

Livanta LLC

BFCC-QIO Program

10820 Guilford Road, Suite 202

Annapolis Junction, MD 20701-1105

Beneficiary Helpline 1-888-524-9900

Region 5 (OH, IN, IL, MI, MN, WI): Livanta LLC 1-888-524-9900, TTY 1-888-985-8775

PATIENT RESPONSIBILITIES

You and/or your family member, support person, or other designated 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 prescriptions, 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, and service plan.
- Speak up and share your views about your care or service needs and expectations, 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, race, color, national origin, language, religion, culture, disability, socioeconomic status, sex, gender identity or expression, or sexual orientation.
- Follow instructions, 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 you can and promptly meet any financial obligations to the hospital.
- For more information about your Patient Rights and Responsibilities, please contact the Team Leader of the patient care area where you are receiving care.



Patient Rights and Responsibilities



SSM Health Good Samaritan Hospital - Mt. Vernon, IL - 618-242-4600

SSM Health St. Mary's Hospital - Centralia, IL - 618-436-8000

PATIENT RIGHTS AND RESPONSIBILITIES

(Revised September 2017)

OUR MISSION:

Through our exceptional health care services, we reveal the healing presence of God.

PATIENT RIGHTS:

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, or 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 a 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 Advance 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 discharge planning. Discharge planning includes deciding about care options, choice of agencies or need to transfer to another facility.
- Have information about the outcome 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.).
- Receive compassionate care at the end of life.
- 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 amendments to your record and may obtain copies as permitted by law at a fair cost in a reasonable time frame.
- Have your records kept confidential; they will only be shared with your caregivers 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.
- Submit a concern regarding your care. The hospital maintains a grievance process for the resolution of concerns, which you may submit directly to us. You should expect to receive a timely verbal or written response, as requested or otherwise required by law and policy. If you have a concern, please contact your care provider or the manager of the patient care area where you are receiving care.
- Request electronic versions of your medical record, if the medical record is maintained electronically.
- Opt-out of fundraising.
- Restrict certain disclosures of PHI to a health plan if the patient has paid out of pocket for a health care item or service.

You may also contact:

Illinois Department of Public Health

Division of Health Care Facilities & Programs
525 W. Jefferson Street, Springfield, IL 62761
1-800-252-4343 or TTY 1-800-547-0466
Fax: 1-217-782-0382

The Joint Commission

Office of Quality and Patient Safety
1 Renaissance Blvd., Oakbrook Terrace, IL 60181
Email: complaint@jointcommission.org
Fax: 1-630-792-5636
Complaint Line: 1-800-994-6610

ENGLISH: SSM Health provides free language assistance services to help you communicate with us in your preferred language for health care. Ask your health care professional or visit ssmhealth.com.

Español: SSM Health proporciona servicios de asistencia de idiomas para ayudarle a comunicarse con nosotros en su idioma preferido para obtener atención médica. Pregúntele a su profesional de atención médica o visite ssmhealth.com.

हिंदी : SSM Health
ssmhealth.com

Tiếng Việt: SSM Health cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí để giúp bạn giao tiếp với chúng tôi bằng ngôn ngữ ưu tiên của bạn về việc chăm sóc sức khỏe. Hãy hỏi chuyên gia chăm sóc sức khỏe của bạn hoặc truy cập trang ssmhealth.com.

POLSKI: SSM Health zapewnia bezpłatne usługi tłumaczeniowe, aby ułatwić komunikację w preferowanym języku w celu uzyskania opieki zdrowotnej. W celu uzyskania dodatkowych informacji należy zwrócić się do lekarza lub odwiedzić stronę ssmhealth.com.

DEUTSCH: SSM Health stellt unentgeltliche Sprachassistenzen bereit, damit Sie mit uns im Rahmen Ihrer medizinischen Versorgung in Ihrer bevorzugten Sprache kommunizieren können. Wenden Sie sich an das Personal oder besuchen Sie ssmhealth.com.

El- : SSM Health

ssmhealth.com

HMOOB (NPE HOM LUS HAIS): Lub chaw kuaj mob SSM Health muaj kev pab txhais lus pub dawb rau koj raws li hom lus koj nyiam hais thaum sib tham txog kev saib xyuas mob nkeeg nrog peb. Nug koj tus kws khomob lossis mus saib ntawm ssmhealth.com.

لرعاية الصحية؛ خدمات المساعدة الـرغوية المجانية لمراجعتك على التواصل معاً بالرغوة التي نفضلها أثناء حصولك على الرعاية الصحية. اسأل أخصائى الرعاية الصحية الخاص بك SSM Health لـرعاية: بـرند نظام ssmhealth.com أو ثم بـزيارة الموقع الإلكتروني

РУССКИЙ: SSM Health предоставляет бесплатные услуги языкового сопровождения, чтобы помочь Вам общаться на предпочитаемом языке для получения медицинских услуг. Обратитесь к медработнику или посетите веб-сайт ssmhealth.com.

HRVATSKI: SSM Health Vam pruža besplatnu jezičnu podršku kako biste mogli komunicirati s nama na jeziku koji Vam je bliskiji kad se radi o zdravstvenoj skrbi. Upitajte svog zdravstvenog djelatnika ili posjetite ssmhealth.com.

TAGALOG: Nagbibigay ang SSM Health ng mga libreng serbisyo ng tulong para sa wika upang matulungan kayong makipag-ugnayan sa amin para sa pangangalagang pangkalusugan sa inyong ginagamit na wika. Magtanong sa inyong propesyunal sa pangangalagang pangkalusugan o bumisita sa ssmhealth.com.

Français: SSM Health propose des services d'assistance linguistique gratuits pour vous aider à communiquer avec nous dans votre langue préférée dans le cadre de vos soins de santé. Demandez à votre professionnel de santé ou visitez le site ssmhealth.com.

Pennsylvaniaanisch Deitsch SSM Health gebt Schprooch Hilfe Services mitaus Koscht um dich zu helfe mit Schwetze mit uns in dei Schprooch fer Health Care. Froog dei Health Care Professional odder bsuch mol ssmhealth.com.

गजरातली SSM Health, आरोग्य सहाय्य सेवां तमारी पसदं गीनरी भाषामां अमारी साथे वातचित करवामां मदद करवा मांटे नःशु क भाषा सहाय्य सेवां परी पाडे छे. तमारा आरोग्य सहाय्य व्यवसायीने पछी अथवा ssmhealth.com नी मवाडत वो.

हिंदी: SSM Health, स्वास्थ्य सेवा देखभाल के लए आपकी पसिंदीदा भाषा में मसे सिंचार करने के लए शुक भाषा सायता सेवाएँ शदान करता है। स्वास्थ्य सेवा देखभाल शदान करने वाले पेशेवर से पछे या ssmhealth.com पर जाएँ।

NonDiscrimination Statement: SSM Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or expression, or sexual orientation. SSM Health provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats). SSM Health provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact your health care professional.

If you believe that SSM Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or expression, or sexual orientation, you can file a grievance. If you need help filing a grievance, the SSM 24 hour equal rights helpline is available to help you. You can file a grievance in person or by mail, email, or website:

Scott Didion, System Director, Corporate Responsibility

10101 Woodfield Lane

St. Louis, MO 63132

Phone: (844) 719°2850

E°Mail: EqualRights.Coordinator@ssmhealth.com

Website: SSM.EqualRights.EthicsPoint.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1°800°368°1019, 800°537°7697 (TDD)