

Blessing Health Patient Rights and Responsibilities

Every Patient Has The Right To:

- Reasonable access to care regardless of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, sex stereotypes, or payment sources.
- Care provided within Blessing Health's capacity and applicable laws and regulations.
- Effective communication by receiving information about their care in a language they can understand, and access to a language interpreter and auxiliary aids/services when needed.
- Receive detailed and understandable information concerning their diagnosis, treatment and prognosis.
- Participate in their plan of care, as well as ask questions or voice concerns.
- Make informed decisions regarding their care, consent to or refuse treatment to the extent permitted by law, and be informed of the medical consequences of any refusal.
- Formulate advance directives concerning their health care decisions or designate a decision maker with the expectation we will honor the directive to the extent permitted by law and organization policy.
- Personal privacy and be treated with respect and dignity.
- Have a support individual of their choosing, unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated.
- Receive care in a reasonably safe environment and be protected from abuse, neglect and harassment.
- Access protective and advocacy services, such as guardianship, child or adult protective services, etc.
- Appropriate assessment and management of pain.
- Confidentiality of their medical records, except as otherwise provided by law.
- Be allowed to access, request amendment to, and obtain information on disclosures of their health information, in accordance with law and regulation.
- Know the names and roles of individuals providing care.
- Receive an itemized invoice and upon request, receive a reasonable explanation of their bill.
- Receive quality end of life care and have issues related to care at the end of life addressed with sensitivity.
- Give or withhold consent for the use of recordings or other images for purposes other than their care.
- Ask and be informed of business relationships among payors, health care providers, educational institutions, or others that may influence the patient's care.
- Voice concerns regarding the care received without retaliation and have those concerns promptly reviewed and resolved when possible. Be informed of Blessing Health's grievance procedure and/or how to access a state or regulatory agency.
- For patients admitted to the hospital:
 - Have a family member or representative of their choice and their personal physician notified upon their admission to the hospital.
 - Receive visitors who they designate, including but not limited to a spouse, a domestic partner, another family member or a friend, and the right to withdraw or deny such consent at any time.
 - Have all visitors receive same privileges regardless of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, sex stereotypes, or payment sources.
 - Be free from any form of restraints and seclusion that are not medically necessary or needed to prevent harm to self or others. A restraint or seclusion can only be used to ensure the immediate physical safety of the patient or others, and when less restrictive alternatives have been determined to be ineffective.
 - Have access to religious and other spiritual services, and be permitted to the free exercise of religion.
 - Receive information regarding involvement in any experimental, research or investigational studies and clinical trials and the right to consent to or refuse to participate.
 - Participate in discharge planning and receive information about what to do after the patient leaves the hospital.
 - Expect reasonable continuity of care and be informed of realistic options when hospital care is no longer appropriate.
- Rights of women; pregnancy and childbirth.
 - Receive health care before, during, and after pregnancy and childbirth.
 - Receive care for her and her infant that is consistent with generally accepted medical standards.
 - Choose her maternity care professional.

- Rights of women; pregnancy and childbirth. (Continued)
 - Choose her birth setting from the full range of birthing options available in her community.
 - Leave her maternity care professional and select another if she becomes dissatisfied with her care, except as otherwise provided by law.
 - Receive information concerning her condition and proposed treatment, including methods of relieving pain.
 - Be informed if her caregivers wish to enroll her or her infant in a research study in accordance with Section 3.1 of the Medical Patient Rights Act.
 - Receive emotional and physical support during labor and birth.
 - Freedom of movement during labor and to give birth in the position of her choice, within generally accepted medical standards.
 - Contact with her newborn, except where necessary care must be provided to the mother or infant.
 - Receive information about breastfeeding.
 - Decide collaboratively with caregivers when she and her baby will leave the birth site for home, based on their conditions and circumstances.
 - Be treated with respect at all times before, during, and after pregnancy by her health care professionals.
 - For more information, visit <https://dph.illinois.gov/topics-services/health-care-regulation/hospitals.html>.

Every Patient Has The Responsibility To:

- Provide, to the best of their knowledge, accurate and complete information relating to their medical condition, including present complaints, past health problems and hospitalizations, use of medications (prescription, over-the-counter, herbal, illegal or recreational substances), and any other relative information.
- Ask questions when they do not understand their care, treatment and services or what they are expected to do. Express any concerns about their ability to follow the proposed plan of care, treatment and services.
- Follow the agreed upon treatment plan and report any changes in condition, medications or symptoms to their provider.
- Accept responsibility if they refuse treatment or do not follow the care plan. Cooperate in any discharge planning.
- Follow Blessing Health's rules, regulations and policies.
- Respect the property, privacy, dignity and confidentiality of other patients; help control noise.
- Be considerate of staff and others. Any acts of violence will not be tolerated and may result in termination of care. Any physical assault will be reported to law enforcement.
- Provide correct and complete information about advance directives and provide a current copy if they have one.
- Provide correct and complete demographic information and information about their financial situation and promptly assume their financial obligations for services received.
- Adhere to the Blessing Health No Smoking policy.
- Protect personal items brought into the facility as Blessing Health cannot assume responsibility for loss, theft or damage of these items.

Complaint Procedure: If you have a complaint about your care or treatment at this facility, you may contact department staff or leadership. For formal complaints and grievances or discrimination concerns, contact the Risk Management and Patient Relations Specialist at 217-223-1200, extension 7214, P.O. Box 7005, Quincy, IL 62305.

Illinois residents may also contact the Illinois Department of Public Health, Office of Health Care Regulation Central Complaint Registry at 800-252-4343 (TTY, hearing impaired use 800-547-0466), 525 W. Jefferson St., Springfield, IL 62761-0001.

Missouri residents may also contact the Missouri Department of Health & Senior Services, Bureau of Health Services Regulation at 800-392-0210, hospitalcomplaints@health.mo.gov or P.O. Box 570 Jefferson City, MO 65102-0570.

For DNV accredited departments/facilities, you may also contact DNV Healthcare in any of the following ways:
 Phone: 1-866-496-9647, Fax: 281-870-4818, Mail: 1400 Ravello Dr, Katy, TX 77449,
 Email: hospitalcomplaint@dnv.com or Website: <https://www.dnvhealthcareportal.com/patient-complaint-report>.

You may 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 at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, or by phone at 1-800-368-1019, 800-537-7697 (TDD).