

As a patient of the Community Health Network, you have the right to:

1. Be informed of your patient rights in advance of care being provided or discontinued.
2. Participate in and make informed decisions about your care and pain management, including being able to request or refuse treatment.
3. Have your condition, treatment, pain alternatives and outcomes explained in a manner that you understand. You have the right to interpretation services if needed.
4. Expect timely, and appropriate assessment and treatment of physical pain and emotional or spiritual discomfort.
5. Receive adequate information to consent to or decline participation in clinical research. You may decline at any time without compromising your access to care, treatment and services.
6. Have a family member, friend, clergy, and/or physician notified of your admission to the hospital. You also have the right to request that no information be shared with your family, friends or clergy.
7. Request religious or spiritual support.
8. Receive safe, high quality, medical care, without discrimination, that is compassionate and respects personal dignity, values, beliefs and preferences and contributes to a positive self-image.
9. Receive private and confidential treatments, communications and medical records, to the extent permitted by law.
10. Be free from mental, physical, sexual and verbal abuse, neglect or harassment and/or exploitation. You also have the right to access protective and advocacy services.
11. Be free from physical restraints, seclusion or drugs that are not medically necessary (e.g., ordered for medical emergencies, necessary to ensure the immediate safety of you, a staff member or others) or are used inappropriately.
12. Have complaints reviewed by the hospital. If patients and/or their families wish to report a complaint, please contact the Office of Patient Experience at 317-621-7000 or patientexperience@community.com. Complaints may also be reported to the Indiana State Department of Health (ISDH) and/or The Joint Commission (TJC) in addition to or instead of reporting to the Office of Patient Experience.

Mail: Indiana State Department of Health
Health Care Facility Complaint Program
2 N. Meridian St, 4b
Indianapolis, IN 46204
Email: complaints@isdh.in.gov
Fax: 317-233-7494, Phone 800-246-8909

Mail: The Joint Commission
Office of Quality & Patient Safety
One Renaissance Blvd
Oakbrook Terrace, IL 60181
Electronic: www.jointcommission.org
using the 'Report a Patient Safety Event' link
13. Be informed about transfers to another facility or organization and be provided complete explanation including alternatives to a transfer.
14. Know the name and role of your caregivers (e.g., doctor, nurse, patient support partner, etc.).
15. Request a second opinion.
16. Obtain information as to the relationship of this hospital to other health care institutions.
17. Receive information about continuing your health care at the end of your visit, including home health services.
18. Receive information concerning advance directives (e.g., living will, health care power of attorney, or psychiatric advance directives) and to have your advance directives respected to the extent permitted by law.
19. Be informed of charges, receive an explanation of your bill and receive counseling on the availability of known financial resources for health care services.

As a patient of the Community Health Network, you have the following responsibilities:

1. To respect and be considerate of the rights of other patients and hospital personnel in the control of noise, the number of visitors and to be respectful of the property of other persons and the hospital.
2. To follow the rules of the facility in which you are receiving your care.
3. To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and insurance benefits.
4. To ask for more information if you have questions about your care, treatment, services or caregivers. It is also your responsibility to report perceived risks in your care and unexpected changes in your condition.
5. To ask the care provider when you do not understand medical words or instructions about your plan of care.
6. To follow the care, treatment, and service plan recommended by your doctor to the best of your ability. If you are unable/unwilling to follow the plan of care, you are responsible for telling your care provider. Your care provider will explain the medical consequences of not following the recommended treatment. You are responsible for the outcomes of not following your plan of care.
7. To tell us how satisfied you are with your care, so that we can resolve problems and learn from them.
8. To assure that the financial obligations of your healthcare are fulfilled as promptly as possible.
9. To abide by the no smoking / no weapons policy of the Network.

A safety message to our patients

At Community Health Network, safety is a team effort. You, as a patient, play a vital role in making your care safe by becoming an active, engaged and informed member of your health care team. Here are several ways you can help:

1. Participate in all decisions about your treatment. You and your doctor should agree on exactly what will be done during each step of your care. It's important to know who will be taking care of you, how long the treatment will last, and how you should feel.
2. If you are unsure about the nature of the illness, ask for a second opinion. The more information you have the more confident you will be in the decisions made. Before you leave the hospital ask about follow-up care and make sure you understand all the instructions.
3. Ask if you have questions or concerns. If you don't understand, please ask us again.
4. You can expect your caregivers to have clean hands. Ask if you are unsure.
5. You can expect your caregivers to introduce themselves and explain what they will be doing.
6. You can expect your caregiver to confirm your identity, by ask your name and date of birth and checking your ID band before administering any medication or treatment.
7. Don't hesitate to call for help when getting out of bed to reduce your risk of falling.
8. Caregivers will check on your needs at least hourly. They will ask you if you have pain, if you need to go to the bathroom, if you want to change position, or if there is anything else they can do for you.
9. Request interpreter services for our non-English speaking patients. We can also provide access to effective communication for hearing impaired patients, including sign language interpreters, assistive listening devices and other auxiliary aids.
10. Read all medical forms and make sure you understand them before signing. If you don't understand them, feel free to ask your physician or nurse to explain them.
11. Ask a trusted family member or friend to be your advocate.
 - Your advocate can ask questions you may not think of while undergoing care.
 - Ask this person to stay with you, even overnight, while you are a patient.
 - Your advocate can help remember answers to questions you may have asked, and speak up for you when you cannot.
 - Make sure this person understands your preferences for care and wishes concerning resuscitation and life support.
12. Know what medications you take and why.
 - Keep a list and be sure to include over-the-counter and herbal medications.
 - Tell your health care provider how you actually take your medications, especially if you take them differently than instructed by your doctor.
 - Consider asking a friend or relative if you need help managing your medications.
13. Share any medication allergies you have with your doctor or pharmacist.
14. When prescribed a new medication, ask if you should avoid certain foods, beverages, other medications or activities while taking the new medication.
15. Be alert to any unexpected changes when picking up your medications. If they look different than what you're used to, ask your pharmacist about it.
16. Ask your pharmacist if you have any questions about your medications.

Thank you for allowing us to serve you. Your safety is of paramount importance to us!