You are responsible for:

1. Giving your health care providers accurate and complete information about your medical history.
2. Following the requests made by your health care providers about your care, behavior and safety.
3. Following requests about the number of people who visit you or the length of their visits. You and your visitors should not be noisy, threatening or disruptive.
4. Showing respect for other patients, staff members and property.
5. Following the Tobacco-Free Environment Policy. The use of tobacco products of any form, including electronic cigarettes, smokeless tobacco, vaping devices and nicotine delivery devices, is NOT allowed on OSF HealthCare property.
6. Giving accurate and complete information when filling out an application for financial assistance.
7. Giving your health care providers copies of your advance directives. Advance directives are legal papers that tell us what you want to happen if you cannot make your own decisions about your care. These papers can include a power of attorney (POA) for health care, a living will, a do-not-resuscitate (DNR) form or a physician orders for life-sustaining treatment (POLST) form.
8. Telling your health care providers if your pain continues or gets worse. You are responsible for working with them to develop a plan to manage your pain.
9. Following the requests made by your health care providers about your care, behavior and safety.
10. If a concern you have shared directly with the patient advocate is not resolved, you may contact the Joint Commission at: Fax: (630) 792-5636

SAFETY AND RESPECT
You are responsible for:

1. Keeping appointments. If you cannot keep an appointment, you are responsible for telling the doctor’s office before the appointment.
2. Following the Tobacco-Free Environment Policy. The use of tobacco products of any form, including electronic cigarettes, smokeless tobacco, vaping devices and nicotine delivery devices, is NOT allowed on OSF HealthCare property.
3. Keeping appointments. If you cannot keep an appointment, you are responsible for telling the doctor’s office before the appointment.

If you have a complaint or concern about your care, please contact the facility directly using the information below:

OSF HealthCare Holy Family Medical Center
Administration | (309) 734-1400 | Monmouth, IL  61462
OSF HealthCare Heart of Mary Medical Center
Patient Advocate | (217) 641-2136 | Urbana, Illinois 61801
OSF HealthCare Sacred Heart Medical Center
Patient Advocate | (217) 554-6888 | Danville, Illinois 61832
OSF HealthCare Saint Anthony Medical Center
Patient Experience | (815) 381-7723 | Rockford, IL 61108
OSF HealthCare Saint Anthony’s Medical Center
Patient Experience | (618) 474-6395 | Alton, Illinois 62002
OSF HealthCare Saint Elizabeth Medical Center
Service Excellence | (815) 431-5527 | Ottawa, IL 61350
OSF HealthCare Saint Francis Medical Center
Patient Experience | (309) 655-2222 | Peoria, IL 61637

Patient Rights & Responsibilities (Illinois)

Our Mission
In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the Gift of Life.

At OSF HealthCare

We want to treat all our patients with dignity. This is very important to us. We focus on the needs of each patient within the means of OSF HealthCare. We give considerate and respectful care to our patients. We follow the OSF HealthCare Mission and the law. We also follow the Ethical and Religious Directives for Catholic Health Care Services.

We are committed to honoring your rights as a patient. We want you to be an active partner in your care so you can help us meet your needs. That is why we ask you to share in some responsibilities. Your rights and responsibilities are explained in this brochure.
Your Rights

PERSONAL
You have the right to:

1. Be treated with respect and dignity.
2. Have your privacy protected.
3. Have your beliefs and values respected.
4. Have your spiritual needs and your family’s spiritual needs met.
5. Ask and talk about the ethics of your care. This includes deciding if you want to be revived (or receive other life-saving treatment) if you stop breathing. We will help you and the members of your family agree on these decisions.
6. Have your wishes about organ donation followed.

COMMUNICATION
You have the right to:

1. Have your doctor and a family member or person that you choose told when you are admitted to the hospital.
2. Get information in a way that you understand, in the language of your choice. We will provide interpreters and translation if needed. We will help if you have vision, speech or hearing problems.
3. Be involved in all aspects of your care. This includes your discharge plan. You have the right to take part in all your health care decisions. This includes the right to refuse treatment and services.
4. Know the names of your health care providers. Your health care providers are the doctors, nurses, therapists and other professionals caring for you. You have the right to know if any of your providers are in training.
5. Get information about the results of your care that were unexpected.

INFORMED DECISIONS
You have the right to:

1. Get information about your treatment in a way you understand before you give permission to have it done. This is called “informed consent,” which includes a discussion about the options, possible benefits and problems, risks, side effects and the chances of success of the treatment. Informed consent is not required in an emergency.
2. Have the hospital staff get your permission before they take photos, recordings or films of you if the reason is not for your care.
3. Decide if you want to take part in research and studies about your condition. You have the right to have those studies clearly explained to you before you decide.

