



Our Promise

A PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

We – PCH doctors, nurses and staff – make these promises to you:

- ◆ We will tell you the truth.
- ◆ We will listen.
- ◆ As a part of our medical team, we want you to help with your plan of care.
- ◆ We want you to feel comfortable in talking freely with your healthcare team. What you say will not be told to others unless it is important to your care and safety.
- ◆ Tell us what you do or do not want.
- ◆ We will talk to you in a language you understand.
- ◆ We will treat you with personal dignity and privacy.

We will tell you:

- ◆ Who we are.
- ◆ What we do at the hospital.
- ◆ Why we have entered your room.
- ◆ Why you are here and your health status.
- ◆ What the healthcare team thinks will help you.

To help us keep our promise to you and to help us with your care, PLEASE be honest with us about the following:

- ◆ Your health and what it was like before now.
- ◆ Any changes about how you are feeling.
- ◆ Any medications you take.
- ◆ Your family's needs or worries.
- ◆ Any religious, cultural or special physical needs.

Visitors:

- ◆ You have the right to decide who visits you while you are in the hospital.
- ◆ Your family and friends may visit unless additional restrictions have been put into place. These restrictions could be related to Covid, influenza or any other community acquired viruses. Our highest priority is your safety and the safety of our staff. If you wish, we will help you limit their visits.

Help us care for you by:

- ◆ Sharing your ideas about your care.
- ◆ Following the directions given by your doctors, nurses and caregivers.
- ◆ Letting us know when you cannot follow our directions.
- ◆ Learning what you can do to take care of yourself.
- ◆ Keeping your appointments and being on time.

Ask us questions about:

- ◆ The papers you are asked to sign.
- ◆ Any words you do not understand.
- ◆ Why you are here; what we are doing for you.
- ◆ How we can ease your pain.
- ◆ How to get where you want to go in the hospital.

We are about you no matter:

- ◆ What your race or religion is.
- ◆ Whether you are male or female.
- ◆ Where you were born.
- ◆ What you can or cannot do.
- ◆ What you look like.
- ◆ How much money you have.
- ◆ Your sexual orientation.

While your health is our first concern, you are responsible for your hospital bill. You need to do the following:

- ◆ Ask for help if you have a problem paying your bill.
- ◆ Give us any records/forms that your insurance company may need to pay your bill.



We respect you:

- ◆ We will provide care for you in a safe setting, free from abuse or harassment.
- ◆ You have the right to be free from restraint or seclusion of any form that is not medically necessary.
- ◆ If you hurt, we will do what we can to help you to feel better in a safe way.
- ◆ Your religious, cultural and personal traditions are important to us.
- ◆ Your records will be kept confidential. You may ask to read your chart; we will help you understand it.
- ◆ You can request or refuse treatment

Respect us, other families and patients by doing the following:

- ◆ Giving other patients and families privacy.
- ◆ Limiting your visitors and having them observe visiting hours.
- ◆ Keeping the volume of your television, radio and other electronic devices to a level that will not bother others.
- ◆ Taking care of hospital property.
- ◆ Not using foul or abusive language.
- ◆ Never hitting or threatening another patient, family member or staff member.
- ◆ Do not take pictures or videos of our staff or of other patients or visitors.
- ◆ Remember, all healthcare information is private and should not be made public.

Assist us by doing the following:

- ◆ Using only the medications your doctors say you should use.
- ◆ Keeping our hospital tobacco free, alcohol free and free of illegal drugs.
- ◆ Using hospital supplies with care and asking what is yours to take home.
- ◆ Leaving your valuables at home.
- ◆ Never bring a weapon into the hospital.

When you are ready to go home:

- ◆ When planning your discharge or transfer with you and your family, your preferences are our top priority.
- ◆ We will help you/your family learn how to take care of you after you leave the hospital.
- ◆ If you need care that we cannot give, we will help you get safely to a hospital that can give the care you need.
- ◆ If you wish to go to another hospital, we will help you figure out how to do this safely.
- ◆ You can leave the hospital even against the advice of your physician.

If you think we have not kept our promises, tell your doctor or nurse so we can work together to solve the problem:

- ◆ Even if you tell us you are sad or angry about a broken promise, we will still provide you with good care.
- ◆ If you are concerned about the quality of your care, tell us. We have a way to address your concerns.

As a patient, you have the right to:

- ◆ Request and receive a printed copy of your hospital charges and have them explained to you.
- ◆ Express complaints and grievances and expect that they will be investigated within a reasonable period of time.
- ◆ Know what alternatives exist for your care and treatment when hospital care is no longer appropriate.
- ◆ To the extent permitted by law, you can leave the hospital even against the advice of your physician. Should you do so; neither your physician nor the hospital will be responsible for whatever harm such action may cause you or others.
- ◆ Clear and concise explanations of your condition and all proposed procedures, including the possibility of any risks, problems or side effect which may result.

Patients First

Please contact Director of Quality/Risk Management at 618-357-5976 with any comments or concerns. We will do everything we can to address your concerns. Please give us a chance to help you.

**If we can't resolve your concerns, you have the right to contact the
Illinois Department of Public Health at 1-800-252-4343**

Limited English Proficiency Taglines

As required to meet compliance with Section 1557 of the Affordable Care Act (ACA)

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-618-357-2187 (TTY: 7-1-1).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-618-357-2187 (TTY: 7-1-1).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-618-357-2187 (TTY: 7-1-1).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-618-357-2187 (TTY：7-1-1)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-618-357-2187 (TTY: 7-1-1)번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-618-357-2187 (TTY: 7-1-1).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-618-357-2187 (رقم هاتف الصم والبكم: 1-7-1).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-618-357-2187 (телетайп: 7-1-1).

සැලකිය යුතුයි: ඔබ ඔබගේ භාෂාවෙන් කතා කරන්නේ නම්, ඔබට නොමිලේ භාෂා සහාය සේවාවන් ලබා ගත හැකිය. 1-618-357-2187 (TTY: 7-1-1) දුරකථන අංකයට ඇමෙන්න.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-618-357-2187 (TTY: 7-1-1).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-618-357-2187 (TTY: 7-1-1).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-618-357-2187 (TTY: 7-1-1).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-618-357-2187 (TTY:

7-1-1) पर कॉल करें।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-618-357-2187 (ATS : 7-1-1).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-618-357-2187 (TTY: 7-1-1).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-618-357-2187 (TTY: 7-1-1).