

## Patient Rights *(continued)*

patient safety, coverage decisions, and premature discharge concerns.

**If your complaint cannot be resolved promptly, you may also discuss your concern by calling our Customer Care Line: (414) 447-7433.** You also have the right to file a complaint with:

State of Wisconsin  
Department of Health and Family Services  
Division of Quality Assurance  
PO Box 2969  
Madison, WI 53701-2969  
(608) 266-8481

or

Office of Quality Monitoring  
Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
(800) 994-6610  
[www.jointcommission.org](http://www.jointcommission.org)  
[complaint@jointcommission.org](mailto:complaint@jointcommission.org)

If you have Medicare, you also have the right to file a complaint with Medicare by calling (800) MEDICARE (800-633-4227) or the state Quality Improvement Organization (MetaStar) (800) 362-2320.

Any person (resident, employee, ombudsman, relative, friend, other) may file a complaint regarding a facility staff person, a regulated healthcare facility, a clinical lab or other DQA related issue via the DQA Complaint webpage at: <http://dhs.wisconsin.gov/bqaconsumer/HealthCareComplaints.htm>.

## Patient Responsibilities

**As a patient at Wheaton Franciscan, you have the responsibility to:**

1. Provide, to the best of your ability, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, perceived risks in your care, unexpected changes in your condition and other

*(continued)*

## Patient Responsibilities *(continued)*

matters related to your health.

2. Ask questions when you do not understand your care, treatment, or services provided to you, or what you are expected to do.
3. Follow the care, treatment or service plan developed and express any concerns about your ability to follow the proposed care plan, treatment or service to care providers.
4. Accept the consequences if you do not follow your care, treatment or service plan.
5. Follow Wheaton Franciscan rules and regulations affecting your care and conduct, including visitation and smoking policies and assisting our efforts to limit noise.
6. Be considerate of Wheaton Franciscan staff and other patients and their property.
7. Promptly meet financial obligations.
8. Provide a copy of your Advance Directive (i.e., "Living Will" or Power of Attorney for Health Care) if you have completed one.
9. Safeguard your personal belongings and to secure any valuables in Wheaton Franciscan safe, as needed, to prevent loss.
10. Keep scheduled appointments and notify the appropriate department and/or professional when unable to keep an appointment.

## Sources

- Joint Commission on Accreditation of Healthcare Organizations' Hospital Manual
- Medicare Conditions of Participation
- Office of Civil Rights Limited English Proficiency Policy Guidance
- HIPAA Standards for Privacy of Individually Identifiable Health Information (45CFR Parts 160 and 164. [HHS])
- HFS 124.05 (3) and other relevant state statutes and administrative codes

# patient rights & RESPONSIBILITIES



**Wheaton Franciscan**

**St. Joseph** | 5000 W. Chambers Street  
Milwaukee, WI 53210

**The Wisconsin Heart Hospital** | 10000 W. Blue Mound Road  
Wauwatosa, WI 53226

**Wauwatosa** | 201 N. Mayfair Road  
Wauwatosa, WI 53226

**Glendale** | 2400 W. Villard Avenue  
Milwaukee, WI 53209

**Brown Deer** | 9252 N. Green Bay Road  
Brown Deer, WI 53209



**Wheaton Franciscan Healthcare  
Elmbrook Memorial**

**Elmbrook Memorial** | 19333 W. North Avenue  
Brookfield, WI 53045

*In Partnership with the Felician Sisters*

## **Patient Rights**

### ***As a patient at Wheaton Franciscan, you have the right, consistent with laws and regulations, to:***

1. Not be denied the right to appropriate hospital care because of your race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, newborn status, handicap, or source of payment.
2. Have a family member or representative of your choice and your physician promptly notified of your admission to this facility.
3. Participate in the development, implementation, and revision of your plan of care, treatment and services, and the involvement of your family, with your permission.
4. Make informed decisions and provide consent about your care, treatment and services, unless you are unable to do so.
5. Receive, from an appropriate person within the facility, a clear explanation of:
  - All proposed treatment, care, services, medications, interventions, or procedures;
  - Potential benefits, risks, or side effects;
  - Any problems related to recovery;
  - Any significant alternative treatment, care or services;
  - Your condition, any changes in your condition and your prognosis for recovery;
  - Outcomes of your care.
6. Refuse any care, treatment, or services and the right to be informed of the possible consequences.
7. Participate in resolving dilemmas about care, treatment, services, or discharge, including withholding resuscitative services and declining or removing life-sustaining treatment.
8. Identify someone to make decisions for you if/when you cannot make decisions about your care, treatment or services, as permitted by law.
9. Prepare and/or revise advance directives or instructions about your medical treatment, to appoint a decision maker, and to have staff comply with these directives, as permitted by law.
10. Designate person(s) who are permitted to visit you during your hospital stay.
11. Effective communication, including:
  - Interpreter and translation services;
  - Assistance to meet vision, speech, hearing, language, and cognitive impairment needs;
  - Age-appropriate information;
  - Visitors, mail, telephone calls, and other forms of communication;
  - Restrictions on communication that are evaluated for therapeutic effectiveness and determined with the participation of the patient and family, as appropriate.
12. Receive considerate and respectful care, consistent with sound medical and nursing practice, in a clean, safe and secure environment.
13. 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. A restraint can only be used if needed to improve your (the patient's) well-being and less restrictive interventions have been determined to be ineffective.
14. Be treated with consideration and respect in recognition of your individuality and dignity, including reasonable visual and auditory privacy during personal hygiene activities and consultations, examinations and treatments.
15. Privacy and confidentiality of your health information. As required by law, you also have a right to:
  - See and receive a copy of health information about yourself;
  - Request to amend your health information;
  - Request a list of disclosures of your health information;
  - Request limits on how Wheaton Franciscan uses and disclosures of health information;
  - Ask that Wheaton Franciscan send information to you at a different address or in a different way;
  - Receive a copy of the Notice of Privacy Practices that includes further explanations of these rights.
16. Be assured of reasonable safety within the hospital, including the right to be free from mental, physical, sexual, and verbal abuse, neglect, mistreatment, exploitation, humiliation, and retaliation.
17. Access or referral to appropriate services such as:
  - Self-help groups and economic, legal, disability or other advocacy organizations;
  - Protective services such as guardianship;
  - State licensing and certification agencies, and governmental fraud and abuse units.
18. Effective management of your pain.
19. Access to pastoral/spiritual care services.
20. Know the name of the physician or other practitioner primarily responsible for your care and the name and professional status of those responsible for authorizing and performing procedures and treatments.
21. Participate or refuse to participate in research and/or clinical trials after receiving an explanation of the nature and possible consequences of the research before the research/clinical trial is conducted, without compromising your access to care, treatment or services.
22. Remain in this facility for care without being transferred to another facility unless you have received an explanation of the need for a transfer, provisions have been made for your continuing care, and the receiving institution has accepted you as a patient.
23. Information about the cost of your care including the right to look at and receive a reasonable explanation of your total bill and detailed charges for services received, regardless of the source of payment. You also have a right to request and receive information about financial assistance available through the hospital.
24. Be informed in writing about hospital policies and procedures for initiation, review, and resolution of patient complaints. Voice a complaint to your caregivers without fear of reprisal if you are dissatisfied with any aspect of your care. This would include issues related to quality of care,

***(continued)***