ADVANCE DIRECTIVES
Advance Directives are legal papers that tell us what you want to happen if you cannot make your own decisions about your care. These papers can include a power of attorney (POA) for health care, a living will, a do-not-resuscitate (DNR) form or a physician orders for life-sustaining treatment (POLST) form.

You have the right to: Have your advance directives followed if they are available. If your advance directives are not available and you cannot speak for yourself, emergency life-saving treatment will be provided until your wishes are known. Please ask for help with advance directives if needed.

OSF HealthCare will not participate in any directly intended cause of harm to a patient that will result in the death of the patient or that constitutes directly taking the life of the patient or of a third party, including euthanasia, suicide or physician-assisted suicide. This position is protected by Illinois law. *Illinois law also protects the beliefs of conscience of individual health care providers. If a provider is unable, based on conscience, to comply with any part of an advance directive, an alternate provider will be made available to the patient.


RECEIVING CARE
You have the right to:

1. Receive health care. Your age, race, color, creed, national origin, language, disability, source of payment, sex, sexual orientation or gender identity does not affect your right to receive health care.
2. Receive a medical screening exam in the emergency room (ER). You have the right to have your emergency condition stabilized in the ER. You will receive a prompt and safe transfer to the care of others if we are not able to meet your requests or medical needs.
3. Be free from neglect or mistreatment. You have the right to be free from verbal, mental, physical or sexual abuse.
4. Receive care without being restrained. We will use restraints only to keep you and others safe. You will be restrained only if other methods do not protect you or others. Restraints will not be used as punishment.
5. Expect that your health care providers will work with you to manage your pain.
6. Receive care to make you as comfortable as possible at all stages of life, including end-of-life care.

CHARGES AND BILLS
You have the right to:

1. Ask for and receive an itemized bill.
2. Receive an explanation of your bills.
3. Ask for and receive an application for financial assistance. The application for financial assistance is available online at http://osfhealthcare.org/billing/

PROTECTIVE SERVICES
You have the right to:

Get help if you are identified as a possible victim of abuse or neglect. This includes child or adult protective services or guardianship.

COMPLAINTS AND CONCERNS
You have the right to:

1. Tell staff members if you have complaints or concerns about your care.
2. Have your complaints or concerns resolved timely.
3. Report a complaint or recommend a change without retaliation or interruption of care.

If you have a concern, comment or compliment about your care, please see the list of contacts on the back of this brochure.

A parent or guardian who is authorized by law has these rights for the patient. The parent or guardian must carry out these responsibilities for the patient.
You have the right to:

1. Be treated with respect and dignity.
2. Have your privacy protected.
3. Have your beliefs and values respected.
4. Have your spiritual needs and your family’s spiritual needs met.
5. Ask and talk about the ethics of your care. This includes deciding if you want to be revived (or receive other life-saving treatment) if you stop breathing. We will help you and the members of your family agree on these decisions.
6. Have your wishes about organ donation followed.

**ADVANCE DIRECTIVES**

Advance Directives are legal papers that tell us what you want to happen if you cannot make your own decisions about your care. These papers can include a power of attorney (POA) for health care, a living will, a do-not-resuscitate (DNR) form or a physician orders for life-sustaining treatment (POLST) form.

You have the right to:

1. Have your advance directives followed if they are available. If your advance directives are not available and you cannot speak for yourself, emergency life-saving treatment will be provided until your wishes are known. Please ask for help with advance directives if needed.
2. Have your advance directives followed if they are available.
3. Decide if you want to take part in research and studies about your condition. You have the right to have those studies clearly explained to you before you decide.

**CHARGES AND BILLS**

You have the right to:

1. Ask for and receive an itemized bill.
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**PROTECTIVE SERVICES**

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Get help if you are identified as a possible victim of abuse or neglect. This includes child or adult protective services or guardianship.

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1. Tell staff members if you have complaints or concerns about your care.
2. Have your complaints or concerns resolved timely.
3. Report a complaint or recommend a change without retaliation or interruption of care.

If you have a concern, comment or compliment about your care, please see the list of contacts on the back of this brochure.

**INFORMED DECISIONS**

You have the right to:

1. Get information about your treatment in a way you understand before you give permission to have it done. This is called “informed consent,” which includes a discussion about the options, possible benefits and problems, risks, side effects and the chances of success of the treatment. Informed consent is not required in an emergency.
2. Have the hospital staff get your permission before they take photos, recordings or films of you if the reason is not for your care.
3. Decide if you want to take part in research and studies about your condition. You have the right to have those studies clearly explained to you before you decide.

