

## STATEMENT OF PATIENT RIGHTS FOR OUTPATIENT CARE

These rights apply to all patients served by United Therapies.

### YOU HAVE THE RIGHT:

1. To be informed of your rights.
2. To receive care without regard to your race, color, national origin, religion, age, gender, sexual orientation, ability or disability, or life style.
3. To be given care that respects your individual cultural, psychosocial, spiritual, personal values, beliefs and preferences and which promotes your dignity, privacy, safety, and comfort.
4. To be given care that is free of verbal, physical, sexual or emotional abuse, or neglect.
5. To receive good quality care and high professional standards that are continually maintained and reviewed.
6. To have your pain well managed, and help in developing a plan to manage your pain.
7. To be told about the condition of your health including descriptions of your illness and types of treatment available, their expected results and possible risks, benefits, alternatives and costs, and to be part of your healthcare decisions.
8. To expect that we will talk with you in a way that you can understand.
9. To help plan your care and treatment, including making decisions regarding your care. To accept or refuse recommended tests or treatments or request treatment; and to bring up issues of concern about your care with your caregivers.
10. To get information about and access to needed resources and services that protects and helps you.
11. To be told the name of the doctor or other staff that are responsible for your care.
12. To have visitors, mail and telephone services unless you have been informed that there are sound medical or institutional reasons to restrict such access.
13. To express complaints about the quality of care or service without fear, and to get a prompt and courteous answer to your questions. You will be provided with information as to how to file a complaint with United or the appropriate state authority.
14. To get information contained in your medical records within a reasonable time after you ask for them and to be certain that other rights concerning your medical record, as described in United's Notice of Privacy Practices, will be respected.
15. To have your insurance plan billed for your services, and to receive financial counseling. This may include information about any charges that you may have to pay, an explanation of your bill, if you ask for it, or information on available financial assistance.
16. To be told how to get financial assistance, if you need it.
17. To be told when you are ready to leave the Center. If you think you are being asked to leave too soon, you may ask to talk to your caregivers about this.
18. To understand that medical and personal information will be handled in a private manner.
19. To be given care in a safe setting that respects you and maintains your dignity.
20. To receive the best and safest care that we can provide.
21. To good quality care, and high professional standards that are continually maintained and reviewed.

### **ADVANCED DIRECTIVES**

**Advanced Directives** are legal documents that allow you to spell out your decisions about end-of-life care ahead of time. Examples are: Living Will and Durable Power of Attorney. As a patient of United Therapies, you have the right to have or request information on Advanced Directives.

**In the event of deterioration**, we will attempt resuscitation and you will be transferred to the nearest hospital. If you have Advanced Directives, they will accompany you, along with a copy of your medical records, to the hospital.

## **YOU HAVE THE RESPONSIBILITY:**

1. To provide all personal and family health information needed to give you the best care possible.
2. To help make the best decisions about your medical treatment, to follow instructions and to follow your plan of care. To accept and understand what may happen if you do not follow your plan of care.
3. To ask questions of your doctor or other care providers when you do not understand information or instructions.
4. To talk to your doctor or other care provider if you desire a transfer of care to another doctor, caregiver, or facility.
5. To show respect and be considerate of others getting and providing care.
6. To follow the rules about smoking, noise, and the number of visitors.
7. To understand that your healthcare services must be paid for and to work with United on a payment plan.
8. To tell your doctor or other United staff if you need to apply for financial assistance.

## **HOW TO REPORT CONCERNS**

Your concerns related to your care and your safety are very important to us. If you have questions or concerns, we encourage you and/or your family members to contact our Director of Fixed Site Operations at 847-544-5959.

You can also contact the State of Illinois Department of Public Health (IDPH):  
535 West Jefferson Street  
Springfield IL 62761  
Phone: 800-526-4372  
Central Complaint Hotline at 800-252-4343

You may also contact the Joint Commission:  
Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace IL 60181  
Phone: 800-994-6100  
[www.jointcommission.org](http://www.jointcommission.org)

Please note that the Joint Commission does not address individual billing issues or payment disputes.

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman at 1-800-MEDICARE (1-800-633-4227), or, [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

United will not retaliate against any person who reports care or safety concerns.

## **PHYSICIAN OWNERSHIP and FINANCIAL INTEREST DISCLOSURE:**

This Center is owned, in part, by physicians. The physician who referred you to this Center, and who may perform your procedure, may have a financial and ownership interest. You have the right to choose the provider of your healthcare services. Therefore, you have the option to use a healthcare facility other than our Center. You will not be treated differently by your physician if you choose to obtain healthcare services at a facility other than our Center. If you have any questions concerning this disclosure, please feel free to ask your physician. We welcome you as a patient, and value our relationship with you.