You/your child have the right to:

General rights

Receive medical care without regard to race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age (within guidelines), disability or source of payment.

Be given a copy of the Patient/Family Rights and Responsibilities. If you cannot read or understand them, someone will translate or explain them to you.

Receive considerate, safe and respectful care. This care will be individualized to support and meet your or your child's age and needs.

Have your spiritual, cultural and social needs respected.

Have a safe setting and to be free of abuse or harassment.

Discuss any ethical issues with the nursing and medical staff. If your questions are not answered or further concerns exist, you may contact the Hospital's Ethics Advisory Committee.

Advance directives

Make an advance directive if you are 18 years of age or older. This means you have the right to direct your health care or choose someone to make health care decisions for you if you no longer are able to make your own decisions.

You will receive care regardless of whether or not you have formulated an advance directive.

Privacy and confidentiality

Every consideration of your privacy concerning your medical care, treatment and environment.

Expect that all communications and records concerning your care are confidential.

The rights under the Health Insurance Portability and Accountability Act (HIPAA):

- To receive a copy of our privacy practices at the time of your registration.
- To request that no information contained in the patient directory be disclosed.
- To request that the hospital communicate your confidential health information according to our privacy practices.
- To find out how your confidential health information may be used and what disclosures have been made as required by state and federal regulations.
- To have access to your medical records for review and to obtain a copy in accordance with our policy.
- To request certain restrictions of the use or disclosure of your health information unless it interferes with patient care, treatment, hospital operations or payment of your bill.
- To deny visitors to the extent permitted by law. This does not apply to people who are directly involved in your or your child's care.
- To request an amendment or correction to your confidential health information, if you believe the information is incomplete or incorrect.
- To refuse any contacts for fundraising or marketing activities.
- To file a complaint with the hospital's privacy officer or with the Secretary of the Department Health and Human Services, if you believe your privacy rights have been violated.

File a complaint about any aspect of our health information practices to us or to the Department of Health and Human Services of the United States. You can file a complaint by contacting either:

Children's Hospital and Health System Privacy Officer
MS 940
PO Box 1997
Milwaukee, WI 53201-1997
Phone (414) 266-1773

Chicago Office
Office of Civil Rights
U.S. Department of Education
Citigroup Center
500 W Madison St., Suite 1475
Chicago, IL 60661
Phone (312) 730-1560

Decision making and consent

Information from your physician about planned procedures and/or treatment so that you may give informed consent prior to starting procedures and/or treatment, except in emergencies. Your child's permission, as appropriate to his or her developmental level, also will be obtained, except in emergencies.

A reasonable response to your requests and needs for treatment and information within the hospital's capacity, mission and applicable laws.

Participation in care

Receive complete information that you can understand about your or your child's condition, tests, procedures, treatments, prognosis and self care education, in order to make decisions about care. You have the right to a clear explanation of the results of care and outcomes of any treatment or procedure, including unanticipated outcomes.

Know who has overall responsibility for your or your child's care.

Be informed by your physician of any ongoing care requirements following your discharge from the hospital.

Receive information regarding access to special services such as guardianship, advocacy services, conservatorship and child or adult protective services.

Have a physician and a family member notified of the hospital admission.

Know the names and professional status of the staff providing care for you or your child.

Refuse consent for treatment to the extent permitted by law. You also have the right to be fully informed of the effects of refusing treatment and the potential medical consequences of your actions.

Consult with a specialist at your request and expense.

Transfer to another hospital, if we cannot meet your or your child's needs for treatment or service. Any transfer, except in an emergency, would be fully explained and provisions for continuity of care would be made. A transfer will be made only when medically appropriate and approved by the receiving physician.

Research

Information about any research or education projects affecting your or your child's care or treatment. You have the right to give permission or to refuse to join in these projects.

Pain management

Care that incorporates pain management. This includes information about preventing pain and pain relief options to provide the safest and most effective pain treatment.

Receive regular, age-appropriate pain assessments, prompt responses to complaints of pain by hospital staff and to be involved in decisions about how your or your child's pain will be managed.

Restraints

Be free from seclusion and restraints of any form that are not medically needed and do not improve your well-being or the well-being of your child. Use of restraints for acute medical, surgical or behavior management will be in compliance with applicable rules and regulations.

Financial services

Look at and receive an explanation of your bill regardless of the source of payment. Receive information about financial assistance upon request.

Exercising your rights

Bring forward your concerns or complaints. You or your child will receive care regardless of whether you have brought forth a complaint.

