

Patient Rights & Responsibilities

Vernon Memorial Healthcare (“VMH”) is committed to respecting and protecting the rights of its patients. This bill of rights provides information about our commitment to you and our community. Please carefully review both your rights and responsibilities.

Your Rights

As a patient, I, and/or my legally authorized representative, have the right to:

Receive respect

- Not be denied appropriate care because of race, creed, color, national origin, ancestry, religion, gender, sex, sexual orientation, gender identity, marital status, age, newborn status, disability, or source of payment.
- Be treated with consideration, respect, and recognition of my individuality and personal needs, including the need for privacy in treatment.
- Be given care and an experience that is free from all types of abuse, neglect, or misappropriation and that supports respect, dignity, and comfort.
- Be free of restraints or seclusion.
- Be given care and an experience that supports special needs I may have, including free language services for people whose primary language is not English, such as qualified interpreters and information written in other languages.

Participate actively in care

- Be informed about Vernon Memorial Healthcare’s services, health care providers, admission, transfer, discharge, billing policies, and my rights and responsibilities as a patient.
- Appoint a support person.
- Participate to the fullest extent possible in planning for care and treatment.
- Be treated in a safe environment, free of obvious hazards, or relocated to an alternate setting should evacuation be necessary.
- Consent to treatment (except in emergencies) before treatment is administered.
- Revoke any consent or authorization.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of refusal.
- Provide informed consent before participating in any form of research.
- Decide whether student caregivers will be a part of my care team.
- Receive current information about my health, diagnosis, course of treatment, and recovery in the simplest terms possible.
- Formulate an advanced directive and describe in writing, my choices about the treatment(s) I want or do not want and/or about how health care decisions should be made for me if I become incapacitated and cannot express my wishes.
- Know who has overall responsibility for my care.
- Choose or change my provider from among the staff of qualified health care professionals.
- Not be transferred to another facility (except in emergencies) without being given a full explanation for the transfer, without provision being made for continuing care, and without acceptance by the receiving institution.
- Access protective and advocacy services or have these services accessed on my behalf.

Demonstrate accountability

- Designate visitors that I choose to receive, within reasonable limitations, and a right to deny a visitor at any time (see Visitor Policy).
- Examine, and receive an explanation of, any bill that I receive from VMH and, upon request, information relating to financial assistance available through the organization.

Understand practices that include information

- Expect confidentiality regarding my health information, including all computerized medical information, as required by law.
- Receive a written notice of how health care information may be disclosed and how I can get access to this information. To request this list or accounting of disclosures, I must submit my request in writing to the Manager, Health Information Management. My request must state a time period, not longer than six years, and may not include dates before February 26, 2002. The first list I request within a 12-month period will be provided at no cost. For additional lists, VMH may charge me for the costs of providing the list.
- Have access to my medical record as permitted by law.
- Request my record be amended or corrected if inaccurate or incomplete. My request must be made in writing and submitted to the Manager, Health Information Management. In addition, I must provide a reason that supports my request. VMH may deny my request for an amendment if it is not in writing or does not include a reason to support the request. VMH may deny my request if asked to amend information that:
 - a. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - b. Is not part of the medical information kept by or for the organization;
 - c. Is not part of the information which I would be permitted to inspect and copy;
 - d. Is accurate and complete;
- Choose how the organization contacts me with information after discharge (e.g., lab results, appointments, billing). For example, I can ask that VMH contacts me at work or by mail.
- Request restrictions or limitations to the information shared about me. I also have the right to request a limit on the medical information VMH discloses to someone who is involved in my care; VMH is not required to agree with my request. To request restrictions, I must make my request in writing to the Manager, Health Information Management. In my request I must tell VMH:
 - a. What information I want to limit;
 - b. Whether I want to limit VMH's use, disclosure, or both; and
 - c. To whom I want the limits to apply, for example, disclosures to my spouse.

Your Responsibilities

As a patient, I, and/or my legally authorized representative, have the responsibility to:

Participate actively in care

- Tell my provider if I am not able or willing to follow the recommended treatment plan.
- Accept the outcomes of my actions if I choose not to take part in the treatment plan as directed by my care provider or doctor.
- Provide as complete a medical history as I can, including providing information about past illnesses, medications, hospitalizations, family history of illness, and other matters relating to present health.
- Be truthful and forthcoming with my care team and strive to express my concerns and questions clearly.
- Be prepared for any planned visits with any questions I may have and bring any medicine taken along to the visit in the original containers.

