

Complaint Management Process

If we fail to meet your expectations, we invite you to share your concerns about treatment, your safety and quality of care. You may tell your concerns to:

- Any employee
- Your care provider or doctor
- The director of any clinic or hospital department
- The Franciscan Healthcare Patient Experience Department

We encourage you to tell us of complaints right away (at the time of service). If you feel that any of your concerns or complaints have not been resolved as you wish, you may start a formal complaint and notify the Patient Experience Department by writing or calling:

Patient Experience Department
700 West Avenue South
La Crosse, WI 54601
608-392-9478
Toll Free 800-362-5454 extension 29478

You will be contacted by the Patient Experience Department to discuss your concerns and start the review process. The information will be reviewed by the appropriate staff and leadership involved in your care. A letter will be sent to you within 5 working days with a review outcome or notification that the review is in process. If you are of limited English proficiency (LEP), an interpreter or written materials will be made available to you. To discuss your concerns further, please contact the Patient Experience Department.

You can also ask for a list of resource agencies from the Patient Experience Department. If you choose not to use Franciscan Healthcare's complaint process, or if we are unable to resolve a concern(s) to your satisfaction, you also have the right to contact the agencies listed on the back of this brochure. You may also access detailed information at: mayoclinichealthsystem.org

Wisconsin Department of Health Services Division of Quality Assurance (DQA)

P.O. Box 2969
Madison, WI 53701-2969
Phone: 608-266-8481
Fax: 608-267-0352

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

The Joint Commission

One Renaissance Blvd.
Oakbrook Terrace, IL 60181
Toll free: 800-994-6610
E-mail: complaint@jointcommission.org

KEPRO

5201 W. Kennedy Blvd, Suite 900
Tampa, FL 33609
Toll-free Beneficiary Helpline: 1-855-408-8557 or
Medicare TTY 1-877-486-2048*
www.kepro.com

Wisconsin Department of Children & Families

201 E. Washington Ave., 2nd floor
P.O. Box 8916
Madison, WI 53708-8916
608-266-5335 (includes TTY)

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 Department of Health Services Client Rights Office

P.O. Box 7851
Madison, WI 53707-7851
608-266-2717



MAYO CLINIC
HEALTH SYSTEM

Patient Rights and Responsibilities

Mayo Clinic Health System - Franciscan Healthcare is committed to meeting your health care needs in the communities we serve.

Wisconsin -

Arcadia,
Holmen
La Crosse,
Onalaska,
Prairie du Chien
Sparta
Tomah

Minnesota -

Caledonia
La Crescent

Iowa -

Waukon

Patient Rights

Specific rights are listed below.

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

- Receive care no matter what my race, creed, color, national origin, ancestry, religion, gender, sexual orientation, marital status, age, newborn status, handicap or source of payment.
- Have my family and doctor called right away when I am admitted to the hospital and have my family take part in my care decisions when I wish.
- Be informed that I have the right to receive the visitors that I designate and/or deny without limitations and with full visitation rights.
- Know the roles and the names of those taking care of me.
- Get facts about my health, health care plan and possibility of healing in words I can understand. Where other treatments are possible, I have the right to plain language facts.
- Receive facts which help me to understand the Informed Consent needed for treatment and procedures before treatment begins (except in emergencies - DHS 124.05 (3)).
- Take part in the planning of my medical treatment. Choose or choose not to take part in experimental research.
- Receive care for symptoms that will respond to treatment, even if they are not related to my primary health condition.
- Receive evaluation for and management of pain.
- Receive considerate, respectful care in a clean, safe and private place free of neglect, harassment and abuse.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Receive evaluation for and provision of protective services.
- Request a chaperone be present when examined. If I request a chaperone, Mayo Clinic Health System - Franciscan Healthcare is obligated to provide one.
- Receive care and treatment that respects my values, culture, beliefs and life philosophy.
- Address ethical questions that arise in my health care.

- Receive emotional and spiritual support for my family and me.
- Complete an advance directive outlining my wishes regarding my health care to be used should I become unable to express my wishes.
- Refuse treatment to the extent permitted by law and be informed of the medical outcomes of my actions.
- Be told of the need for transfer to another facility and other options, (except in emergencies 124.05(3)L).
- Have all communication and records about my health care kept private.
- Be able to see my medical record within a reasonable time frame.
- Examine and receive an explanation of my bill regardless of the source of payment.
- Receive information about financial assistance (bill paying).
- Receive information about the relationship of Franciscan Healthcare to other health care facilities or educational schools taking part in my care.
- Receive competent language translation, and interpretation free of charge. For those who are hard of hearing or have difficulty seeing, we will use techniques or aides to effectively communicate with you to the best of our ability. Low hearing and low vision equipment are available by contacting a reception desk nearest you.
- File a grievance.
- Be informed of the process to review and address the grievance without fear of retaliation or retribution from anyone at Franciscan Healthcare.
- Request a copy or obtain from the following link (<http://www.mayoclinichealthsystem.org/locations/la-crosse/billing/charge-transparency>):
 - A document that lists pricing and quality information from Franciscan Healthcare for the most common inpatient stays and the most frequent outpatient surgical procedures in Wisconsin.
 - Public information regarding the quality or cost of health care services at Franciscan Healthcare as compared to other hospitals.
- Request from your insurer or health plan an estimate of my total out of pocket costs relating to these stays and procedures.
- Access more information about medical costs by contacting a Financial Counselor or Patient Financial Services at:
 - Phone — 608-392-7181 or 800-603-2500, extension 27181
 - Email — lacrosse.fincounsel@mayo.edu

Patient Responsibilities

Specific responsibilities are listed below.

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

- Take part in my care and treatment as much as possible.
- Be prepared for the doctor or care provider visit with any questions I may have. Bring any medicine I take along to the visit in the original containers.
- Arrive on time for my health care appointment. Notify the clinic with adequate lead-time if I cannot make a scheduled appointment.
- Tell the care provider or doctor as much as I can about my health care needs, past illnesses and medical history.
- Talk about my care needs and health risks as I see them.
- Ask questions when I do not understand what I have been told about my care. Use questions listed below if I do not know what to ask.
 1. What is my main problem?
 2. What do I need to do?
 3. Why is it important for me to do this?
- Be honest with my care provider or doctor if I do not understand instructions or if I will not be able to do them at home.
- Tell my care provider or doctor about symptoms or health care problems, even if they are not related to my primary health care condition.
- Report my pain level and take part in planning the pain care needed with my provider or doctor.
- Call my care provider or doctor about changes in my condition.
- 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.
- Obey safety rules.
- Be considerate of patients, families and staff.
- Help control noise and disturbances.
- Follow the Tobacco Free policies of Franciscan Healthcare.
- Not threaten or harm other patients, families or staff.
- Not damage the property of patients, families, staff and Franciscan Healthcare.
- Fulfill the financial obligations (bill payment) for my health care as soon as possible.