

Patients Rights and Responsibilities

Patient Rights

At Sparta Community Hospital District, all patients have the right:

- To receive considerate, respectful and compassionate care regardless of your age, gender, race, religion, culture, language, source of payment, disabilities, sexual orientation or gender identity or expression.
- To have your cultural, spiritual, psychosocial and personal values, beliefs and preferences respected and accommodated within the limits of the law and without compromising your care or the care of others.
- To the privacy and confidentiality of your health records as further explained in the Notice of Privacy Practices.
- To expect full consideration of your privacy and confidentiality in care discussions, consultations, examinations and treatments.
- To be communicated with in a way that you understand and have access to sign or foreign language interpreter services as needed.
- •To be told the names of the healthcare providers involved in your care. Your healthcare providers are the doctors, nurses, therapists and other professionals caring for you. You have the right to know if any of your providers are in training.
- To have a family member or person of your choice and your own private physician told when you are admitted to the hospital.
- To receive care in a safe environment free from all forms of abuse, neglect or harassment.
- To receive a medical screening exam in the emergency room (ER). You have the right to have your emergency condition stabilized in the ER.
- To receive information about your treatment in terms you can understand, including information about the nature and purpose of the treatment, the known risks or side effects, treatment alternatives and the chances of success. Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment, or both.
- To receive information about the results of your care that were unexpected (sentinel event).
- To have your pain assessed, reassessed, and be involved in decisions about managing your pain.
- To be free from restraints and seclusion in any form that is not medically necessary.
- To have SCHD support your right to access protective and advocacy services by providing a list of community resources.
- To participate in decisions about your care, treatment and services provided. This includes the right to refuse treatment to the extent allowed by law, to request another physician, or to be moved to another hospital. If you leave against the advice of your healthcare provider, SCHD may not be responsible for any medical consequences that may occur.
- To consult with a specialist of your choosing at your request and expense if a referral is not deemed medically necessary by your attending physician.
- To agree or refuse to take part in medical research and studies. You may withdraw from a study.
- To make an advance directive. Advance directives are legal papers that tell us what you want to happen if you cannot make your own decisions about your care. These papers can include a power of attorney (POA) for healthcare, a living will or a practitioner orders for life-sustaining treatment (POLST) form.
- To have your advance directives followed if they are available. If your advance directives are not available and you cannot speak for yourself, emergency life-saving treatment will be provided until your wishes are known. If you do not have an advance directive, we can provide you with the information and help to complete one.
- To be involved in your plan of care from admission to discharge. You can expect to be told in a timely manner of the need for planning your discharge or transfer to another facility or level of care. Before your discharge from the hospital or outpatient setting of care, you can expect to receive information about follow-up care you may need.
- To decide if you want visitors, such as your spouse, your domestic partner (including your same-sex domestic partner), another family member or a friend. SCHD may need to restrict or limit visits or number of visitors in certain situations for health and safety reasons.
- To ask for and receive an itemized bill and to receive an explanation of your bills.
- Ask for and receive an application for financial assistance. The application for financial assistance is available online at <https://www.spartahospital.com/for-patients/financial-information/>.
- To receive information on how we will use your personal health information. Our Notice of Privacy Practices provides you with a full description of the ways in which we both use and protect your health information.
- To expect that all communications and records about your care are confidential unless disclosure is allowed by law.
- To see or get a copy of your health records within a reasonable amount of time (note there may be a fee for the copying of your records). If you feel your information is incorrect or incomplete, you may ask us to amend the information.
- To know if your information is shared with others.
- To participate in ethical decisions surrounding your care.
- To know what SCHD rules and regulations apply to your conduct as a patient.
- To tell staff members of any specific needs you have and to communicate any concerns or compliments about the care you receive.

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Patient Responsibilities

Being involved in your own healthcare contributes to your safety and well-being. As a patient it is your responsibility:

- To provide accurate and complete information, including your full name, address, telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required.
- To provide the healthcare facility or your healthcare provider a copy of your advance directive if you have one.
- To provide accurate and complete information about your medical history, including past illnesses, hospital stays, medications you are taking currently, sensitivities or allergies, and any other facts about your health.
- To actively participate in your plan of care and ask questions when you do not understand information or instructions. If you believe you are unable to follow through with your treatment plan, you are responsible for telling your healthcare provider. You are responsible for outcomes if you do not follow care, treatment or service plan.
- To participate in your pain management plan and to tell your healthcare providers if there is a change in your condition or if you have a reaction to your treatment.
- To treat all staff, other patients and visitors, and property with courtesy and respect and to follow all applicable SCHD rules and safety regulations. Please leave valuables at home and only bring necessary items.
- To not use any type of camera or video or audio recording device to photograph or video or audio record any care being provided to you, or another patient's care, including the healthcare providers and staff, facilities, or others on any SCHD property without their express written permission.
- To provide complete and accurate information about your health insurance coverage and to pay your bills on time.
- To keep appointments and be on time for appointments. If you cannot keep an appointment, you are responsible for telling your healthcare provider before the appointment.

Patient Questions or Concerns

If at any time, you have a question or concern about the care you receive, or to address any complaint that cannot be resolved by the staff providing your care, you may contact the Quality Coordinator at:

**Sparta Community Hospital District
Quality Coordinator
818 E. Broadway Street, Sparta, IL 62286
(618) 443-2177 ext. 1508**

Patients and family members also have the right to file a grievance with an outside agency. We honor your right to report a complaint or recommend a change without retaliation or interruption of care. You may contact:

Illinois Department of Public Health
Hotline: (800) 252-4343 | TTY: (800) 547-0466
Web: dph.illinois.gov/topics-services/health-care-regulation/complaints
Mail: 525 W. Jefferson Street, Springfield, IL 62761

Livanta LLC-Medicare Quality Improvement Organization (QIO) for Illinois
Toll-free: (888) 524-9900 | TTY: (888) 985-8775
Web: livantaqio.com
Mail: 10820 Guilford Rd, Suite 202, Annapolis Junction, MD 20701

Accreditation Commission for Health Care, Inc. (ACHC)
Toll-free: (855) 937-2242 | Local: (919) 785-1214
Fax: (919) 785-3011
Web: achc.org
Mail: 139 Weston Oaks Ct, Cary, NC 27513