

## Patient/Client/Resident Responsibilities

The care you receive depends partially on you. Therefore, in addition to these rights, a patient/client/resident has certain responsibilities as well. These responsibilities are presented in the spirit of mutual trust and respect.

### The patient/client/resident is responsible:

- To provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.
- For reporting perceived risks in his/her care and unexpected changes in his/her condition to the responsible practitioner.
- For following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- For keeping appointments and for notifying the caregiver or physician when he/she is unable to do so.
- For his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- For assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
- For following the organization's policies and procedures.
- For being considerate of the rights of other patients/clients/residents and staff.
- For being respectful of his/her personal property and that of other persons.

### The patient/client/resident and family are responsible:

- For asking questions about the patient/client/resident's condition, treatments, procedures, Clinical Laboratory and other diagnostic test results.
- For asking questions when they do not understand what they have been told about the patient/client/resident's care or what they are expected to do.
- For immediately reporting any concerns or errors they may observe.

### Concerns, Complaints or Grievances

You have the right to address any concerns (complaints), file a grievance or learn more about the grievance procedure used by the program from which you are receiving services. **Please contact North Central Health Care Administration at 715.848.4422.**

You may also choose to communicate your concerns directly to the State of Wisconsin Department of Health Services, Office of Caregiver Quality, PO Box 2969, Madison, WI 53701-2969, or call 608-264-9888.

Nursing home residents may also contact the Long-Term Care Ombudsman at the Board on Aging and Long-Term Care, 1402 Pankratz Street, Suite 111, Madison, WI 53704-4001 1.800.815.0015

If Medicare is paying for your services, you may also request review of your medical treatment by the peer review organization, called KEPRO.

KEPRO, Attention: Beneficiary Complaints  
5201 West Kennedy Boulevard, Suite 900  
Tampa, FL 33609

Wisconsin's Toll Free Beneficiary Helpline 855.408.8557  
TTY for all areas: 855.843.4776  
Fax: 844.834.7130 <http://www.keproqio.com>

### Reporting Safety or Quality Issues: The Joint Commission

North Central Health Care's Behavioral Health Programs and Inpatient Psychiatric Hospital are accredited by the Joint Commission. If you have a safety or quality of care concern which has been unresolved through hospital management, employees and patients have the right to contact The Joint Commission by dialing 1.800.994.6610 or email [complaint@jointcommission.org](mailto:complaint@jointcommission.org). Disciplinary action may not be taken against any employee or patient who reports a safety or quality concern to The Joint Commission.



North Central Health Care  
Person centered. Outcome focused.

715.848.4600

Fax: 715.848.2362

2400 Marshall Street,  
Wausau, Wisconsin 54403

[www.norcen.org](http://www.norcen.org)



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## PATIENT/CLIENT/RESIDENT Rights & Responsibilities



We Treat You With  
Dignity and Respect...

*Serving Residents in the Counties of  
Marathon, Langlade and Lincoln*

# You have the right to all of the following\*...

## Personal Rights

- Be cared for in a safe and clean environment by competent health care professionals;
- Be free from chemical and physical restraints and involuntary seclusion (unless medically necessary);
- Be free from abuse, neglect and harassment. This includes physical, mental, emotional or financial abuse;
- Have staff make fair and reasonable decisions about your treatment and care;
- Participate in religious services and social, recreational and community activities to the extent possible;
- Be paid, with some exceptions, for any work you do;
- Make your own decisions about things like getting married, voting and writing a will, if you are over the age of 18 and have not been found legally incompetent;
- Be given the chance to exercise and go outside for fresh air regularly and frequently, except for health and safety concerns;
- Receive treatment in a safe, psychologically and physically humane environment;
- Be treated with dignity. We will respect your cultural and personal values, beliefs and preferences;
- Not have your care affected by your race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, illness, handicap or ability to pay; and
- Contact a family member or representative and your personal physician to notify them of your admission, or have a staff member do so on your behalf. You may refuse to have others contacted.

## Treatment Rights

- Staff involved in your care will introduce themselves to you and explain what they are going to do;
- You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate to you;
- You must be allowed to participate in the planning of your treatment and care;
- You must be informed of your treatment and care, including alternatives to and possible side effects/risks of treatment or medications;
- You have the right to refuse treatment or medication unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. [If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.]
- You may not be given unnecessary or excessive medication;
- You have the right to leave against physician's order unless under a legal hold;
- You may not be subject to electroconvulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent;
- You must be informed, in writing, of any costs of your care and treatment for which you or your relatives may have to pay;
- You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the program, within the limits of available funding; and
- You have the right to formulate Advanced Directives.

## Communication and Privacy Rights

- You may call or write to public officials or your attorney;
- You may not be filmed, taped or photographed unless you agree to it;
- You may send and receive private mail;
- You may use a telephone when you wish;
- You may see visitors and designate who may visit;
- You must be provided privacy when you are in the bathroom and while receiving care for personal needs;
- You may use and wear your own personal articles and clothing;
- You must be given the opportunity to wash your clothes;
- You may use your own money as you choose, within some limits;
- Your treatment information is kept confidential unless the law permits disclosure;
- Your records may not be released without your consent, unless the law specifically allows for it; and
- You may ask to see your records.

Note: For children and adolescents receiving mental health treatment, see additional rights brochures.



\*Unless your or others' safety or security is at risk.

