

Statement of Patient's Rights and Responsibilities

Monroe Hospital, its physicians, nurses, and team members are committed to providing our patients with quality medical care. It is our policy to respect each patient's individuality and dignity. We support each patient's right to know about his/her medical condition and to participate in the decisions that affect their well-being. For this reason, we have adopted the following policy regarding patient rights.

As a patient, you have the right to:

- *Receive care that respects your individual, cultural, spiritual, and social values regardless of race, color, creed, nationality, age, gender, or disability.
- *Request and receive medically appropriate treatment and services within the hospital's capacity and mission.
- *Receive respectful, considerate, compassionate care that manages your pain as well as possible, and promotes your dignity, privacy, safety, and comfort.
- *Receive a full explanation of diagnosis, proposed treatment, and procedures in terms that are easily understood and that include benefits, risks involved, significant complications, and the outcome and alternative treatments available.
- *Expect that efforts will be made to provide you with the best care during and after your hospitalization, including appropriate arrangements for durable medical equipment, home care, or other alternatives to hospitalization.
- *Know at all times the identity and professional status of all individuals providing any type of service and to know which physician is primarily in charge of your care.
- *Request a second opinion or a change of physicians.
- *Participate in designing an individual treatment plan and a plan for aftercare. You may refuse any part of your treatment after understanding the consequences of your decision.
- *Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- *Accept or refuse recommended tests or treatments, to the extent the law permits.
- *Refuse to sign a consent form if there is anything you do not understand or agree to.
- *Change your mind about any procedure to which you have consented.
- *Receive services that are accessible to those individuals with communications barriers such as visual impairment, hearing impairments, communication disorders, inability to read or follow directions, and non-English speakers.
- *Be informed and to give or withhold consent if our facility proposes to engage in or perform research associated with your care or treatment.
- *Receive a full explanation, in understandable language, of your bill, charges, fees, and insurance requirements in terms that are easily understood.
- *Formulate Advance Directives or a Living Will, and to expect that these documents will be honored when ethically possible and in accordance with Indiana law.
- *Expect that appropriate decision-makers will be sought in case you lack decision-making ability and have no Advance Directive or Living Will.
- *Be informed of available resources for resolving disputes, grievances, and conflicts (i.e. Clinical Ethics Committee) without fear of reprisal, and have access to the Clinical Ethics Committee for assistance in clarifying ethical issues guiding treatment decisions.
- *Participate in the resolution of those issues.
- *Ask that your medical record be corrected if you believe it is inaccurate or incomplete, or to be informed of the process to add a statement to the record that you disagree with information in the record.
- *Be free from seclusion and chemical or physical restraint unless necessary to prevent you from abusing or injuring yourself or others.
- *Know that your records are protected by Federal and State Confidentiality regulations and you may approve by your written consent or refuse their release to anyone outside the Hospital, except as required by law.
- *Inspect and/or obtain a copy of your medical record at your own expense, except when:
 - Withholding it is necessary to protect the confidentiality of other sources of information;
 - It is determined that the information requested is detrimental to your physical or mental health,

or harmful to yourself or others;

The consent was not given freely, voluntarily, or without coercion;

Granting the request will cause substantial harm to the relationship between yourself and the Program or the program's capacity to provide services in general.

*You have the right to personal privacy. You the right to have personal privacy during personal hygiene activities (toileting, bathing, dressing, etc.), during assessments and medical/nursing treatments, and when requested as appropriate. People not involved in your care should not be present without your consent while you are being examined or treated, nor should video or other electronic monitoring/recording methods be used while you are being examined without consent (either written or implied as determined by the nature of your condition). If you require assistance during toileting, bathing, or other personal hygiene activities, staff should assist, giving utmost attention to your need for privacy. You will receive privacy when the physician or other staff visit you to discuss clinical care issues. Your right to privacy may be limited in situations where you must be continuously observed, (such as when restrained, in seclusion, or in the Intensive Care Unit) or when immediate or serious risk to harm self (such as when on suicide precautions) or others exist.

Patient's Responsibilities

These responsibilities apply to patients, family members, significant others, and/or decision makers when they are acting for the patient.

You Have the Responsibility to:

*Provide complete and accurate information about your past illnesses, hospital stays, medicines, and other health matters when asked by a doctor or staff member.

*Cooperate with doctors and staff during your hospital stay.

*Seek clarification when necessary to fully understand your health problems and proposed plan of action.

*Making known to your physician, caregiver, and Monroe Hospital any Advance Directives or religions/cultural beliefs to be honored if/when you are unable to speak for yourself.

*Follow the treatment plan as ordered by the physician responsible for care. The consequences of non-compliance or refusal of recommended treatment and instruction rest with you.

*Follow rules and regulations affecting patient care, confidentiality, conduct, and safety.

*Report any perceived safety issue to any staff member.

*Leave valuables at home and only bring items that are necessary for your hospital stay.

*Be considerate of the rights of others.

*Provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.

*Provide information for insurance claims and to work with our billing office to make payment arrangements when necessary.

If you believe your patient rights have been violated or need further assistance regarding this information, please contact :

Risk Manager

Monroe Hospital

4011 S. Monroe Medical Park Blvd.

(812) 825-1111

Indiana Protection and Advocacy Services

4701 N. Keystone Avenue Suite 222

Indianapolis, Indiana 46205

(317) 722-5555 or (800) 622-4845

Indiana State Department of Health

2 N. Meridian Street

Indianapolis, IN 46202

(317) 233-1325 or (800) 246-8909