

Patient Rights & Responsibilities

Mayo Clinic Health System wants every patient to receive the best possible care. We want you to know and understand your rights and responsibilities concerning your care, your physician and the clinic or hospital.

Patient Rights

Specific rights are listed below.

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

- Receive care without discrimination due to my age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, marital status, sex, sexual orientation, and gender identity or expression.
- Have my family and physician notified promptly of my admission and have my family participate in my care decisions.
- Know the name of the physician or other practitioner who has primary responsibility for my care, and know the identity and professional status of the people caring for me.
- Receive from my physician and staff, in terms I can understand, current information and education about my diagnosis, treatment, prognosis and services offered. Current information may include any unanticipated outcomes of care, treatment and services.
- Receive from my physician and staff, except in emergencies, information that allows me to give informed consent before beginning any procedure or treatment.
- Receive from my physician and staff information and education when discharged from the hospital.
- Have access to emergency services if I present with acute symptoms of sufficient severity that the absence of medical attention would place my health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part.
- Request a chaperone be present when examined. A chaperone may be a Mayo Clinic Health System employee, a family member or a friend of the patient.
- Participate in the planning of my medical treatment and to decline to participate in experimental research. Receive care for symptoms that will respond to treatment, even if they are not related to my primary healthcare condition.
- Receive on-going evaluation, information and effective management of pain.
- Receive considerate and respectful care in a safe and private environment 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.
- Be free from seclusion and restraints of any form that are not necessary for emergency behavior management or are imposed as a means of coercion, discipline, convenience or retaliation by staff.
- Receive evaluation for the provision of protective services.
- Choose a support person who may support me during my hospital stay and who may exercise my visitation rights on my behalf. I or my support person may designate who is permitted to visit me and to withdraw or deny such consent at any time during my hospitalization.
- Receive care and treatment that respects my values, beliefs and life philosophy.
- Address and participate in discussions regarding ethical issues that arise in my health care. Receive information about the Ethics Committee at my request.

continued

Patient Rights

continued

- Receive emotional, cultural and spiritual support for my family and me.
- Complete or update an advance directive outlining my wishes regarding my healthcare should I become unable to express my wishes. Mayo Clinic Health System will honor advance directives that comply with the law. This advance directive may include my wishes regarding organ and tissue donation.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of my actions.
- Be informed of the need for, alternative to and acceptance by another facility when transfer to that facility is planned.
- Have all communication and records pertaining to my healthcare kept confidential.
- Have access to my medical record within a reasonable timeframe.
- Examine and receive an explanation of my bill regardless of the source of payment and receive information regarding financial assistance.
- Receive information regarding the relationship of Mayo Clinic Health System to other healthcare or educational institutions involved in my care.
- Receive competent language interpreting and translation services, free of charge.
- File a grievance and be informed of the process to review and address the grievance without fear of retaliation or retribution from my provider or the organization.

Patient Responsibilities

Specific responsibilities are listed below.

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

- Participate to the fullest extent possible in my care, treatment and education related to my care.
- Provide complete information about my healthcare condition and medical history, report my care and health risks as I perceive them, and ask questions when I do not understand what I've been told about my care.
- Notify my care provider or physician about changes in my condition.
- Notify my care provider or physician of symptoms or healthcare problems, even if they are not related to my primary healthcare condition.
- Report my pain and participate in the development of a pain management plan with my care provider or physician.
- Inform my care provider or physician if I do not understand instructions or if I will be unable to follow them.
- Accept the consequences of my actions if I choose not to participate in the recommended treatment plan.
- Observe safety regulations.
- Be considerate of patients, families and staff; help control noise and disturbances; and follow the smoking policies of the organization.
- Not threaten or harm other patients, families or staff.
- Not destroy the property of patients, families, staff and facilities.

- Fulfill the financial obligations of my healthcare as promptly as possible.
- Be aware that the hospital may limit or restrict my visitation rights under certain circumstances, including but not limited to the following:
 - I am undergoing care interventions
 - There may be infection control issues
 - There is disruptive, threatening or violent behavior of any kind
 - There is my need for rest or privacy

Complaint Management Process

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

- Any employee
- Your care provider or physician
- The director of the clinic or hospital department
- The Patient Experience Department

We encourage you to resolve complaints immediately at the time of service. If you feel that any of your concerns/complaints have not been resolved to your satisfaction, you may initiate a formal complaint and notify the Patient Experience Department by writing or calling:

- **Patient Experience Department**

1400 Bellinger St.
P.O. Box 1510
Eau Claire, WI 54702-1510
715-838-5017 or 888-838-4777,
ext. 85017

- **Patient Experience Department**

2321 Stout Road
Menomonie, WI 54751
715-233-7781

You will be contacted by the Patient Experience Department to acknowledge receipt of your complaint. The information will be reviewed internally, and a written response will be sent to you within a reasonable time frame. The letter will have the name of the contact person for any further correspondence and communication, and that individual will provide a response with the resolution upon completion of the review.

You can also request a list of resource agencies from the Patient Experience Department. Should you choose not to use our complaint process, or if you are unable to resolve a concern(s) to your satisfaction, you also have the right to contact:

- **Centers for Medicaid and Medicare Services**

7500 Security Blvd.
Baltimore, MD 21244-1850
877-267-2323

- **Wisconsin Division of Quality Assurance**

One West Wilson St.
P.O. Box 2969
Madison, WI 53701-2969
608-266-0224
800-642-6552 (toll free)

- **The Joint Commission**

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