

## Concerns, Complaints or Grievances

- To inform your healthcare team of any specific needs you have and to communicate concerns or compliments to the individuals or department involved.
- To address any complaint that cannot be resolved by the staff providing your care contact the patient experience office at:

**Decatur Memorial Hospital**  
217-876-2007

**Jacksonville Memorial Hospital**  
217-479-5540

**Lincoln Memorial Hospital**  
217-605-5000

**Springfield Memorial Hospital**  
217-788-3497

**Taylorville Memorial Hospital**  
217-707-5551

**Memorial Behavioral Health**  
217-788-3497

**Memorial Care**  
217-788-3497

**Memorial Home Care**  
217-788-4663

**Memorial Health, Patient Experience**  
228 W. Miller  
Springfield, IL 62702

- To file a grievance with an outside organization. We honor your right to make a complaint and will not take any action against you. You may contact:

### **The Joint Commission**

Fax: 630-792-5636 | [JointCommission.org](http://JointCommission.org)  
"Report a Patient Safety Event or Concern"

**Mail:** The Office of Quality & Patient Safety  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

### **Illinois Department of Public Health**

800-252-4343 | TTY 800-547-0466  
Web: [dph.illinois.gov/topics-services/healthcareregulation/complaints](http://dph.illinois.gov/topics-services/healthcareregulation/complaints)  
**Mail:** 535 W. Jefferson St., Springfield, IL 62761

### **Livanta LLC-Medicare Quality Improvement, Organization (QIO) for Illinois**

Toll-free: 888-524-9900  
TTY: 888-985-8775 | [Livantaqio.com](http://Livantaqio.com)

## As a patient, it is your responsibility...

- To know Memorial Health has zero tolerance for verbal aggression, physical assault, discrimination, harassment and all forms of racism.
- To be respectful and considerate in your interactions with other patients, visitors, caregivers, physicians and employees.
- To work together as a team with your physicians and caregivers and share responsibility for your healthcare.
- To be open and honest with your physicians and caregivers about illnesses, hospitalizations, medications and other issues related to your health, past and present.
- To cooperate with everyone who cares for you and to ask questions if you do not understand their instructions.
- To speak up and communicate your concerns to any employee as soon as possible.
- To respect the property of others and that of the facility.
- To care for your personal belongings. Please leave all nonessential items at home.
- To keep any follow-up appointments or notify your doctor if they cannot be kept.
- To be prompt in paying your bills, to provide the correct information to your insurance company and to ask any questions about the charges as soon as possible.
- To follow our policies and rules.

visit us at  
[memorial.health](http://memorial.health)

ATTENTION: Interpreting and Translation services are available free of charge in Spanish, French, American Sign Language and other languages. Call 217-588-7770 (TTY users, first dial 711). Memorial Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.



# Patient Rights & Responsibilities



## As a patient of Memorial Health, you have the right...

### ○ Respect, Dignity and Privacy

- To receive safe, considerate and respectful care.
- To have your cultural, spiritual and personal values, beliefs and wishes respected.
- To request religious and spiritual services.
- To the privacy and confidentiality of your medical records as further explained in the Notice of Privacy Practices.

### ○ Access to Care

- To receive care, no matter your age, sex, race, ethnicity, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, gender identity or expression.

### ○ Visitation and Support

- To receive visitors of your choosing, or to decide that you do not want visitors. Memorial may restrict or limit visitors in certain situations for health and safety reasons. You have the right to know about these restrictions and the reasons for them.
- To choose someone to provide emotional support while you are in our care, such as a family member, friend or domestic or same-sex partner.

### ○ Security

- To be free from all forms of abuse, neglect, exploitation and harassment.
- To access protective and advocacy agencies.
- To be free of restraint, unless necessary to keep you and others safe, according to the law.

### ○ Communication

- To get information in a way that you understand. Access to interpreting/ translation services is available at no charge.
- To communicate openly with your caregivers about your illness, possible treatments and likely outcomes, and ask questions about your care.

### ○ Information and Involvement in Care Decisions

- To have advance directives, such as a Living Will or Durable Power of Attorney for Healthcare, that state your wishes or name someone to make medical decisions for you if you are injured or seriously ill and unable to speak for yourself.
- To have a family member, support person, domestic or same-sex partner, or another individual of your choice make healthcare decisions for you, to the extent permitted by law.
- To ask us to inform your physician, a family member or another representative of your choosing when you are admitted to the hospital.
- To know your physicians and other caregivers, and their roles in your care.
- To obtain information about the facility's relationship to other healthcare and educational institutions if it affects your care.
- To be informed and involved in decisions that affect your care, including expected and unexpected outcomes for your health condition, treatment, discharge and pain management plans.
- To be told about care alternatives if your current treatment is no longer appropriate for your condition.
- To be involved in the decision-making process for your care. Parents or guardians of children or adolescents have a right to be involved on behalf of their children, with limited exceptions.
- To refuse any medical treatment or leave the facility against your physician's or caregiver's advice, to the extent allowed by law. If you refuse treatment or leave, you have the right to be informed of the potential consequences of that refusal. Your physicians, caregivers and Memorial Health will not be responsible for any harm caused to you or others by your refusal.
- To ask for a second opinion regarding your medical care.
- To be informed of any serious sentinel event related to your care.
- To know if your care or treatment is part of an experimental or research program. You have the right to refuse to participate in any such program.
- To have your organ donation wishes known and honored, according to the law.
- To request your medical records and to have any information in them explained to you.
- To ask us for help with ethical issues and difficult decisions about your care.
- To see your medical bills and have them explained to you.
- To ask about help in paying your bill or filing insurance forms.

