hearing impaired, sight impaired and/or speech impaired, the hospital will provide auxiliary aids and/or interpretive services, as provided for in the aforementioned policy number Ad-62, to an all such individuals with impairments, as the case may be.

In addition, you have the responsibility to:

- · Remain under a doctor's care.
- Provide to the best of your knowledge information about your present medications and information about your healthcare.
- Provide required insurance and financial information and sign required financial consents and releases.
- Participate in your care by asking questions and expressing concerns as they arise.
- Provide a safe environment in which your care can be given.
- Cooperate with your doctor, hospital staff and other caregivers.
- Accept the responsibility for any refusal of treatment or care.
- Treat hospital personnel with respect and consideration.
- Abide by hospital policies which restrict duties that staff caregivers may perform.
- Abide by the City of Chicago and Thorek Memorial Hospital's NO SMOKING policy.
- Abide by the Illinois Department of Public Health and Thorek Memorial Hospital's policies and regulations regarding isolation and infection control.

- Ask your doctor or nurse what to expect regarding pain and pain management.
- Help your doctor and nurses assess your pain.
- Discuss pain relief options with your doctors or nurses.
- Tell your doctor or nurse if your pain is not relieved.

MAKING INFORMED DECISIONS

Under the Patient Self-Determination Act of 1990, you, as a patient, have the right to obtain from your physician complete and current information concerning your diagnoses, treatment and prognosis.

This means that you have the right to receive sufficient information to understand and consent to proposed treatment. You have the right to participate in decisions concerning the proposed healthcare treatment and to determine, to an extent, the type of treatment to be given.

While you have the right to refuse treatment, to the extent permitted by law and to be informed of the medical consequences of such refusal, this does not give you an unlimited right. The healthcare provider can refuse to follow a directive that may be illegal, contrary to an accepted code of ethical behavior, contrary to the conscience of the provider, or medically inappropriate and/or ineffective.

COMPLAINT PROCEDURES

If you, or your representative, have a complaint about this hospital that cannot be resolved by the staff present, please discuss it with the Administrator or the person this hospital has designated to handle patient-related complaints.

To submit a verbal complaint, please contact the Patient Advocacy Manager at (773) 975-6863. Or, to submit a written complaint, you may write to:

Patient Advocacy Manager Thorek Memorial Hospital 850 W. Irving Park Road Chicago, Illinois, 60613

Or, you may choose to utilize the hospital's Patient Hotline at (773) 975-6850.

If you are unable to resolve your complaint in this manner, contact the Illinois Department of Public Health's 24-hour, toll-free Central Complaint Registry at (800) 252-4343. For TTY service call (800) 547-0466. Or, you may write to the Department at the following address:

Illinois Dept. of Public Health Central Complaint Registry 525 W. Jefferson Street, Ground Floor Springfield, Illinois, 62761

Or, you may send a FAX to this office at (217) 524-8885.

PATIENT BILL OF RIGHTS & RESPONSIBILITIES

THOREK MEMORIAL HOSPITAL CHICAGO, ILLINOIS



Revised: April 2011

Thorek Memorial Hospital Patient Bill of Rights & Responsibilities

Revised: 6/08, 7/09, 7/10, 4/11

Thorek Memorial Hospital supports and protects the basic human civil, constitutional and statutory rights of each patient. We recognize and respect that each patient is an individual with unique health care needs and because of the importance of respecting each patient's personal dignity, provide considerate, respectful care focused upon the patient's individual needs.

The hospital affirms the patient's right to make decisions regarding his/her medical care, including the decision to discontinue treatment, to the extent permitted by law.

The hospital assists the patient in the exercise of his/her rights and informs the patient of any responsibilities incumbent upon him/her in the exercise of those rights.

You have the right to:

A. Participate in the development and implementation of your plan of care.

Designate an authorized representative or surrogate (e.g., parent, legal guardian, person with medical power of attorney) to exercise, to the extent permitted by law, the rights delineated on your behalf, if you are found to be either medically incapable of understanding the proposed treatment or procedure or unable to communicate your wishes. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary to inappropriate.

- Formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- Personal privacy and confidentiality of your clinical records.
- Receive considerate and respectful care in a safe setting.
- Be free from all forms of abuse or harassment.
- The right to confidentiality of his or her clinical records
- Access information contained in your clinical records within a reasonable time frame. The hospital must not frustrate your legitimate efforts to gain access to your own medical records and the Hospital must actively seek to meet your requests as quickly as its recording keeping system permits.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
- Be fully informed of and to consent or refuse to participate in an unusual, experimental or research project without compromising your access to services.
- Know the professional status of any person providing your care and/or services.
- Know the reasons for any proposed change in the Professional Staff responsible for your care.

- Be informed of the reasons for transfer within the hospital or to another facility outside the hospital.
- Know the relationship of the hospital to other persons or organizations participating in the provision of your care.
- Access the cost, itemized when possible, of services rendered within a reasonable period of time.
- Be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care; emergency services, however, will not be delayed awaiting such information.
- Be informed of the right to have your pain treated as effectively as possible and have prompt responses to your reports of pain.
- A hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation. A hospital must meet the following requirements:
- (1) Inform each patient (or support person, where appropriate) of his or her rights, when he or she is informed of his or her other rights under this section.
- (2) Inform each patient (or support person, where appropriate) of the right subject to his or her consent, to receive the visitors whom he or she designates including, but not limited, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time

- (3) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- (4) Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.
- Additionally: Your family has the right of informed consent of donation of organs and tissues.
- Impartial access to treatment without regard to race, ethnicity, religion, age, disability, sex or sexual orientation.
- · Be treated with dignity, consideration and respect.
- Voice, and have a prompt response to, grievances regarding your treatment or care and know that your complaint will be investigated and that you will not be subjected to discrimination or reprisal for doing so.
- Exercise your rights while receiving care or treatment in the hospital without coercion, discrimination or retaliation.
- Be informed, and when appropriate, to have your designated representative be informed, of your rights in advance of furnishing or discontinuing patient care whenever possible.
- In accordance with the Language Assistance Services Act (i.e., Public Act 95-0667), and the hospital's policy number AD-93, to be provided, free of charge, with the use of an interpreter whenever a language barrier exists, except where you, or your designated representative, after first being informed of the availability of the interpretive services, chose to use a family member or friend, who volunteers to provide interpretive services.
- In accordance with the Americans with Disabilities Act and the hospital's policy number AD-62, if you, your guardian and/or family members are