

GOSHEN HEALTH MISSION

The mission of Goshen Health is to improve the health of our communities by providing innovative, outstanding care and services, through exceptional people doing exceptional work.

If you have questions, concerns, compliments or desire further assistance, contact:

PATIENT REPRESENTATIVE:
(574) 364-2872 (weekdays)

HOUSE SUPERVISOR:
(574) 364-2670 (evenings/weekends)

FINANCIAL COUNSELOR:
(574) 364-2607

PERFORMANCE IMPROVEMENT:
(574) 364-2353 (weekdays)

You may write to any department of the hospital with the address below.

You may also address any concerns by contacting the Indiana State Department of Health by phone or mail.

PHONE: (317) 233-5359 or (800) 246-8909

EMAIL: complaints@isdh.in.gov

MAIL: Indiana State Department of Health
Health Care Facility Complaint Program
2 N. Meridian St., 4B – Indianapolis, IN 46204

If you have any questions or complaints concerning the privacy of your medical records, please contact:

PHONE: (574) 364-2898

EMAIL: privacyofficer@goshenhealth.com

MAIL: Chris Hutfless, Privacy Officer – Goshen Health
200 High Park Ave., Goshen, IN 46526

Goshen Hospital is accredited by The Joint Commission. If you would like to voice a concern, you can contact The Joint Commission by email, fax or mail. You may either submit your name and contact information, or submit your concern anonymously.

EMAIL: complaint@jointcommission.org

FAX: (630) 792-5636

MAIL: Office of Quality and Patient Safety – The Joint Commission
One Renaissance Blvd. – Oakbrook Terrace, IL 60181

There will be no adverse actions taken against patients, families and/or Colleagues for having reported legitimate safety and/or quality concerns to Goshen Hospital, the Indiana State Department of Health and/or The Joint Commission.

Goshen Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1 (574) 364-1000 (TTY: 711 or 1 (800) 743-3333 to be connected with Relay Indiana).



Goshen Health

Goshen Hospital
200 High Park Avenue
Goshen, IN 46526
(574) 533-2141

GoshenHealth.com

YOUR GUIDE TO PATIENT RIGHTS, RESPONSIBILITIES, SAFETY AND ADVANCE DIRECTIVES.

We are glad you chose Goshen Health for your health care needs. As our patient, you are our top priority. We pledge to provide quality care with compassion and respect for your dignity. We ask you, for your part, to assume certain responsibilities. We regard the following statements of patient rights and responsibilities as guidelines for us and for you to respect your dignity, to ensure your safety and to achieve excellence in your care. Together, let's be aware, be safe, be prepared and be responsible.



BE AWARE OF YOUR BILL OF RIGHTS

Access, with compassion and respect

You have the right:

To receive appropriate care, treatment and service within the capacity of the hospital, free from any form of abuse, neglect or harassment without regard to race, color, religion, national origin, gender, disability, age, ability to pay or source of payment.

To have available foreign language or sign language interpretation so that you can obtain appropriate care and the information you need to participate in your care.

To have a family member or other representative and your family physician notified promptly when you are admitted to the hospital and to maintain contact with friends and family outside the hospital (visitors, calls, letters).

To participate in planning for your care after you leave the hospital.

To have the staff appropriately respond to your spiritual needs and human longings and, if you so choose, to get help in reaching out to your own faith community or gain support from spiritual caregivers here at the hospital.

To speak and act in ways that are culturally and religiously customary for you, so long as you do not, by your own speech or by your action, hurt others or yourself.

Obtaining information about your treatment and health care team

You have the right:

To know the names and professional status of physicians, nurses and staff responsible for the delivery of your care, treatment and services.

To know who is responsible for authorizing and performing the procedures and treatment.

To know of any business or professional relationships the hospital or any physician has that may influence your treatment and care.

To get a complete explanation of the need to transfer you to another accepting facility, and alternatives to such a transfer, should a transfer appear to be necessary.

To obtain copies of any information contained in your own medical record.

To have a copy of your bill and get an explanation of it, regardless of the source of payment, and to be informed of available payment methods and the cost of care upon request.



Making decisions about your care

You have the right:

To make decisions regarding your own health care, to be involved in the development and implementation of your treatment plan and to be properly educated in order to do so.

To request a consultation or second opinion from another physician or specialist.

To refuse treatment and to be informed of the medical consequences of such a decision. If your refusal of treatment means we cannot treat you according to our standard of service and mission commitment, we will try to help you get to a facility where your wishes can be honored.

To change physicians or hospitals.

To have informed consent where the options are clearly explained and the opportunity is given to choose among them after you receive full disclosure of the risks, benefits, probable outcomes and available alternatives prior to any treatment, procedure, research or investigational study.

To participate in resolving dilemmas about care decisions, should they occur.

To obtain information about advance directives (as described elsewhere in this brochure) and to have your doctor and hospital staff comply with those directives if you already have them in writing.

To obtain a copy of any hospital policy or guideline related to life support, end-of-life care, organ and tissue donation or related aspect of care, in order to help you exercise your own right to choose among care and treatment options.

To consult with knowledgeable and impartial advisors – other than your physician and those directly involved in your care – if an ethical concern or issue arises.

To be informed of any unexpected outcomes of treatment or procedure.

