Glen Oak Avenue, Peoria, IL 61636.
3. To receive a written response upon receipt of your grievance from Carle Health Methodist/Proctor/Pekin, on average, within 7 calendar days.
4. To file a complaint with the following agencies as well as or instead of utilizing the organization's grievance process: The Joint Commission at (800) 994-6610 (Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181; email:patientsafetyreport@jointcommission.org); or the Illinois Department of Public Health hotline at (800) 252-4343 (535 W. Jefferson Street, Springfield, IL 62761).
5. If you have questions about your rights, please contact a Patient Advocate at (309) 671-8209.

COMMUNITY CARE PROGRAM:

You may be eligible for financial assistance under the terms and conditions Carle Health – Methodist/Proctor/Pekin offers to qualified patients. For more information, contact 1-888-343-4165.

VISITATION RIGHTS

In concert with patient centered care, Carle Health Methodist/Proctor/Pekin has an open policy regarding patient visitation. Exceptions are as follows:

- If contraindicated by the patient's condition
- If the patient's physician requests a restriction
- If the patient requests a restriction
- In the following areas where specific restrictions are communicated:
 - Carle Health – Methodist: Critical Care units, Mother/Baby unit, Labor and delivery unit, Nursery, Behavioral Health, Pediatrics, Surgery/Post Anesthesia Recovery Unit and Emergency Department
 - Carle Health – Proctor: Addiction Recovery Center, Center for Senior Behavioral health, Surgery/Post Anesthesia Recovery Unit, Critical Care Unit, and Emergency Department,
- For infection control reasons
- For minors
- If there are other clinically appropriate or reasonable restrictions such as:
 - Disruptive behavior of a visitor
 - Court order limiting or restraining contact
 - Behavior presenting a direct risk to other patients or staff
 - The visitor's presence infringes on others' rights/safety
 - Medically or therapeutically contraindicated
 - Other clinical reason as determined by the hospital.

The hospital will not deny visitation privileges on the basis of age, race, sex, color, gender identity, national origin, religion, sexual orientation, disability, or any other protected class in any manner prohibited by federal or state laws.

As a patient*, you have the right to receive or restrict any visitors you designate, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, clergy, and/or friend. The individual may or may not be the patient's surrogate decision maker or legally authorized representative. You may modify your visitation request at any time by communicating your wishes to the nursing staff. If you have any questions or concerns about visitation, please contact a Patient Advocate at (309) 671-8209.

PATIENT RESPONSIBILITIES:

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

1. Provide, to the best of your ability, accurate and complete information about your pain; medical history; including past illnesses, hospitalizations, medications, sensitivities or allergies to drugs and other agents; and other matters related to your health.
2. Inform appropriate healthcare professionals of any change in your condition or reaction to your treatment.
3. Ask questions when you do not understand what you have been told about your care or what is expected of you.
4. Express any concerns you may have about your ability to follow and comply with the proposed plan of care or course of treatment.
5. Accept the consequences for refusing treatment or not following healthcare providers' instructions.
6. Show consideration for other patients/visitors and respect Carle Health – Methodist/Proctor/Pekin staff and property. This includes controlling noise and observing the no-smoking policy.
7. Follow Carle Health-Methodist/Proctor/Pekin rules and regulations affecting patient care, conduct, safety, and visiting.
8. Inform healthcare providers of any Advance Directives that are in effect and provide copies of such documents.
9. Notify healthcare providers as soon as possible if your rights have been or may have been violated.
10. Provide insurance information for processing billing.
11. Ensure that financial obligations are fulfilled as promptly as possible.

*If the patient is a minor (not of legal age) or unable to give consent, these rights and responsibilities apply to the patient's parent, legal guardian, or representative.