- Report my pain level and take part in planning the pain care needed with my provider.
- Call my care provider about changes in my condition.

Demonstrate accountability

- Be considerate of the rights of other patients and staff. This includes not smoking and controlling noise and visitors. I understand that any abusive or disrespectful behavior could result in my dismissal from care at VMH.
- Bring only trained service animals with me to scheduled appointments when I am receiving services.
- Not damage or steal the property of others (e.g., patients, families, staff, and the organization).
- Secure my belongings and leave anything that I do not need at home.
- Arrive on time for appointments.
- Keep scheduled appointments or cancel as far ahead as possible so that services are available to others.
- Follow all safety rules.
- Ask questions when I do not understand what I have been told.
- Arrange appropriate transportation to get to and from Vernon Memorial Healthcare facilities.

Fulfill financial obligations

- Meet my financial responsibilities with regard to medical care or discuss financial hardships with the organization.
- Understand my insurance benefits and limitations.
- Disclose accurate information related to my insurance or other payer sources.

If I have questions or concerns about my bill, I will contact:

VMH Business Office via email at paymybill@vmh.org or via phone: 608-637-2101

Report concerns

VMH is committed to providing the safest care possible. If you see something that does not make sense, or if something worries you, please speak with any member of your care team. Never be afraid to raise a concern or ask questions.

If you wish to file a formal complaint, your complaint should:

- Describe what happened in as much detail as you can provide
- Be reported promptly to support investigation (i.e., be filed as soon as possible but not greater than 180 days of when you knew that the act or omission occurred).
- Be filed in writing if you can submit by mail, fax, or via our website; if not, please contact one of the individuals below and we will document your concern on your behalf.

General complaints:

Quality Department, 608-637-4284

Vernon Memorial Healthcare, 507 S Main St, Viroqua, WI 54665

Complaints regarding your bill:

Billing concerns should be sent in writing via the website or mailed to:

Vernon Memorial Healthcare

c/o Billing Manager

507 S Main St. Viroqua, WI 54665

Complaints regarding health information practices:

Privacy Officer 608-637-4272

Compliance Officer 608-637-4312

Vernon Memorial Healthcare, 507 S Main St, Viroqua, WI 54665

Complaints regarding your civil rights:

Compliance Officer 608-637-4312

Vernon Memorial Healthcare, 507 S Main St, Viroqua, WI 54665

If you are not satisfied with our resolution or choose not to use our complaint process, you also have the right to contact:

General complaints:

Wisconsin Department of Health and Family Services

Bureau of Quality Assurance

P.O. Box 2969

Madison, WI 53701

Phone: 608-266-8481 Fax: 608-267-0352

<http://dhs.wisconsin.gov/bqaconsumer/HealthCareComplaints.htm>

Complaints regarding your civil rights:

Wisconsin Department of Health Services

Office of Civil Rights Compliance

1 West Wilson, Room 561

P.O. Box 7850 Madison, WI 53707

608-266-9372 (includes TTY)

The Office for Civil Rights

U.S. Department of Health & Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Toll-Free Call Center: 1-800-368-1019

TTD Number: 1-800-537-7697

Appeal of Discharge, Quality of Care Concern, and/or Medicare Beneficiary Complaints

If you are a Medicare patient and have a quality of care complaint or think you are being discharged from the hospital too soon, you can file an appeal with Livanta LLC

Online: <http://www.livantaqio.com/en/states/wisconsin>

In Wisconsin/Minnesota: (888) 524-9900

TTY Number: (888) 985-8775

Fax: (855) 236-2423

If you have a complaint relating to your insurance, you also have the right to contact:

Officer of Commissioner of Insurance

Office of the Commissioner of Insurance

P.O. Box 7873

Madison, WI 53707-7873

Toll-Free: 1-800-236-8517

Email: ocicomplaints@wisconsin.gov

If you are sending by FedEx, UPS, Overnight Mail, etc., please use this address:

Office of the Commissioner of Insurance

125 South Webster Street

Madison, WI 53703-3474