



## Patient's Rights and Responsibilities

**THEDA**  **CARE**

Appleton Medical Center  
New London Family Medical Center  
Riverside Medical Center  
Theda Clark Medical Center

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### Your Right to Quality Care

You have the right:

- To the highest quality health care from people whose training makes them experts in their fields.
- To the safest and most effective treatment possible.
- To know the name of your doctors, nurses and others involved in your care and what their jobs are.
- To pain relief.

### Your Right to Respect and Privacy

You have the right:

- To be treated with respect. It doesn't matter whether you are male or female, what race or religion you are, what country you come from, what your personal beliefs are or whether you can pay for your care. You will not be denied care based on any of the above.
- To privacy about your medical care. Your doctors, nurses and others are not allowed to talk about your care or write to others about your care unless you say it's okay. This includes all talks and visits with the doctor and caregivers, tests and treatment. Your hospital and doctors are allowed to release information to the insurance or government health program paying for your care, or as required by law.



continued on the inside

RESPECT

PRIVACY

QUALITY CARE

# Patient's Rights and Responsibilities

## Your Right to Make Decisions About Your Care

You have the right:

- To know everything there is to know about your care and to have your doctor tell you what's going on in ways you can understand.
- To understand all hospital rules and what they mean for your care.
- To be involved with your pain management program.
- To understand what could happen to you and to give your okay in writing before you receive any treatment or procedure that may be potentially risky, except in an emergency. This is "informed consent."
- To say in writing how you wish to be treated if you become unable to tell the doctor or other caregivers what you want. This is an "advance directive."
- To say in writing whether you want your family or someone else to help make decisions about your care, especially if you become unable to decide for yourself. This is a "durable power of attorney for health care."
- To say yes in writing before taking part in a medical research program or donor program. Your doctor must ask you or your legal guardian (person responsible for you) if it's okay. You or your legal guardian can say no at any time even if you already said yes.
- To say no to any drug treatment or procedure offered to you by your doctor or this hospital. However, your doctor must tell you what could happen to your health if you say no to the treatment or procedure.
- To ask another doctor other than your own for an opinion about your medical care. This is a "second opinion." You are responsible for paying the doctor's bill for the "second opinion" if your insurance does not pay for it.
- You have the right to have your pain controlled.

## Your Rights After Your Hospital Stay

You have the right:

- To be told if your doctor thinks you should move to another hospital or nursing home. You must be well enough to be moved. Also, the doctor must tell you or your legal guardian why you should move and what other choices you have. The other hospital or nursing home must agree to take care of you.
- To find out from your doctor and other members of your care team about the care you need when you leave the hospital.

## Your Rights Regarding Hospital Charges

You have the right:

- To see your bill and be told what the charges mean.
- To meet with someone who can help you decide how to pay for your care and any programs that may help you.

## Your Responsibilities

You are responsible for:

- Telling the hospital and your doctor the truth about your health and any changes in your condition, as best you can.
- Asking questions if you do not understand what your doctor or other caregivers are telling you about your care, procedures, treatment or anything else they tell you.
- Telling your doctor or other caregivers if you can't do what they tell you as part of your treatment or if you won't do what they tell you as part of your treatment. You are responsible for what happens to your health if you don't do what your doctor says or if you say no to treatment.
- Treating other patients with respect at all times.
- Treating your doctor and other caregivers with respect at all times.

## Please Tell Us

Should you have any concerns regarding patient safety and your care, you can contact the hospital Risk Management Coordinator at (920) 738-6284.

Should you wish to file a grievance with the State agency, direct your correspondence to:  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison, WI 53701-2969  
Phone (608) 266-0224

You may also file a grievance with the Joint Commission at [complaint@jointcommission.org](mailto:complaint@jointcommission.org) or call 1-800-994-6610.

