



PATIENTS' RIGHTS AND RESPONSIBILITIES

You Have the Right to the Best Care. At Loretto Hospital, our goal is to make your visit as pleasant as possible. We recognize and are committed to your individual rights as a patient. Patients, or their designated representative, are involved in decisions regarding the care that we deliver to the extent this is practical and possible. We seek to inform you about options to care and risks associated with the care you seek. We will constantly try to understand and respect your objectives for care. We hope the mutual understanding of these rights and responsibilities will contribute to the best possible patient care and satisfaction. By understanding your rights and responsibilities, you can help us, help you.

As a patient at Loretto Hospital, you have the right to:

- Reasonable access to care
- Care that is considerate and respectful of your personal values and beliefs
- Know the identity and professional status of individuals providing care to you
- Privacy, confidentiality and security
- Visitation
- An environment that is respectful, courteous, and preserves your dignity
- Be free from mental, physical, sexual and verbal abuse, neglect and exploitation
- Expect confidentiality regarding your records, condition and treatment, to have access to your medical records in keeping with hospital policy, and to have them explained to you
- Be informed regarding the nature of your condition, proposed treatment, procedures and prognosis in terms and in the manner you understand
- Participate actively in decisions regarding your medical care
- Know about alternative methods of treatment, their risks and advantages
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such action
- Have your pain assessed and treated appropriately
- Refuse participation in any treatment considered to be experimental in nature
- Obtain information as to any relationship between the hospital and other healthcare and/or educational institutions
- You have the right to know the nature of the professional relationships between individuals who are treating you
- Formulate and receive treatment based on your advanced directives
- Examine and receive an explanation of your bill regardless of the source of payment to the extent permitted by law
- Receive information regarding your continuing health care requirements following discharge from the hospital
- Information about the hospital's process for the initiation, review and resolution of patient grievances. (To file a complaint or grievance that cannot be immediately resolved, contact the Patient Experience Officer through the operator or by phone at 773- 854-5064.)
- Be free from restraints of any form that are not medically necessary or as a means of punishment, coercion, retaliation, discipline, or for the convenience of staff. (Restraints will only be used after other efforts have been exhausted.)

As our patient, you have the responsibility to:

- Provide accurate and complete information, to the best of your knowledge, concerning your present and past illnesses, hospitalizations, medications and other information relating to your health
- Ask questions if you do not clearly understand information and instructions about your treatment and care
- Follow the instructions and treatment plan coordinated by your physician
- Be considerate and respectful to our caregivers, other patients, and visitors to the hospital
- Present to the hospital a copy of your Living Will or Power of Attorney for Healthcare so that your Advanced Directives can be honored
- Be responsible for your own actions if you refuse treatment or refuse to follow your treatment instructions
- Cooperate in your discharge planning
- Report changes in your condition to those responsible for your care
- Honor the confidentiality and privacy of other patients
- Follow hospital rules and regulations
- Ensure that payment for your care is made promptly and in full. This means understanding your insurance coverage and its limits, and any added responsibilities you may have.
- Comply with this policy by respecting patient's rights and reinforcing patient's responsibilities

Revised February 8, 2017

I have received a copy of Loretto Hospital's Patients' Rights and Responsibilities.

Patient Name (Print)

Signature of Patient or Representative

Date

Witness

Second Witness *(if necessary)*