

Patient Responsibilities

You have the responsibility:

1. To provide accurate and complete information about your health, to the best of your ability.
2. To notify the healthcare provider if you do not understand your health care plan and what is expected of you.
3. To mention concerns about your care and report changes in your condition.
4. To be considerate of the rights of other patients, clinic personnel, and clinic property, as well as to follow the rules and regulations pertaining to patients and families.
5. To provide the clinic with information concerning your sources of payment and your ability to meet these obligations.
6. To cooperate with the advice, treatment plan, and prescription(s) you are given.
7. To discuss with your doctor or a member of the nursing staff any questions or intention not to follow your treatment plan and accept the outcomes of such decision(s).

If patients have questions regarding their responsibilities, the Nursing Services Manager or Medical Center Director should be contacted.

General Consent to Care

I, the undersigned, for myself or a minor child or another person for whom I have authority to sign, hereby consent to medical and any other necessary health or related care and treatment as ordered by my physician(s) and any other health care provider(s). This includes my consent for all services, diagnostic procedures and medical treatment rendered under the general or specific instructions of a physician(s) or any other health care provider(s), including examination, radiology and laboratory procedures and other tests, treatments, medications, monitoring, blood transfusions, EKGs and all other procedures, including invasive procedures which do not require my specific informed consent. I understand that as a patient, I am under the direct care of physicians or other health care providers while in the Wisconsin Health Fund (WHF) facilities and the employees, agents and representatives of WHF Medical Center will carry out the instructions of those physicians or other health care providers. I further understand that the physicians who provide treatment are not employees of WHF Medical Center and that WHF Medical Center does not control and is not responsible for the decisions or actions of such physicians. Physicians are solely and completely responsible for all medical services, including the quality of such services. I agree and acknowledge that WHF Medical Center is not liable for the actions or omissions of, or the instructions given by, the physicians who treat me while at WHF Medical Center.



Patient Rights and Responsibilities

Mission Statement

Enriching lives through progressive benefits, compassionate care, and exceptional service.

Patient Rights

Believing the patient to be an integral member of the health care team, Wisconsin Health Fund wants all patients and their families to know about the following Patient Rights and Responsibilities. These rights and responsibilities are designed to help promote safe and effective delivery of health care at Wisconsin Health Fund.

You have the right:

1. To be informed of the organization's policy regarding patient rights and responsibilities.
2. To access available treatment which values you without regard to your race, creed, color, national origin, ancestry, religion, gender, marital status, lifestyle preference, age, newborn status, or disability.
3. To be treated with consideration, respect, and recognition of your individuality and personal needs.
4. To recognize your personal dignity and the psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
5. To an environment that respects your need for confidentiality, privacy, and security.
6. To expect safe surroundings, free from all forms of abuse or harassment.
7. To know who is treating you, as well as why they are treating you.
8. To privacy and confidentiality of your medical information.
9. To know your diagnosis and what to expect regarding your healthcare choices.
10. To be involved in decisions about your care, treatment, services, and care provider(s) with the exception of requests which result in discrimination against employees based on race/ethnicity, national origin, religion, gender, lifestyle preference, age or disability.
11. To provide consent before treatment is administered or procedures are performed.
12. To be informed of the risks, side effects, and expected results of the recommended treatment or procedures.
13. To be informed about the outcomes of your care, treatment and services, including unanticipated outcomes.
14. To refuse, withdraw and/or withhold treatment, and be informed of the medical consequences of your decision.
15. To be involved in your pain management, which includes being able to express your pain, have your pain assessed, and have it managed using the most currently accepted methods.
16. To give consent or refuse to participate in clinical trials.
17. To know what your medical record says, to request changes where appropriate, and to receive an accounting of disclosures regarding your personal health

information through the process established by WHF.

18. To request information regarding transfer or to be given a full explanation for a transfer if it is initiated by WHF.
19. To have someone represent you in making health care decisions.
20. To express a concern and/or initiate WHF patient grievance process.
21. To receive information in a manner you understand.

Patients who have a concern should contact the Department Manager on duty and/or Medical Center Director. The Department Manager and/or Medical Center Director will direct the concern to the appropriate individual who will, in turn, act to resolve the matter to the patient's satisfaction. Should the patient wish to pursue the matter further, they may address the concern to the Administration of the clinic.

If the patient's concern remains unresolved, the concern can be addressed to:

State of Wisconsin
Division of Quality Assurance
PO Box 2969
Madison, WI 53701-2969
1-608-266-8481