

Advance Directives

You will receive information about Advance Directives. You will have an opportunity to create an Advance Directive, and appoint a surrogate to make health care decisions on your behalf, to the extent permitted by law. Your Advance Directive will be made part of your permanent medical record, and the terms of your Advance Directive will be followed by the staff, to the extent allowed by law. You will receive care even though you may not have an Advance Directive.

Protection of your Information

You, and/or any person you authorize, have the right to obtain (from the physician or other practitioner responsible for coordinating your care) complete and current information about your diagnosis, course of treatment and any known prognosis for recovery. You, or any person authorized by law, have a right to access your medical record. You have a right to access, request changes to, and receive an accounting of disclosures regarding your own health information as permitted under applicable law. You, or your legal representative, have a right to be informed about the outcomes of care, treatment and services, including unanticipated outcomes.

What is your role in your health care?

- Provide a complete and accurate medical history.
- Comply with hospital rules and cooperate in your own treatment.
- Be considerate of other patients and staff by not making unnecessary noise, smoking, or causing disturbances.
- Refrain from physical and psychological abuse and intimidation.
- Provide required information concerning payment and charges.
- Notify your physician or nurse about any unexpected change in your condition that concerns you.
- Ask any questions when you do not understand what you have been told about your health care. If you don't understand, ask again.

Help with your Bill and Insurance

You have a right to examine your hospital bill and receive an explanation of the bill, regardless of your source of payment. You will receive, upon request, information relating to financial help available through the hospital. You have the right to timely notice before the date you are no longer eligible for reimbursement by any third-party payer. In addition, you have the right to:

- Receive, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- Know, upon request, and in advance of treatment, whether the health care provider or health care facility accepts Medicare assignment.
- Receive, upon request, before treatment, a reasonable estimate of charges for medical care.

Questions, Comments or Concerns

We value your feedback. If you have a concern, please contact any staff member. Please contact a manager at the site at which you received care if you would like more information on our policy and procedure on complaints. This information would include how to submit a complaint, how complaints are reviewed, time frame for review of complaints, when to expect a written response, and what the outcomes of complaints may be. You also may contact a manager or administrator at the site at which you received care if you have a complaint that has not been addressed.

Aurora Lakeland Medical Center	262-741-2000
Aurora Medical Center Bay Area	715-735-4200
Aurora Medical Center in Grafton	262-329-1000
Aurora Medical Center in Kenosha	262-948-5600
Aurora Medical Center in Manitowoc County	920-794-5000
Aurora Medical Center in Oshkosh	920-456-6000
Aurora Medical Center in Summit	262-434-1000
Aurora Medical Center in Washington County	262-673-2300
Aurora Medical Center in Burlington	262-767-6000
Aurora Psychiatric Hospital	414-454-6600
Aurora Medical Center Sheboygan County	920-451-5000
Aurora Sinai Medical Center	414-219-2000
Aurora St. Luke's Medical Center	414-649-6000
Aurora St. Luke's South Shore	414-489-9000
Aurora West Allis Medical Center	414-328-6000
Aurora Medical Center Mount Pleasant	262-799-8700

You also have the right to file a complaint by contacting:

Wisconsin Division of Quality Assurance
P.O. Box 2969
Madison, WI 53701-2969
Phone: 608-266-8481 or 800-642-6552
Fax: 608-267-0352
(www.dhs.wisconsin.gov/guide/complaints.htm)

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Tel: 800-994-6610
Fax: 630-792-5636
(www.jointcommission.org)

DNV Healthcare
400 Techne Center Drive Suite 100
Milford, OH 45150
Tel: 866-496-9647
Email: hospitalcomplaint@dnv.com
www.dnv.us/assurance/healthcare/index.html



We are  Advocate Aurora Health

aurora.org



Patient Rights and Responsibilities



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At Aurora Health Care, we are committed to providing excellent care in the most personal, sympathetic, confidential and dignified manner possible. We make every effort to respond to our patients' and their families' psychosocial, spiritual and cultural value concerns. We use our resources to help prevent illness, restore and maintain health, and provide support, pain management and comfort when death is inevitable.

