HOSPITAL PATIENT RIGHTS
Spooner Health encourages patients to exercise their rights. Policies and procedures are maintained by the facility to ensure that the rights of each patient are protected by all personnel. The rights of minor-aged patients shall include their parents or guardians.

As a patient at Spooner Health, you have the right to:

MEDICAL CARE AND TREATMENT
- Receive appropriate care without discrimination regardless of race, color, creed, sex, national origin, ancestry, newborn status, beliefs, values, language, functional status, age, sexual orientation, disability, religion, marital status, or source of payment.

- Know who has overall responsibility for your care and the identity and professional status of the people caring for you.

- Refuse care from any specific health care provider.

- Choose your own physician.

- Participate in the planning of your medical care, including discharge planning.

- Refuse medical treatment to the extent permitted by law, and to be informed of the consequences of that refusal.

- Be informed of the need for, alternative to, and acceptance by another facility when transfer to that facility is planned.

- Receive appropriate evaluation and management of pain.

- Receive emotional and spiritual support for you and your family. You may request your pastor be notified of your hospitalization.

- Complete an advance directive such as a “Living Will” or “Power of Attorney for Health Care,” and to have health care providers comply with your directives.

- A patient who receives treatment for mental illness, a developmental disability, alcohol abuse or drug abuse shall be recognized as having, in addition, the rights listed under s 51.61, Stats, and chapter HFS.94
• Make a complaint or grievance about your care or the organization to any employee. Complaints are to be investigated in a timely manner; you should receive notice of the conclusion and resolution of your complaint. If your problem or grievance cannot be resolved by the facility, you may contact the Bureau of Quality Assurance, 2917 International Lane, Suite 300, Madison, WI 53704; Telephone Number: 1-(608)-243-2024.

• Refuse to participate in medical research.

• Receive appropriate care for symptoms that will respond to treatment, even if they are not related to your primary health care condition.

• Consult with a specialist at your request and expense.

DIGNITY AND RESPECT
• Be treated with courtesy, dignity, and respect with recognition of your individuality and personal needs.

• Wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.

• Request a transfer to another room if another patient or visitors in your room are unreasonably disturbing you.

• Care and treatment that respect your values, beliefs, and life philosophy.

• Participate in ethical questions that arise in your health care. Spooner Health has an ethics committee that can assist with resolution of ethical issues.
PRIVACY AND CONFIDENTIALITY

- Have a family member (or other representative of your choosing) and your own physician notified promptly of your hospital admission.

- Be interviewed and examined in surroundings designed to ensure reasonable audiovisual privacy. This includes the right to have a person of one’s own sex present during certain parts of a physical examination, treatment or procedure performed by a health professional of the opposite sex; and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which you were asked to disrobe.

- Refuse to talk with or see anyone not officially connected with the hospital, including visitors; or persons officially connected with the hospital who are not directly involved in your care.

- Expect that any discussion or consultation involving your case will be conducted discreetly, and that individuals not directly involved in your care will not be present without your permission.

- Have your medical record read only by individuals directly involved in your treatment or the monitoring of its quality, and by other individuals only on your written authorization or that of your legally authorized representative.

- Expect all communications and records pertaining to your care, including the source of payment for treatment, to be treated as confidential.

- Be free to communicate with others in person or by phone, visit in private with anyone you may choose, and to receive and send sealed, unopened mail. Visitation privileges may not be denied to anyone on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.

- Involve or exclude anyone in your care decisions.

- Restrict visitors and phone calls as you wish (notify your nurse).

- Expect that all non-emergency staff will alert you before they enter your room.
INFORMATION

- Have access to your medical record.
- Examine and receive an explanation of your bill, regardless of the source of payment for your care.
- Timely notice prior to the termination of your eligibility for reimbursement by any third party payer for the cost of your care.
- Receive information regarding financial assistance.
- Receive from your physician, current information about your diagnosis, course of treatment(s), and prognosis in terms you can understand.
- Receive from your physician, except in emergencies, information that enables you to give informed consent prior to beginning any procedure or treatment.
- Receive information regarding the relationship of Spooner Health to other health care or educational institutions involved in your care.
- Know that all Spooner Health staff are educated about patient rights.
- Receive a written statement of patient rights and responsibilities, including rules and regulations regarding your conduct as a patient.
- Receive appropriate communication aides. Spooner Health can access translation services.
- Delegate anyone including a legally authorized representative, to receive information about your admission, medical treatment, diagnosis, and prognosis.
SAFETY

- Receive care and treatment, if you are confused or disoriented, in a manner that will keep you safe and well. Any physical or chemical restraints will be used in the least restrictive manner possible. They may only be used if they are required to treat your medical symptoms, not for purposes of discipline or convenience. Your physician must order any use of restraints and specify the duration and circumstances under which restraints are to be used, except in emergency circumstances.

- Receive appropriate evaluation and provision of protective services.

- Be treated in a safe and smoke-free environment.

- Be free from all forms of harassment and abuse.