

PATIENT RIGHTS AND RESPONSIBILITIES

Thank you for choosing us for your care. As a patient, you have the right to be told how we will care for you and your responsibilities in receiving care. Please take a moment to review what you can expect during your time with us, so your experience at Gundersen is the best it can possibly be.

The Patient Rights and Responsibilities are available in Spanish, Polish and Hmong. View online at www.gundersenhealth.org/our-system/patient-rights-and-responsibilities. Interpreters are available for other languages.

We respect your right to:

High-quality care

- At Gundersen Moundview Hospital and Clinics we respect your right to high quality care with dignity, respect and appreciation of the beliefs and values of each patient. We care for patients without regard to: age, race, color, ethnicity, ancestry, national origin, creed, religion, culture, language, physical or mental disability, newborn status, socioeconomic status, marital status, sex, sexual orientation, gender identity or expression, or disability in its health program and activities.

Spanish (español)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 362-9567

Polish (polsku)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (800) 362-9567

Hmong (lus Hmoob)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-9567

- Know the names of your caregivers and who has overall responsibility for your care.
- Be informed about your illness, the care you will receive including course of treatment and your prognosis for recovery in terms you understand.
- Have your pain evaluated and managed.
- Know when something goes wrong with your care.
- Be given a list of all your current medicines.

A clean, safe environment

- Safe care by staff trained in safe practices in a safe setting.
- Privacy in treatment.
- Be free of all forms of physical or mental abuse including harassment.
- Be free from restraint or seclusion unless you could harm yourself or others.

Involvement in your care

- Get information in a manner that you best understand.
- Get information about your care in your preferred language.
- Get information in a way that will meet your needs if you have vision, speech, hearing or mental impairments.
- Make decisions about your care including the development and implementation of your plan of care.
- Formulate an advance directive with hospital staff and providers honoring the directive.
- Except in the case of emergencies, you (or your legally authorized representative) will be asked to consent before treatment or participation in research.
- Refuse care to the extent permitted by law, and be informed of the medical consequences of refusal.
- Express your thoughts and be heard.

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- Express your thoughts and be heard.

- Identify family members, representatives of your choice and a physician to be notified of your hospital stay.
- Have a personal representative, also called an advocate, with you during your care. Your advocate is a family member or friend of your choice.

Protection of your privacy

- Decide who may or may not visit you during your hospital stay or during your clinic visit.
- Understand that we store and protect your medical records. These records are kept private. You must make a written request for us to share your records with others.
- Review your records and have them explained in words you understand. You may have a copy of your record. A fee for copies may apply.
- Request a copy of the Notice of Privacy Practices at (608) 339-3331.

Help when leaving Gundersen Moundview Hospital and Clinics.

- Understand what medicine to take, why it is needed and when to take it.
- Receive help with follow-up care.
- Except in emergencies, receive a full explanation of any transfer and continuing care plan including transfers to and acceptance by the receiving facility.
- Understand options of skilled care in the home or alternative care, such as a nursing home or assisted living facility, if needed.

Help with your bill

- Ask for an explanation of your charges.
- Understand the cost of your care.
- Request financial assistance or advice for places to apply for help.

Your responsibilities as a patient:

- Become involved in your own care in an open respectful partnership.
- Provide your doctor and nurse a complete and accurate medical history.
- Comply with hospital rules.
- Be respectful of other patients, staff and property.
- Provide required information concerning payment of charges.

Share your concerns at the time of your service

- Talk with your nurse or doctor.
- Talk with the Quality Director or Clinical Director.
- Fill out a "We value your opinion" comment card. These are available in public areas and waiting rooms.
- Email: CRFeedback@gundersenhealth.org
- Speak with a patient representative. From 8 a.m. to 5 p.m. weekdays, call (608) 339-8372.

For more information, visit www.gundersenhealth.org/moundview

- Advance Care Planning
- Feedback
- Pay Your Bill
- Special Assistance
- Translators/Interpreters
- Visiting Hours
- Safe Environment

If you are not satisfied with our resolution or choose not to use our complaint process, you also have the right to contact a state agency:

- If you received care in Wisconsin, contact the Wisconsin Department of Health Services (800) 642-6552.
- You may contact Kepro, an independent medical review agency, at (855) 408-8557.

GUNDERSEN
MOUNDVIEW
HOSPITAL AND CLINICS

402 W Lake St. | Friendship, WI 53934 | (608) 339-3331

Gundersen Moundview Hospital and Clinics | 25418-3_0218

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