Cameron Memorial Community Hospital wants to make sure that our patients understand their right to make decisions about their health care.

**Complaints/Concerns**

Voice a complaint to any of our staff, or you may contact the **Patient Advocate (260-667-5452),** who will work to resolve your concern. If it is not possible to resolve the concern immediately, you will be notified of follow-up. You may also voice a concern to:

1. **For hospital services**:

Indiana State Department of Health

2 North Meridian Street

Indianapolis, IN 46204

(800) 246-8909

complaints@isdh.in.gov

1. **For services within a Rural Health Clinic:**

The Compliance Team, Inc.

(888) 291-5353

[www.thecomplianceteam.org](http://www.thecomplianceteam.org)

1. **For Medicare Beneficiaries with concerns regarding hospital quality of care or discharge:**

Medicare Office in Indiana

1-800-MEDICARE (1-800-633-4227) or TQY/TTD 1-877-486-2048

**Care Decisions**

***You have the right to:***

* Designate a support person, if needed, to act on your behalf and protect your patient rights
* Be involved in the creating and carrying out of your plan of care, discharge plan, and pain management plan.
* Have your family member or friend and your physician notified of your admission to and transfer or discharge from the hospital.
* Consent to care and/or treatment and to give or deny *informed consent* for special procedures.
* Receive treatment that respects your cultural and personal values and choices.
* Refuse care, treatment, or services, as allowed state and Federal law
* Receive visitors who you designate, including, but not limited to, a spouse or partner, family members, or friends, as long as it is medically appropriate. This visitation is unrestricted based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
* Deny or withdraw your visitor consents at any time.
* Have a chosen support person with you, during your stay, unless the individual’s presence hinders others’ rights or safety or is medically not appropriate.
* Participate, before your release, in planning for who will be providing your care after you leave.

**Advance Directives**

***You have the right to:***

* Receive information and assistance regarding Advance Directives (your verbal or written instructions about future medical care choices and about who may make medical decisions for you if you are not able to).
* Change or revoke Advance Directives.
* Care and treatment whether or not you have an advance directive.

**Communication and Care**

***You have the right to:***

* Your care requires a united effort on the part of your physicians(s), staff, and you. You have the right to be informed of Cameron’s rules and what we expect of you.
* Receive appropriate medical treatment without regard to age, race, religion, sex, sexual orientation, gender identity or expression, national origin, culture, language, physical or mental disability, or social status.
* Receive religious and other spiritual services that meet your needs.
* Considerate, safe, and respectful care that supports your dignity.
* Useful communication and to receive complete and up-to-date information, from your physician, tailored to your age, about your diagnosis, treatment, and expected outcome, in language and terms you can understand.
* Be informed about the expected and unexpected outcomes of care, tests, and treatments to help you participate in current and future health care decisions.
* Interpreter services at no cost to you.
* Receive help to allow for useful communication if you have limits in vision, speech, hearing, or mental ability.
* Know the names and roles of the staff and physicians providing your care.
* Personal privacy, including receiving care, exams, treatment, and meetings with physicians in a private setting.
* Provide consent before being recorded or filmed for reasons other than patient care.
* Receive care in a safe setting, free from abuse, neglect, and being taken advantage of. This includes, but is not limited to, freedom from verbal, mental, physical, and sexual abuse, and physical punishment.
* Be free from physical or chemical restraint or seclusion against your will that is not medically needed for your safety or to treat your medical condition
* To have your pain treated as quickly and effectively as possible.
* Be told by your health care team about any care instructions needed after discharge
* Discuss ethical issues regarding care with a provider

**Medical Records**

***You have the right to:***

* Have your medical records be kept private and secure and be reviewed or released, within a reasonable amount of time, when you or your legal representative give written permission, as stated by hospital policy and state law.
* Request changes to your medical record and obtain information about any sharing of your health information, within a reasonable timeframe, as stated by hospital policy and state law.

**Hospital Bill**

***You have the right to:***

* Request and receive an itemized and detailed explanation of the total bill for services provided by the hospital
* Receive information about the cost of services provided, detailed, when possible, within a reasonable period of time.
* Receive information about your financial concerns from a Cameron Financial Counselor.

**YOUR RESPONSIBILITIES**

**Provide Information**

* Provide complete and accurate personal information, including your full name, address, phone number, date of birth, social security number, family or significant other contact information, insurance carrier, and employer, if necessary.
* Provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medications (including vitamins, herbal products, and illegal drugs) and any other issues that pertain to your health, plan of care, or safety.
* Provide a copy of your advance directive if you have one.

**Ask Questions and Follow Instructions**

* Ask questions of the care team if you do not understand what you have been told.
* Inform your care team if you feel you cannot follow the advice and orders of your physician(s).
* Report any changes in your condition or symptoms to the care team immediately.

**Accept the Results of Not Following Instructions**

* Accept the results of any refusal of treatment or of not following the recommended plan of care.
* Accept that leaving the hospital against medical advice may lead to nonpayment by your insurance company.

**Cooperation:**

* Follow the rules of the hospital, as provided to you verbally or descried in printed material.
* Leave valuables at home.
* Keep all information about hospital staff and other patients private.
* Do not take pictures, videos, or recordings without permission from staff.
* Be considerate and maintain respectful behavior and words when speaking with your fellow patients, visitors, physicians, and staff.

**Hospital Bill**

* Know treatment costs, as much as they can be known
* Give current and accurate insurance/billing information
* Get precertification, if required by your insurance company
* Pay your bills or work with the hospital to obtain help in meeting your financial responsibility