We believe that a patient's rights and responsibilities are an integral part of health care. You have rights as a patient, including the right to make decisions about your health care. The following information outlines your rights and responsibilities and is given to every patient and/or designated representative under Wisconsin State law. An Ethics Committee is available to support those making difficult health care decisions.

What are your rights?

- You have the right to be informed about the care you will receive.
- You have the right to get important information about your care in your preferred language.
- You have the right to get information in a manner that meets your needs, if you have vision, speech, hearing or mental impairments.
- You have the right to make decisions about your care.
- You have the right to refuse care.
- You have the right to know the names of the caregivers who treat you.
- You have the right to a clean and safe environment.
- You have the right to have your pain addressed.
- You have the right to receive care free from all forms of verbal, physical, sexual, emotional abuse, neglect, exploitation, harassment or discrimination. This means you will not be treated differently because of:

Age	Marital status
Race	Sexual orientation
Ethnicity	Newborn status
Religion	Socioeconomic status
Culture	Source of payment
Language	Physical or mental disability
Gender	Gender identity or expression
Transgender	Handicap
Size	

- You have the right to be treated with courtesy and respect.
- You have the right to have a patient representative with you during your care. Your representative can be a family member or friend of your choice.
- You and your representative, if applicable, will have the opportunity to participate to the fullest extent possible in planning for your care and treatment.

Respect and Dignity

- You have the right to privacy when being interviewed, examined or treated.
- You have the right to be free from restraints.
- You have the right to be free from all forms of abuse or harassment.

Visitation and Communication Rights

You have the right to name persons who are permitted to visit you during your hospital stay. These visitors include, but are not limited to, a spouse, domestic partner (including same-sex domestic partner), another family member and/or friend. You have the right to withdraw or deny your consent for these visitors at any time. Visitors will not be restricted or limited or otherwise denied visitation rights on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. In some cases, due to clinical or safety reasons, visits may need to be limited. In such cases the hospital will discuss this with you and/or a family member.

You have the right to communicate with people outside the hospital, by means of visitors and by verbal and written communication. When you do not speak or understand the predominant language of the community, you will have access to an interpreter. You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.

Protection of your Privacy and Confidentiality

You have the right to privacy – this means you have the right to:

- Refuse to talk to or see anyone not officially connected to the hospital (including anyone connected with the hospital who is not directly involved in your care).
- Wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
- Have your medical record, including all computerized medical information, read only by persons directly involved in your treatment or in monitoring and evaluating your care or charges, unless otherwise requested by you. Other persons may have access only with your written consent or that of your legally authorized representative.
- Expect all communications and other records about your care, including source of payment for treatment, to be treated as confidential.

What is “informed consent”?

Informed consent means that you understand your treatment choices and their risk as follows:

- Except in emergencies, you or your legally authorized representative's consent will be obtained before treatment is given.
- You may refuse treatment to the extent permitted by law and will be informed of the medical consequences of the refusal.
- To the degree possible, responses to your questions and requests should be based on a clear, concise explanation of your condition and of all proposed technical procedures. Explanation will include the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success.
- You should not be subjected to any procedure without your consent, or that of your legally authorized representative.
- You will be informed whenever medically significant alternatives for care or treatment exist.

- You have the right to know who is responsible for authorizing and performing the procedures or treatments.
- You have a right to give informed consent to be filmed or photographed, a right to request that filming or photographing be stopped and a right to rescind the consent.

Research Studies

You may be asked to participate in a research study. Taking part in such studies is your choice. If you decide not to participate, this will not affect the quality of the care you receive. You or your legally authorized representative will give informed consent for your participation in any form of research.

Continuity of Care

The success of your treatment often depends on your efforts to follow medication, diet and therapy plans. Your family may need to help care for you at home. You can expect us to help you find sources of follow-up care, and as long as you agree that we can share information about your care with them, we will coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

- Except in the event of an emergency, you will not be transferred to another facility without being given a full explanation for the transfer, without provisions being made for continuing care and without acceptance by the facility to which you are transferred.
- You have the right to request a discharge planning evaluation. Your nurse may assist you with this process.
- Consultation: You have the right, at your own request and expense, to consult with a specialist. You have the right to access protective services. Help is provided and referrals are made according to Wisconsin State law. Resource information is provided upon request.