**RECEIVING CARE**

You have the right to:

1. Receive health care. Your age, race, color, creed, national origin, language, disability, source of payment, sex, sexual orientation or gender identity does not affect your right to receive health care.
2. Receive a medical screening exam in the emergency room (ER). You have the right to have your emergency condition stabilized in the ER. You will receive a prompt and safe transfer to the care of others if we are not able to meet your requests or medical needs.
3. Be free from neglect or mistreatment. You have the right to be free from verbal, mental, physical or sexual abuse.
4. Receive care without being restrained. We will use restraints only to keep you and others safe. You will be restrained only if other methods do not protect you or others. Restraint will not be used as punishment.
5. Expect that your health care providers will work with you to manage your pain.
6. Receive care to make you as comfortable as possible at all stages of life, including end-of-life care.

**HEALTH RECORDS**

You have the right to:

1. Ask for and receive a copy of your health records within a reasonable amount of time.
2. Have your health records kept private.
3. Ask for corrections to your health records.
4. Know if your information is shared with others.


**COMMUNICATION**

You have the right to:

1. Have your doctor and a family member or person that you choose told when you are admitted to the hospital.
2. Get information in a way that you understand, in the language of your choice. We will provide interpreters and translation if needed. We will help if you have vision, speech or hearing problems.
3. Be involved in all aspects of your care. This includes your discharge plan. You have the right to take part in all your health care decisions. This includes the right to refuse treatment and services.
4. Know the names of your health care providers. Your health care providers are the doctors, nurses, therapists and other professionals caring for you. You have the right to know if any of your providers are in training.
5. Get information about the results of your care that were unexpected.

**HEALTH RECORDS**

You have the right to:

1. Ask for and receive a copy of your health records within a reasonable amount of time.
2. Have your health records kept private.
3. Ask for corrections to your health records.
4. Know if your information is shared with others.

**PERSONAL**

You have the right to:

1. Be treated with respect and dignity.
2. Have your privacy protected.
3. Have your beliefs and values respected.
4. Have your spiritual needs and your family’s spiritual needs met.
5. Ask and talk about the ethics of your care. This includes deciding if you want to be revived (or receive other life-saving treatment) if you stop breathing. We will help you and the members of your family agree on these decisions.
6. Have your wishes about organ donation followed.
You are responsible for:

1. Giving your health care providers accurate and complete information about your medical history. Your health care providers are the doctors, nurses, therapists and other professionals caring for you. Your medical history includes past illnesses, hospital stays, pain, drugs, sensitivities or allergies, and any other facts about your health.
2. Telling your health care providers if there is a change in your condition.
3. Telling your health care providers if you have a reaction to your treatment.
4. Telling your health care providers if your pain continues or gets worse. You are responsible for working with them to develop a plan to manage your pain.
5. Giving your health care providers copies of your advance directives. Advance directives are legal papers that tell us what you want to happen if you cannot make your own decisions about your care. These papers can include a power of attorney (POA) for health care, a living will, a do-not-resuscitate (DNR) form or a patient’s wishes form. If you do not have an advance directive, we will follow your wishes as stated in our consent form.
6. Telling staff members right away if you think your rights have been violated.
7. Giving accurate insurance information so that your bills are processed correctly. You are responsible for paying your bills on time.
8. Giving accurate and complete information when filling out an application for financial assistance.

If you have a complaint or concern about your care, please contact the facility directly using the information below:

OSF HealthCare Holy Family Medical Center  
Administration | (309) 734-1400 | Monmouth, IL 61462
OSF HealthCare Heart of Mary Medical Center  
Patient Advocate | (217) 841-2136 | Urbana, Illinois 61801
OSF HealthCare Sacred Heart Medical Center  
Patient Advocate | (217) 554-6888 | Danville, Illinois 61832
OSF HealthCare Saint Anthony Medical Center  
Patient Experience | (815) 381-7723 | Rockford, IL 61108
OSF HealthCare Saint Anthony’s Health Center  
Patient Experience | (618) 474-6395 | Alton, Illinois 62002
OSF HealthCare Saint Elizabeth Medical Center  
Service Excellence | (815) 431-5527 | Ottawa, IL 61350
OSF HealthCare Saint Francis Medical Center  
Patient Experience | (309) 655-2222 | Peoria, IL 61637

If a concern you have shared directly with the facility or the physician office was not addressed to your satisfaction, you may contact:

OSF HealthCare Mission and the law. We also follow the Ethical and Religious Directives for Catholic Health Care Services.

