

As a Mercy Care Center Patient (or legal representative), it is your right:

Respect and Dignity

- To receive considerate, respectful and compassionate care, treatment or services regardless of age, race, culture, ethnicity, language, marital status, disability, socioeconomic status, religion, sexual orientation, gender identity or expression, or limited English proficiency.
- To have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected and to receive spiritual support from a chaplain, clergy or minister for religious and/or spiritual practices.
- To be referred to by a preferred name and preferred gender identity.
- To identify an individual of your choosing to serve as your legal representative and to have this person be informed of your rights as a patient.
- To request a chaperone to be present during any examination provided by a physician or clinical staff.
- To complete an advance directive and have your stated wishes followed, in accordance with the Ethical and Religious Directives for Catholic Health Services.
- To receive care in a safe setting and to be free from all forms of abuse, neglect, and harassment.
- To have your pain treated as effectively as possible with the goal of maximizing your comfort.
- To be free from restraints and seclusion in any form, unless clinically necessary or in an emergency situation to protect you and/or others from harm.

Privacy and Confidentiality

- To personal privacy that includes confidential discussions, examinations and treatments.
- To a confidential clinical record, unless disclosure is permitted by law.
- To review and acknowledge The Notice of Privacy Practices.

Information and Communication

- To be informed of your rights and responsibilities in advance of receiving or discontinuing patient care, treatment, or services whenever possible.
- To be told by your physician of the diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes.
- To make informed choices about the care, treatment and services provided including the decision to refuse treatment.
- To have prompt notification of your hospitalization to your personal physician, family member or representative.
- To receive effective communication in your preferred manner, such as language interpreter and alternative communication techniques or aides for the deaf, hard of hearing and blind.
- To participate in the development and implementation of your plan of care or your representative has the right to make informed decisions regarding your care. This includes being informed of your health status, being involved in your care, planning and treatment, and being able to request or refuse treatment. This right shall not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- To be informed of your (or your support person's, where appropriate) visitation rights, including any clinical restriction or limitation on such rights and your right to receive visitors whom you designate, subject to your consent, including but not limited to, a spouse, domestic partner (including same-sex domestic partner), family member or friend and your right to withdraw or deny such consent at any time. Visitors shall not be restricted, limited or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors shall enjoy full and equal visitation privileges consistent with patient preferences.
- To ensure a family's right of informed consent for organ and tissue donation.
- To be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.
- To be told the reason for your transfer either within or outside the hospital.
- To access the cost, itemized when possible, of services rendered within a reasonable period of time.
- To be informed of the source of the clinic's reimbursement for your services and of any limitations which may be placed upon your care.
- To access, request amendment to, and obtain information on disclosures of your health information, in accordance with law and regulation.
- To know the identity and professional status of individuals responsible for, and providing, your care treatment and services.

- To know the reasons for any proposed change in the professional staff responsible for your care.
- To know the relationship(s) of the clinic to other persons or organizations participating in the provision of care.
- To express dissatisfaction or complaints about the care, treatment, and services you received. Complaints can be addressed in person with a nurse, physician, or department leader, or by calling the Mercy Care Center Executive Director at 773-451-0465. Complaints may also be reported directly to:

Illinois Department of Public Health
122 S. Michigan Ave, Chicago, IL 60603
Email: dph.ccr@illinois.gov
800-252-4343 or 800-547-0466 (TTY) or
- If you are a Medicare recipient, you may request a review directly by contacting:
Quality Improvement Organization (QIO)
KEPRO: 1-855-408-8557

As a Mercy Care Center patient (or legal representative), it is your responsibility:

Personal Information

- To provide complete and accurate information, including your full name, address, telephone number to be reached, date of birth, Social Security number, insurance carrier and employer when it is required.
- To provide your doctor with a copy of your advance directive if you have one.
- To provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
- To provide complete and accurate information about your health insurance coverage and to pay medical bills in a timely manner.

Self-Care

- To ask questions when information or instructions is not understood and if you believe you cannot follow through with the treatment plan, it's your responsibility to inform the physician.
- To be responsible for the outcomes if the care, treatment, and service plan is not followed.
- To actively participate in your pain management plan and to keep physicians and nurses informed of the effectiveness of treatment.

Personal Responsibility

- To treat all clinic staff, other patients, and visitors with courtesy and respect; abide by all clinic rules and safety regulations; and be mindful of noise levels, and number of visitors and honor the privacy of other patients, physicians and staff members.
- To keep appointments, be on time, and call your health care provider if you cannot keep your appointments.