

# Patient Rights and Responsibilities

**Northshore  
Rehabilitation Hospital**

**As our patient, we have the responsibility to respect, protect, and promote your rights. You are a key member of your Health Care Team and you have the right to:**

- Receive safe, quality care through the services that the hospital provides.
- Receive care and have visitation privileges without being discriminated against because of age, race, color, national origin, language, religion, culture, disability, sex, gender identity, or expression, sexual orientation, or ability to pay.
- Choose who can and cannot visit you without regard to legal relationship, race, color, national origin, religion, sex, sexual orientation, gender identity or disability. You may withdraw or deny consent for visitation at any time.
- Be informed when the hospital restricts your visitation rights for your health or safety, of the health or safety of patients, employees, physicians or visitors.
- Be informed of the hospital's policies about your rights and health care.
- Be treated with respect and dignity and be protected from abuse, neglect, exploitation and harassment.
- Have your own physician and/or family member, support person, or other individual be notified promptly of your admission to the hospital.
- Know the names and roles of hospital staff caring for you.
- Have a family member, support person, or other individual present with you for emotional support during the course of your stay, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated.
- Have a family member support person, or other individual involved in treatment decisions or make health care decisions for you, to the extent permitted by law.
- Have an advanced directive (health care directive, durable power of attorney for health care, or living will) that states your wishes and values for health care decisions when you cannot speak for yourself.
- Be informed about your health problems, treatment options, and likely or unanticipated outcomes so you can take part in developing, implementing and revising your plan of care and discharging planning. Discharge planning includes deciding about care options, choice of agencies or need to transfer to another facility.
- Have information about the outcomes of your care, including unanticipated outcomes.
- Request, accept and/or refuse care, treatment or services as allowed by hospital policy and the law, and be informed of the medical consequences of your refusal of care.
- Ask for a change of care provider or a second opinion.
- Have information provided to you in a manner that meets your needs and is tailored to your age, preferred language, and ability to understand.
- Have access to an interpreter and/or translation services to help you understand medical and financial information.
- Have your pain assessed and managed.
- Have privacy and confidentiality when you are receiving care.
- Practice and seek advice about your cultural, spiritual and ethical beliefs, as long as this does not interfere with the well-being of others.

- Request religious and spiritual services.
- Request a consult from the Ethics Committee to help you work through difficult decisions about your care.
- Consent or refuse to take part in research studies as well as recordings, films or other images made for external use.
- Be free from restraints or seclusion, unless medically necessary or needed to keep you or others safe, if necessary, any form of restraint or seclusion will be performed in accordance with safety standards required by state and federal law.
- Have a safe environment, including zero tolerance for violence, and the right to use your clothes and personal items in a reasonably protected environment.
- Take part in decisions about restricting visitors, mail or phone calls.
- Receive protective oversight while a patient in the hospital, and receive a list of patient advocacy services (such as protective services, guardianship, etc.)
- Donate, request or refuse organ and tissue donations
- Review your medical record and receive answers to questions you may have about it. You may request amendment to your record and may obtain copies at a fair cost in a reasonable time frame.
- Have your records kept confidential; they will only be shared with your care givers and those who can legally see them. You may request information on who has received your record.
- Receive a copy of and details about your bill.
- Ask about and be informed of business relationships among payors, hospitals, educational institutions, and other health care providers that may affect your care.
- Know the hospital's grievance process and share a concern or grievance about your care either verbally or in writing and receive a timely written notice of the resolution. If you have a grievance or concern, please contact our Quality Management Department.

You also have a right to present concerns to:

The Joint Commission Office of Quality Monitoring

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

Email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Fax: 1-630-792-5636

Complaint Line: 1-800-994-6610

KEPRO: 1-888-315-0636

### **Patient responsibilities:**

You and/or your family member, support person, or other designed individual acting on your behalf have the responsibility to:

- Provide correct and complete information about yourself and your health, including present complaints, past health problems and hospital visits, medications you have taken and are taking (including prescription, over-the-counter and herbal medicines), and any other information you think your caregivers need to know.
- Follow your agreed-upon care plan and report any unexpected changes in your condition to your doctor.

- Ask questions when you do not understand your care, treatment, and services or what you are expected to do. Express any concerns about your ability to follow your proposed care plan or course of care, treatment, and services.
- Accept consequences for the outcomes if you do not follow the care, treatment, or service plan.
- Speak up and share your views about your care or service needs and expectation, including your pain needs and any perceived risk or safety issues.
- Provide correct and complete information about your advance directive if you have one and provide a current copy
- Respect the rights, property, privacy, dignity, and confidentiality of patients and others in the hospital.
- Be respectful in your interactions with other patients, employees, physicians and visitors without regard to age, color race, national origin, language, religion, culture, disability, socioeconomic status, sex, gender identity or expression, or sexual orientation.
- Follow instruction, hospital policies, rules and regulations which include respecting property and helping control noise.
- Leave your valuables and personal belongings at home, have your family members take them home, or have them placed with Security until you are discharged.
- Keep our environment tobacco-free. You may not use any tobacco products while inside or outside this health care facility.
- Keep a safe environment free of drugs, alcohol, weapons, and violence of any kind, including verbal intimidation.
- Provide correct and complete information about your financial status as best as you can and promptly meet any financial obligations to the hospital.

For more information about our Patient Rights and Responsibilities, contact call our Quality Management Department.