

Our goal is to provide you with highest quality of care. We believe that quality care begins by recognizing that our patients have rights and responsibilities. Our shared commitments to one another are outlined below.

Please discuss any concerns regarding your medical care and treatment with your provider and nurses, If your concerns are not addressed, please contact Guest Relations at patientfeedback@swedishamerican.org; (779) 696-3898.

As a patient you have the following rights:

1. To receive care and emergency treatment even if you cannot pay for it.
2. To receive medically appropriate treatment and services as recommended by your physician and that are within the organization's capacity and mission.
3. To receive care and treatment regardless of race, ethnicity, color, national origin, ancestry, age, sex, sexual orientation, gender identity, physical or mental disability, creed, religion, culture, language, marital status, illness or infectious disease, or socioeconomic status.

Respect, confidentiality and personal dignity

1. To request and receive respectful, quality care in an environment free from all forms of abuse, harassment and humiliation.
2. To have health care information treated in a private and confidential manner. Details of your condition and treatment will never be shared, with the exception of those who you have identified as privileged to your health information, in efforts to aid in your healthcare needs.
3. To know that any health information that SwedishAmerican Hospitals and clinics store electronically is also available to other healthcare providers associated with SwedishAmerican or UW Health System.
4. To request certain restrictions according to the Health Insurance Portability and Accountability Act (HIPPA) on certain uses and disclosures of your health information.

Information you can understand

1. To expect that all staff will communicate with you in a manner you can understand.
2. To know about hospital policies and procedures.
3. To receive help from interpreters or use adaptive equipment if you are Limited English Proficient or are Deaf and Hard of Hearing, suffer from vision, speech or other cognitive impairments.
4. To have your health status explained to you and encouraged to participate in planning your care and treatment, including managing your pain.

Participation in decisions about your care

1. To request to receive information regarding the changes for any treatment and to receive an explanation of your bill upon request from our Billing Department.
2. To be involved in decisions about your healthcare and agree to treatment before it is given, except in emergencies
3. To request a limit on the number of medical students and residents involved in your care. If you wish to limit the involvement of resident physicians or medical students with your care, please speak with your provider and nurses.
4. To complete a Power of Attorney for Healthcare or Living Will (known as Advanced Directives) if you are at least 18 years of age. It is our policy to follow Advance Directives to the extent permitted by law. If you have no advance directive, you can expect that appropriate surrogate decision-makers will be sought if you can't make your own decisions.
5. To identify a support person to be involved in care, treatment decisions and services (to the extent authorized by the patient)
6. To accept or refuse recommended tests or treatments and to be informed of the medical consequences of your choice
7. To request a different physician to oversee your care upon your request, knowing the outcomes and any potential risks involved with such decision.
8. To be informed of any proposed research or experimental treatment that may be considered in your care, and to consent or refuse to participate.
9. To be informed about the outcomes of your care, including unexpected outcomes.
10. To raise ethical issues concerning your care with your caregivers and/or with the Bioethics Committee, and to participate in the resolution of those issues (779) 696-2097.

Care that supports you and your family

1. To receive the names of all staff members and physicians involved in your care.
2. To decide who may or may not visit you upon admission to the hospital.
3. To expect that efforts will be made to provide continuous, coordinated, and appropriate care during and after your hospitalization.
4. To designate visitors who shall receive the same visitation privileges as your immediate family members; including but not limited to spouse, domestic partner, another family member, or friend as well as withdraw or deny such consent at any time.
5. Provide care that meets your emotional, spiritual and cultural needs. You may perform cultural or spiritual practices as long as they do not harm others or interfere with medical treatment.
6. Receive care in a safe setting.
7. To be free from restraints or seclusion unless it is the most appropriate means to protect your safety.
8. Be partners with hospital staff to assess and manage pain.
9. To express complaints or grievances about the quality of care or services and to voice them without fear of reprisal or discrimination and to receive prompt and courteous response to your concerns.

Access to your billing and medical records

1. To request copies of your medical records in a reasonable time at a reasonable cost.
2. To receive a copy of your bill showing charges for service received.
3. To request an amendment or obtain information on disclosures of health information in accordance with law and regulation.
4. Receive information about the hospital's charity program that provides financial assistance to patients that qualify. Call (779) 696-7150.
5. To request a correction of your medical records and challenge the accuracy of billing records.

It is your responsibility as a SwedishAmerican patient to:

1. Follow hospital rules, policies and regulations to support quality care.
2. Respect the rights of other patients, families, visitors and staff and treat everyone with respect.
3. Provide accurate and complete information to your medical team about your health in order to facilitate care, treatment, and services.
4. Ask for more information if you do not understand your illness or treatment.
5. Work actively with caregivers to implement your treatment plan.
6. To inform your physician if you desire a transfer of care to another physician, caregiver, or facility.
7. To inform your caregivers of any advance directives that you may have or if you wish to revoke them.
8. Provide accurate health insurance information or contact our billing office to arrange payment for services provided.
9. Keep your medical appointments or notify your clinic well in advance if you are unable to do so.
10. To observe facility policies and procedures, including those regarding smoking, noise, and visitors.
11. To inform your caregivers if you are concerned about your personal safety and feel that you may need help.
12. Support mutual respect by maintaining civil language and conduct when interacting with staff and other health care team members.
13. To be considerate and respectful of hospital personnel and property.
14. Refrain from videotaping, recording or photographing staff without their consent.
15. Meet any financial commitments in a timely manner.
16. Keep your belongings with you at all times. If you are required to remove valuables, such as jewelry, please ensure such items get locked in a safe or other secure location.
17. Refrain from aggressively engaging hospital staff. In the even that a patient or visitor may not be able to control their behavior, security will be called to intervene.

If you have concerns about your patient care, you can file a complaint:

- Guest Relations: 1401 E. State Street Rockford, IL 61108
patientfeedback@swedishamerican.org P: (779) 696-3898 F: (815) 967-5697

You can also file a complaint with the following:

- Patient safety concerns can be reported to The Joint Commission: Office of Quality and Patient Safety
One Renaissance Blvd., Oak Brook Terrace, IL 60181 By e-mail: www.jointcommission.org or by fax at (630) 792-5636
- Illinois Department Of Public Health: 525 W. Jefferson St. Ground Floor Springfield, IL 62761-0001
www.idph.state.il.us P: (800) 252-4343 F: (217) 524-8885
- For billing issues with Medicare, you may call 1-800-Medicare (1-800-633-4227) to talk directly with a Medicare customer representative, or with the Senior Health Insurance Program (SHIP) within the Department of Aging at (800) 548-9034 or (800) 252-8966
- Possible health care fraud should be referred to the Attorney General's Health Care Fraud Unit at (877) 305-5145 (TTY 800-964-3013) or fax (312) 793-0802.

We are committed to respecting your rights as a patient. In addition, we appreciate your efforts in partnering with us to best address your healthcare needs. If you have any concerns about your care or safety or feel that your rights have not been respected, please let us know. Timely feedback helps us to make sure we are meeting your needs. When you have a concern, please bring it to the attention of your caregiver or to the department manager.