

## ***PATIENT RESPONSIBILITIES***

*Help us to help you by:*

- Telling us about your past illnesses, hospital stays and treatments, current drugs, and the reason why you are here.
- Asking us questions if you do not understand your treatment plan.
- Respecting others' rights.
- Following the treatment plan you and your doctors, nurses, and health care team have agreed upon.
- Asking us if our plan seems different from the care you have received before or you don't understand it.
- Keeping appointments that have been made for you and telling us when you can't make them.
- Informing us promptly if you experience any unexpected results.
- Telling us if you are unhappy with any part of your care at Bellin.

## **PATIENT RIGHTS AND RESPONSIBILITIES AT BELLIN HEALTH**



### **A Brief Overview**

*(This is a brief description of patient rights and responsibilities.  
For more specific information,  
ask any member of the Bellin Health staff.)*



Welcome to  
***bellin***health

---

See Julius for most current version. Printed copies may be out of date.

5/10/07 Revised 7/16/21  
10-635.b

## ***PATIENT RIGHTS***

*You have the right to...*

### ***NONDISCRIMINATION***

- Access to health care will not be denied because of race, color, national origin, sex, age, or disability.
- The organization will recognize all state-sanctioned (permissible) marriage and spouses.

### ***ACCESS TO CARE***

- Health care no matter what your background or language.
- Appropriate medical screening and stabilizing treatment regardless of the source of your payment for care.
- Care without notice to anyone about your immigration status. Immigrant families are welcome to receive services that they are eligible for without fear of being reported.

### ***RESPECT and SAFETY***

- Respectful care in a safe place which is free from abuse, neglect, or harassment.
- Be free from restraint or seclusion that is not medically needed.

### ***PRIVACY/CONFIDENTIALITY***

- Confidentiality surrounding admission and treatment. Your stay and medical records will not be shared without your permission.
- Personal privacy when you are examined. If you would like an attendant present during any exams, please ask the staff.

### ***ADVANCE DIRECTIVES***

- Say what your wishes for medical treatment would be if you are unable to communicate them. These advance choices can be in a living will, a power of attorney for health care, or another witnessed statement.

## ***PARTICIPATION***

- Be involved in your plan of care. You will be given information about the risks, benefits, and choices of any proposed treatments and alternatives available. You may also refuse medical treatment.
- Include family or other important persons in decisions about your plan of care and treatments.
- Understand what is going on and being talked about in a way you can understand. Free interpreters are available if needed.
- Have your physician, family member, or person of your choice promptly notified of your admission.
- Access to medical records, including current medical records, within a reasonable timeframe upon request.
- Be involved in your pain management.
- Request a discharge planning evaluation and be involved in your discharge plan.

## ***VISITATION***

- Decide who is allowed to visit including your spouse, a domestic partner, family member, friend, or another person of your choosing.
- All visitors will enjoy full and equal visitation privileges consistent with patient preferences.
- Restriction or limitations to visitation may be initiated when the organization has justified clinical reasons to do so.

## ***COMPLAINTS***

- File a written or verbal complaint. You can call our complaint office through the switchboard at (920) 433-3500.

## ***MEDICARE BENEFICIARY NOTICE***

- Receive a notice for non-coverage and right to appeal perceived premature discharge.
- Receive a notice that you are an outpatient receiving observation services and are not an inpatient of the hospital.