Complaints

A patient representative or on-call management is available to help you with any concerns and complaints to obtain a timely and reasonable resolution. Call the patient representative at (414) 266-2800.

Formal grievances

If speaking with the patient representative fails to provide a resolution or you choose to skip this step, you have the right to file a grievance with the hospital using the following process:

1) Submit your grievance either verbally or in writing.
2) The hospital must specify the time frames to investigate and respond.
3) The hospital must provide a written notice of its decision, which includes:
   - Name of the hospital contact person.
   - Steps taken on behalf of the patient to investigate the grievance.
   - Outline the results of the grievance process.
   - The date of its completion.

Grievances regarding quality of care, safety or premature discharge will be reviewed by the responsible leaders on a timely basis. If the resources mentioned above are unable to provide a resolution, then you may file a complaint with:

Department of Health Services
Division of Quality Assurance
PO Box 2969
Madison, WI 53701-2969

(Continued on back)

Phone (800) 642-6552
Fax (608) 267-0352
E-mail dhswebmaildqa@wisconsin.gov

OR

Office of Quality Monitoring –
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
Phone (800) 994-6610
Fax (630) 792-5636
E-mail complaint@jointcommission.org

You/your child are responsible for:

- Providing correct and complete health history information, including actual or perceived risks to care.
- Telling the doctor or nurse if you do not understand any part of your or your child's care.
- Helping with your or your child's care as you have agreed to in the plan of care.
- Following the treatment plan and instructions by nurses and other health care providers.
- Payment for care provided.
- Following hospital rules and regulations concerning your care and behavior.
- Respecting the rights of other patients, families, hospital staff and hospital property, by not making unnecessary noise, smoking, causing distractions or other intrusive behavior.

If you have a safety concern or idea for improvement that is not urgent and would like to leave a message, call (414) 266-2273, or toll-free (800) 809-7646. You may also use our Web site at www.chw.org (Children's Hospital of Wisconsin, Contact Us, Report a Safety Concern).

Children's Hospital of Wisconsin®

A member of Children's Hospital and Health System.

Children's Hospital of Wisconsin
PO Box 1997
Milwaukee, WI 53201-1997
www.chw.org

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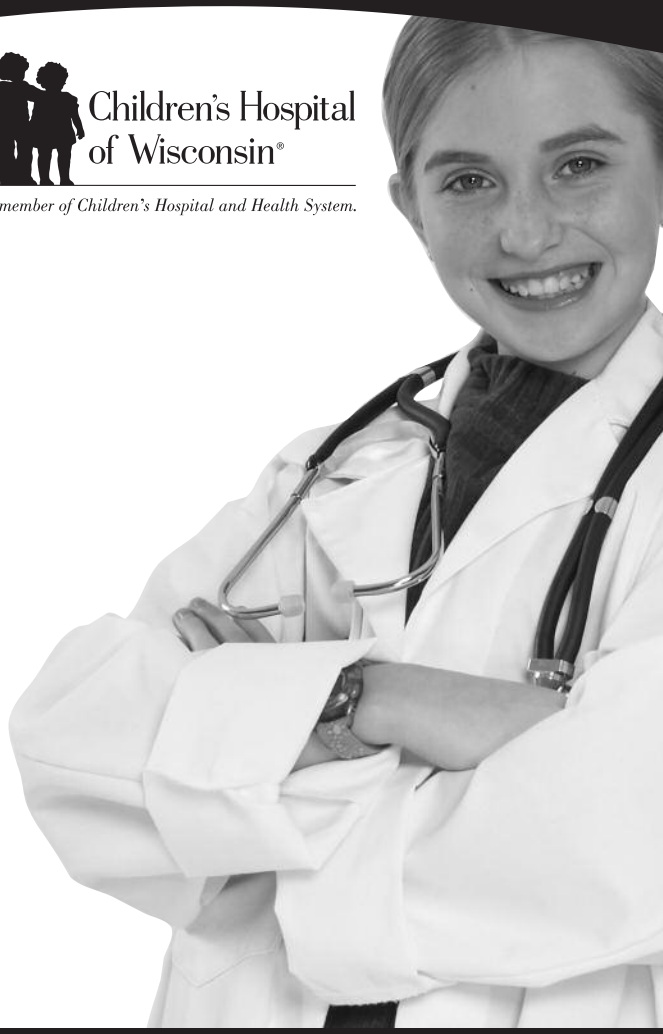

Patient/Family Rights and Responsibilities