

### **HOSPITAL RULES AND REGULATIONS**

You are responsible for following hospital rules and regulations affecting patient care and conduct, including the "No Smoking" policy.

### **ADVANCE DIRECTIVES**

You are responsible for insuring that the hospital has a copy of your written advance directive, if you have one. You are responsible for informing your physician and other caregivers if you have made changes to your advance directive.

### **RESPECT AND CONSIDERATION**

You are responsible for being considerate of the rights of other patients and hospital personnel for assisting in the control of noise. You are responsible for being respectful of the property of other persons and of the hospital and for following hospital policy regarding number of visitors.

## **CHILDREN'S RIGHTS**

St. Joseph's Hospital recognizes that all patients have rights and responsibilities. Our pediatric patients have unique and special rights.

- Children will not be subjected to any medical treatment without prior consent from a parent or legal guardian. The only exception to this is in the event of an emergency. In a life-threatening situation, treatment would begin immediately.
- Children have the unique right to have their legal guardian serve as their advocate.
- Children have the right during hospitalization to socialization appropriate to their age and medical condition.
- Children have the right to continue their educational endeavors while hospitalized.

## **CONCERNS OR QUESTIONS ABOUT YOUR RIGHTS AND RESPONSIBILITIES**

St. Joseph's Hospital would like to help resolve issues or concerns with our care and service. You have the right to voice your questions, concerns, and to know about resources such as social services, pastoral care, or ethic committees that can help you resolve your problems or answer questions about your stay or care. You may do this without fear that it will compromise your care or future access to our services. If you have questions or feel that your rights have been violated, we would ask that you make your concerns known through the following process:

1. You are encouraged to discuss any aspect of your treatment with your physician, nurse, therapist or counselor.
2. If you do not feel that your questions or concerns have been resolved, we encourage you to contact the unit Supervisor/Manager.
3. If you would like to discuss your questions or concerns even further, we encourage you to contact the patient Advocate in Social Services, the Hospital Administrator or Assistant Administrator at 715-723-1811.



2661 County Highway I  
Chippewa Falls, WI 54729-1498  
(715) 723-1811  
[www.stjoeschippfalls.com](http://www.stjoeschippfalls.com)

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**Your choice. Your Voice.  
Ask for St. Joseph's Hospital.**



It is the policy of St. Joseph's Hospital to encourage patient feedback on St. Joseph's operations. To this end, St. Joseph's Hospital staff will provide assistance as needed or requested, to patients and/or their representatives in voicing concerns, suggestions, complaints or violations of patient rights and in recommending changes in policies or services. In providing this assistance, St. Joseph's Hospital will ensure that each patient's rights and dignity are respected and that appropriate follow-up action is taken by hospital staff.

## **YOUR RIGHTS...**

### **ACCESS TO CARE**

You will receive appropriate treatment and services regardless of sex or your cultural, economic, educational or religious background or the source of payment of your care. You will receive considerate, respectful care from qualified personnel who respect your personal values and belief system.

### **PRIVACY AND SAFETY**

Every consideration will be shown for your individual privacy during interviews and examinations. This includes the right to request that a person of your own sex be present during certain parts of your physical examination, procedure or treatment. Patients have the right to a "safe setting" and to be free of abuse or harassment.

### **IDENTITY OF PHYSICIANS AND STAFF**

You will be told the name of the physician who has primary responsibility for coordinating your care and the names and professional relationship of the other physicians and staff who will provide care and treatment. You have the right to have your physician and a representative notified upon your admission to the hospital.

### **CONFIDENTIALITY AND ACCESS TO MEDICAL RECORDS**

Information pertaining to your diagnosis, care and method of payment will be kept confidential and not be released to other parties without your consent. You have the right to access your medical records from the physician. Such information includes your diagnosis, treatment and prognosis communicated in language you can reasonably be expected to understand. In an emergency, if you should lack the capability to make decisions, the information will be made available to a legally authorized individual.

### **HEALTHCARE DECISION MAKING**

You have the right to be given the information necessary to allow you to actively participate in developing and implementing your plan of care. You also have the right to request to change to another health facility for religious or other reasons.

### **CONSULT ANOTHER PHYSICIAN**

You have the right to use a specialist or to request an opinion from another physician.

### **COMMUNICATION**

You have the right to communicate with people outside the hospital by having personal visits and verbal or written communication. If you do not speak or understand the predominate language of the community, someone will be provided to interpret medical information.

### **INFORMED CONSENT**

You will be given information about the medical procedures or treatments that require your consent including the potential risks and benefits, potential problems related to recuperation, the likelihood of success, the possible results of nontreatment and/or any significant alternatives. In some cases of medical emergency, consent to treat may be presumed.

### **PAIN MANAGEMENT**

You have the right to appropriate assessment and management of pain. As a patient, you can expect information about pain management and pain relief measures, health professionals committed to pain prevention who respond quickly to reports of pain, and state-of-the-art pain management.

### **REFUSAL OF TREATMENT**

You may refuse treatment to the extent permitted by the law. You will be informed of the medical consequences of refusing treatment or leaving the hospital against medical advice. Neither the hospital nor the physician(s) will be responsible for any harm that action may cause you or any other person.

### **CONTINUING CARE**

You have the right to expect reasonable continuity of care and to be informed by physicians and other caregivers of available and realistic options for care when hospital care is no longer appropriate.

### **EXPLANATION OF HOSPITAL CHARGES**

You have the right to be informed about hospital charges for services and available payment methods.

### **EXPLANATION OF HOSPITAL RULES AND REGULATIONS**

You will be informed of rules and regulations which apply to your conduct as a patient.

### **TRANSFER**

You may not be transferred to another facility or organization unless you or your representative have received an explanation concerning the need for a transfer, the risks, benefits and alternatives of such a transfer. The transfer will not be arranged unless it is acceptable to the receiving facility or organization.

### **ADVANCE DIRECTIVES**

You have the right to have an advance directive (such as a Living Will or Durable Power of Attorney for Healthcare) concerning treatment with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

### **RESTRAINT FOR ACUTE MEDICAL AND SURGICAL CARE**

Patients have the right to be free from seclusion and restraints, of any form, imposed as a means of coercion, discipline, convenience or retaliation by the staff.

### **YOUR RESPONSIBILITIES**

The effectiveness of patient care and satisfaction with the course of treatment depend, in part, on the patient fulfilling certain responsibilities.

### **PROVISION OF INFORMATION**

You have the responsibility to provide, to the best of your knowledge, accurate and complete information about the present complaints, past illnesses, hospitalizations, medications and other matters relating to your health. You are responsible for reporting whether you clearly understand a course of treatment and to request additional information for clarification.

### **COMPLIANCE INSTRUCTIONS**

You are responsible for following the treatment plan recommended by the practitioner primarily responsible for your care. This may include following instructions or keeping appointments and notifying the responsible practitioner or the hospital if you are unable to do so. You are responsible for informing your physician and other care givers if you anticipate problems in following you prescribed treatment.

### **PAIN MANAGEMENT**

As a patient, we expect that you will ask your doctor or nurse what to expect regarding pain and pain management, discuss pain relief options with your doctor or nurse, work with your doctor and nurse to develop a pain management plan, ask for pain relief when pain first begins, help your doctor or nurse measure your pain and tell the doctor or nurse if your pain is not relieved.

### **REFUSAL OF TREATMENT**

You are responsible for your actions if you refuse treatment or do not follow the practitioner's instructions.

### **PAYMENT OF CHARGES**

You are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.