We are committed to honoring your rights as a patient. We want you to be an active partner in your care so you can help us meet your needs. That is why we ask you to share in some responsibilities. Your rights and responsibilities are explained in this brochure.
Your Responsibilities

PROVIDING INFORMATION
You are responsible for:
1. Giving your health care providers accurate and complete information about your medical history. Your health care providers are the doctors, nurses, therapists and other professionals caring for you. Your medical history includes past illnesses, hospital stays, pain, drugs, sensitivities or allergies, and any other facts about your health.
2. Telling your health care providers if there is a change in your condition.
3. Telling your health care providers if you have a reaction to your treatment.
4. Telling your health care providers if your pain continues or gets worse. You are responsible for working with them to develop a plan to manage your pain.
5. Giving your health care providers copies of your advance directives. Advance directives are legal papers that tell us what you want to happen if you cannot make your own decisions about your care. These papers can include a power of attorney (POA) for health care, a living will, a do-not-resuscitate (DNR) form or a physician orders for life-sustaining treatment (POLST) form.
6. Telling staff members right away if you think your rights have been violated.
7. Giving accurate insurance information so that your bills are processed correctly. You are responsible for paying your bills on time.
8. Giving accurate and complete information when filling out an application for financial assistance.

RECEIVING OR REFUSING CARE
You are responsible for:
1. Asking questions if you do not understand your agreed plan of care.
2. Following the instructions from your health care providers. You are responsible for asking questions if you do not understand those instructions.
3. Accepting the results if you refuse treatment or if you do not follow the instructions from your health care providers.
4. Keeping appointments. If you cannot keep an appointment, you are responsible for telling the doctor’s office before the appointment.

SAFETY AND RESPECT
You are responsible for:
1. Following the requests made by your health care providers about your care, behavior and safety.
2. Following requests about the number of people who visit you or the length of their visits. You and your visitors should not be noisy, threatening or disruptive.
3. Showing respect for other patients, staff members and property.
4. Following the Tobacco-Free Environment Policy. The use of tobacco products of any form, including electronic cigarettes, smokeless tobacco, vaping devices and nicotine delivery devices, is NOT allowed on OSF HealthCare property.

ATENCIÓN: si habla español, tiene a disposición servicios gratuitos de asistencia lingüística. OSF HealthCare cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. OSF HealthCare postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.

If a concern you have shared directly with the facility or the physician office was not addressed to your satisfaction, you may contact:

Joint Commission: Fax (630) 792-9636 | www.jointcommission.org
Use "Report a Patient Safety Event" link in the "Action Center" Mail to: The Office of Quality & Patient Safety
The Joint Commission
One Renaissance Boulevard, Oakbrook Terrace, IL 60181

Illinois Department of Public Health
(800) 252-4343 | TTY (800) 547-0466
http://www.idph.illinois.gov/topics-services/
health-care-regulation/complaints
535 West Jefferson Street, Springfield, IL 62761

Livanta LLC - Medicare Quality Improvement Organization (QIO) for Illinois
Toll-free 1-888-524-9900
TTY 1-888-985-8775 | www.livantaqio.com

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OSF HealthCare Saint Francis Medical Center
Patient Experience | (309) 655-2222 | Peoria, IL 61637

OSF HealthCare Saint James – John W. Albrecht Medical Center
Patient Representative | (815) 842-6815 | Pontiac, IL 61764

OSF HealthCare St. Joseph Medical Center
Patient Advocate | (309) 665-5799 | Bloomington, IL 61701

OSF HealthCare Saint Luke Medical Center
Administration | (309) 852-7525 | Kewanee, IL 61443

OSF HealthCare St. Mary Medical Center
Administration | (309) 344-3161 | Galesburg, IL 61401

OSF HealthCare Saint Paul Medical Center
Patient Advocate | (815) 539-1628 | Mendota, IL 61342

OSF HealthCare Little Company of Mary Medical Center
Patient Advocate | (708) 229-6043, Evergreen Park, IL 60085

OSF Medical Group, OSF PromptCare, OSF Urgo or Care Station
Contact the office directly and ask to speak with the manager.

Patient Rights & Responsibilities (Illinois)

Our Mission
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We want to treat all our patients with dignity. This is very important to us. We focus on the needs of each patient within the means of OSF HealthCare. We give considerate and respectful care to our patients. We follow the OSF HealthCare Mission and the law. We also follow the Ethical and Religious Directives for Catholic Health Care Services.

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