

## PATIENT RIGHTS and RESPONSIBILITIES

The purpose of this document is to explain your right and responsibilities as a patient at St. Bernard Hospital and Health Care Center. By knowing and understanding your rights, you can help us provide you with safe, quality care.

### PATIENT RIGHTS

#### **As a patient, I have the right to considerate and respectful care.**

- To receive care without discrimination due to my race, ethnicity, national origin, ancestry, religion, language, physical or mental disability.
- To receive care regardless of my income, education, occupation, gender, sexual orientation, gender identity/expression, marital status, age, culture or source of payment.
- To receive considerate, respectful care in a clean, safe, and private place free of neglect, harassment, and abuse.
- To be treated with dignity and acceptance in a place that is safe and healing.
- To ask for translation services, including sign language (or other methods that meet my visual, speech or hearing conditions), so that I can understand information about my health and make informed decisions regarding my care.
- To receive up-to-date information about my care and health condition in terms that I can understand.

#### **As a patient, I have the right to information about my treatment and the healthcare team.**

- To receive information about my illness, treatments, likely outcomes, benefits and risks.
- To know the names and roles of the team members involved in my care.
- To be involved in making decisions regarding my plan of care and treatment.
- To refuse consent for treatment or services.
- To receive treatment, service and referrals as needed.
- To have a family member or someone of my choice and my own doctor be promptly notified of my admission.
- To information on suggested clinical trials and the right to refuse to participate.
- To be free from restraints or isolation unless the use is necessary for medical or safety purposes.
- To receive a complete explanation of the need to transfer care to another facility or organization.
- To understand the impact on my health if I refuse a transfer to another facility or organization.



## As a patient, I have the right to make decisions about my care.

- To agree to care, treatment and services.
- To remove agreement at any time, as allowed by law, after being informed of the consequences of the decision.
- To request a second opinion.
- To appoint a family member, spouse, domestic partner or someone of my choosing to help make health decisions.
- To make decisions about my care at end of life.
- To allow a family member, friend, or other person be present for emotional support during the course of stay.
- To be given information about advance directives to get help from hospital staff to create, review, or change an advance directive.
- To receive life-saving services, including the right to not use life-sustaining medical treatment as allowable by law; and, that these decisions may be changed at any time during treatment.

## As a patient, I have the right to be comfortable and safe.

- To assessment and management of pain while maintaining level of function.
- To receive care in a safe setting and be free from all forms of abuse and harassment.

## As a patient, I have the right to privacy and confidentiality.

- To have confidential discussions, consultations, examinations and treatments in a setting that provides as much privacy as possible.
- To request a copy of my medical records.
- To access or request a change to disclosures of my health information.
- To request information about how my medical information will be shared or disclosed, as allowable by law.
- To receive information about the visitation policy, to receive visitors, and to refuse or restrict visitors.
- To receive and review an explanation of my medical bill, regardless of payment source.

### St. Bernard Hospital Patient Financial Services

Last Name A-M: (773) 962-4421

Last Name N-Z: (773) 962-4011

### St. Bernard Hospital Medical Records

Phone: (773) 962-4089



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## As a patient, I have the right to file a complaint or grievance.

- Be informed of the process for resolving complaints and grievances.
- Be notified of the status or resolution of a complaint or grievance.
- Be provided the contact name and information for where to file a complaint or grievance.
- To withdraw a complaint or grievance.

### STBH Patient Experience Department

Phone: (773) 962-4441

Email: [experience@stbh.org](mailto:experience@stbh.org)

## To lodge a complaint or grievance directly with the State or Regulatory Agency:

### Illinois Department of Public Health (IDPH) - call

Central Complaint Registry Hotline (800) 252-4343

TTY for Hearing Impaired (800) 547-0466

### Illinois Department of Public Health (IDPH) – write

Office of Health Care Regulation, Complaint Registry

525 W. Jefferson St., Ground Floor

Springfield, IL 62761-0001

### The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

Phone: (800) 994-6610

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

Web: <http://www.jointcommission.org/>

## PATIENT RESPONSIBILITIES

### To ensure I receive the best clinical care, outcomes and experiences available, I am responsible for...

- Providing complete and correct information about my health, past illnesses, hospitalizations, medication use and advance directives.
- Interacting with staff, patients and visitors in a respectful and polite manner.
- Asking questions if I don't understand the information and instructions given by the healthcare team.
- Respecting the rights, property and privacy of other patients, families and guests.
- Participating in the care and treatment plan as recommended by the healthcare team.
- Updating my demographic information to allow for uninterrupted communication with the health care team.
- Providing complete and correct information on payment sources.
- Keeping appointments or rescheduling appointments.
- Following hospital rules, guidelines and regulations.



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