Comfort and safety practices

You have the right:

To have appropriate assessment and management of your pain.

To find out what hospital practices apply to you as a patient, to file a complaint when your concerns have not been addressed and to have communication with hospital administration to resolve issues related to your care.

To be protected in an environment and through practices that will keep you safe from harm.

To have access to child and adult protective services and patient advocacy services.

To be free from physical restraint, seclusion and drugs (used as a restraint) unless your medical condition warrants such use and other less restrictive interventions have been deemed ineffective.

Privacy and confidentiality

You have the right:

To have all communication and records pertaining to your care maintained in absolute confidence, as outlined in the “Notice of Privacy Practices” brochure given to you at registration.

To be interviewed, examined and cared for in a setting that provides as much privacy and security as possible. This includes the right to have a person of your own sex present during certain parts of a physical examination, treatment or procedure performed by a health professional of the opposite sex.

To expect that any discussion or consultation involving your care will be conducted discreetly and that only individuals involved in your care be present when your medical condition and information is discussed.

Be safe

Be alert. Pay attention to the health care you are receiving. Notice whether caregivers wash their hands and remind them if they don't. Make sure the nurse or doctor checks who you are before giving treatment or medications.

Educate yourself. Learn about the diagnosis and the test and treatments you are receiving. Ask your doctor or nurse if there is written information you can keep. Read all the medical forms, and make sure you understand them before signing anything.

Speak up. Don't be afraid to ask questions if you don't understand or if something doesn't seem right. It's your body!

Ask a family member or a friend to help you. Sometimes it helps to have someone else watch out for you if you are too sick or stressed.

Find out what meds you are taking. Know what the medication is for, what it looks like and when you are supposed to receive it. Question the nurse if you don't recognize the medication or if you think one was missed.

Expect to be included in all decisions about your treatment.

Be prepared to make an advance directive

You have the right to participate in making decisions about your own health care. However, there may be times when you are not able to make these decisions because you are too sick or unconscious. At such times, someone else will have to make medical decisions for you.

It is your right to appoint someone you trust, when you are competent, to speak on your behalf at any time you later become unable to do so for yourself. It is also your right – and your responsibility – to make your preferences regarding your medical care known so that whoever speaks for you may faithfully make the decisions you would make if able.

In order to communicate your wishes prior to such an event, you may:

- Have a heart-to-heart conversation about your preferences with family members who may be called upon to make decisions for you.
- Directly tell your doctor what your preferences are.
- Sign advance directives. Your options in this regard are described below.
- Deliver your advance directives to those close to you and to your doctor.
- File your advance directives with the hospital's Admitting Department.

If you file copies of your advance directives with the Admitting Department, they will become part of your medical record. You may revoke or revise your advance directives at any time, but you must do so in writing, and you should distribute copies of the revocation or revision to all those who received copies of the original advance directives.

Consider your options

Several different types of advance directives may be used by you to communicate your wishes to those responsible for your care. If you sign a Health Care Power of Attorney/Appointment of Health Care Representative, your purpose would be to appoint a person of your choice to make medical decisions for yourself. If you use the hospital's form, you may also name a backup or successor to act for you in case the first person named is unable to serve or unavailable at the time of need.

By signing a Living Will, you would confirm to not have your dying process artificially prolonged during the "endstage" of life. It takes effect while you are still alive (in contrast to a "regular" will, which deals with wishes about distribution of property and financial matters after death). In your Living Will, you would also indicate whether or not you would want

to have artificially supplied nutrition and hydration if the effort to sustain life becomes futile or otherwise burdensome. Your Living Will does allow for doing things to keep you comfortable and as pain-free as possible during the "end-stage" of life.

An Out-of-Hospital Do Not Resuscitate (DNR) Order is an agreement between you and your doctor when you have a medical condition such that, if CPR were to be administered, it would likely not have much success or benefit and may actually harm you or cause you undue stress. This advance directive allows you to die a natural death while being kept comfortable, even if emergency personnel happen to get called to your home. Only you, yourself, can revoke such an order, but that can be done verbally.

Our hospital has on hand standard forms of the several types of advance directives. You may obtain copies for your use by asking your nurse or one of the Colleagues in the Admitting Department. If you wish, it can be arranged for someone on the hospital's staff to help you complete and distribute your advance directives. These standard forms may not express exactly what you want. You may wish to consult an attorney to customize your advance directives so that they precisely express your wishes.

Be responsible as a patient

While receiving care, treatment and services, you and your visitors have the responsibility:

- To be considerate of the needs of other patients, staff and the hospital; to respect others' privacy and property; and to follow hospital rules.
- To provide accurate and complete information to the medical team relating to your health, past and present.
- To cooperate with your doctor and medical team to develop treatment and pain-management plans.
- To evaluate and consider your lifestyle choices that affect your health and well-being.
- To ask questions when you do not understand information, instructions or what is expected of you.
- To tell your doctor if you believe you cannot follow through with your treatment or keep your appointment. If you refuse treatment or do not follow the practitioner's instructions, you are responsible for the consequences of your actions.
- To advise your health care team if you have an advance directive and to provide a copy, if available.
- To provide payer information and to ensure that the financial obligations for your care are promptly fulfilled. A financial counselor from the hospital is available to assist you and help evaluate your options.