



Elmhurst Memorial  
Healthcare

Who to call. What to know.

# My guide

for a comfortable stay

# Welcome

As a Planetree hospital, our goal is to provide high-quality, personalized care. We understand that a hospitalization can be a stressful time for you and your loved ones, and we want to help you understand what to expect during your stay. This guide is for you to use to understand and organize your health information not only in the Hospital, but also at home and with your physician in the future. We encourage you to file your medical information in this guide and bring it with you to future encounters with your physician or the Hospital in order to give you and your caregivers an accurate understanding of your medical history.

Primary nurse's name: \_\_\_\_\_

My room number is: \_\_\_\_\_

My direct phone line is: **(331) 221-1** \_\_\_\_\_

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**All five of your senses will notice a difference because we've embraced the Planetree philosophy. It's a holistic approach to healing the body as well as caring for the mind and spirit.**

# The Planetree Difference

Planetree is a non-profit organization that works with hospitals and healthcare facilities to develop and implement patient-centered care in a healing environment. Planetree's philosophy is based on a simple premise: care should be organized first and foremost around the needs of patients.

At Elmhurst Memorial Hospital, we have integrated the Planetree philosophy in everything we do. Elements in the Hospital's design that bring the Planetree principles to life include private patient rooms that encourage interaction between patients, their caregivers and family. For family members that want to be near their loved ones who are receiving care, we offer sleeping accommodations, large family rooms, kitchens and a Care Partner program. Other elements of our care that support EMHC's Planetree philosophy of a holistic approach to healing the mind, body and soul include:

- Friendly and compassionate staff members listen and treat you with respect and dignity.
- An individualized comprehensive education plan to help prepare you and your loved ones for discharge and your care at home.
- Open access to your own medical records. We encourage our patients to review their medical record with their healthcare provider on a regular basis to reinforce understanding of their medical condition and treatment.
- Room service-style dining provides quality food and nutrition that is essential for good health, healing and comfort.
- A Spiritual Care team with access to an interfaith chapel to support you and your family throughout your hospital stay.
- Art displays throughout the building and live music performances in the East Lobby provide a comfortable, more homelike environment.
- Balconies and gardens for you and your guests to connect with nature and fresh air.
- Wireless Internet access throughout the facility for you and your guests' convenience to stay connected with family and friends. In-room televisions also provide additional entertainment and relaxation options.
- Specialized programs and services to support your care, such as Animal-Assisted Therapy, Guided Meditation and Gentle Touch hand massages.



My guide for a comfortable stay

## During your stay

We know that this may be an anxious time for you, but we can remove some of the mystery during your stay. Look in this section for steps to follow when you are admitted, useful phone numbers and explanations about what to expect.

### DURING YOUR STAY

#### **Comfort and amenities for you and your guests**

Your private room is designed to offer you the comforts of home and be an inviting space for your loved ones to visit. As you get settled into your room, you may want to secure your valuables in the safe in your closet. Your room features a private bathroom with vanity mirror and shower, reclining chair, HDTV (see channel guide on page 7), cell phone reception and Wi-Fi access. Two shades over your window allow you to control the amount of natural light in your room. One shade is light filtering, and the other is room darkening.

Your loved ones are welcome to stay overnight on the sleeper sofa in your room. A wheeled table and foldout chairs are available in your room for meals with your guests or activities, such as card games, which can be brought to your room by a volunteer. Additionally, there are family lounges with kitchens and vending areas on each floor.

You may notice that there is lift equipment installed above your bed. Your caregivers will use it to help you sit up and get in and out of bed. Lift equipment protects you and your caregivers from possible strain or injury.

If you need assistance or have any concerns, there is a nurse call button on the pillow speaker next to your bed. Push the round red button that reads "Nurse," and an operator will respond within moments to ensure that an appropriate caregiver takes care of your needs quickly.

## My guide for a comfortable stay

### DURING YOUR STAY

#### **Comfort and amenities for you and your guests (cont.)**

We also offer these amenities to make your stay as pleasant as possible:

- Resource Center and Medical Library with computers linked to recommended websites, health reference books, magazines, journals, newsletters, and anatomical models and charts
- Complimentary newspapers, cards, puzzles, books, magazines and movies are among the service items that can be brought to you by Volunteer Services
- Family lounges and kitchens with microwaves and refrigerators
- Interfaith chapel on the first and second floors
- Piano music in the East Lobby
- Gardens, patios and balconies on each floor
- 1.5-mile walking trail around the campus perimeter
- Private cell phone rooms and cell phone reception throughout the campus
- Vending machines located in the family lounges and first floor
- Complimentary Wi-Fi access throughout the campus
- Walgreens
- Starbucks
- Wild Rose Floral & Gift Shop offers custom and pre-made flower arrangements, cards and other gift items
- An ATM located across from the WILDFLOWER Café in the vending room on the first floor

### DURING YOUR STAY

#### Room service/meals

Food is not only good for health and healing, but it is also a source of pleasure and comfort. Depending upon your medical condition, you can order breakfast, lunch and dinner through WILDFLOWER Room Service using the menu at your bedside. Your selections will be brought to your room within 45 minutes or at a time of your choice. WILDFLOWER Room Service is available from 6:30 am to 6:30 pm

To place your menu selections, press the “room service” button on your phone or dial **Ext. 13663**. WILDFLOWER Room Service may also be reached at **(331) 221-3663**, if you prefer to choose a representative to call in your menu selections from home or work. The menu may be viewed online at [www.emhc.org/roomservice](http://www.emhc.org/roomservice).

For information on how WILDFLOWER Room Service accommodates special diets, see the “My Resources” section of this binder.

#### GUEST MEALS AND KITCHENS

Your guests are welcome to join you for meals and can order from the WILDFLOWER Room Service menu. Guest meals are available for a nominal fee that can be paid by credit card. Guests are also welcome to dine in the WILDFLOWER Café and at Starbucks on the first floor. Family lounges with kitchen spaces are available for their comfort as well. Vending machines are located adjacent to the WILDFLOWER Café and Emergency Department. Guests are welcome to bring food from home and heat it in the family lounge microwaves or store it in the refrigerators if sealed, dated and labeled. Due to patients' heightened sensitivity to smell, please be considerate of what is heated in the microwaves and avoid food with strong aromas, especially popcorn. Please check with the nurse for any dietary restrictions before sharing food from home with patients.



## My guide for a comfortable stay

### DURING YOUR STAY

#### **Spiritual care services**

Our chaplains are nondenominational and work closely with you, individual(s) of your choice and your care team to provide the spiritual, religious or cultural support that will bring you and your family the most comfort. This service is available to everyone, regardless of age or diagnosis, 24 hours a day by calling **Ext. 16530**. We can help meet your individual “everyday” spiritual or cultural needs as well as assist during crises, medical emergencies and other types of critical incidents that require this kind of strength and guidance.

We welcome clergy of all faiths to visit members of their congregation or parish in the Hospital. An interfaith worship service is held at noon on Tuesdays and Thursdays in the Hospital’s chapel, which can be accessed from the first floor or the second-floor balcony.

Chapel services are broadcast on channel 39 for convenient viewing from the comfort of your room.

#### **Language assistance and translation services**

Elmhurst Memorial Hospital provides language and interpreter services free of charge. If you would like an interpreter, please tell a staff member.

## DURING YOUR STAY

### Supportive healing services

The following services are available to you to promote healing and wellness. As part of our Planetree philosophy of patient centered care, we believe in empowering our patients with choices and providing an environment that supports healing.

#### REST AND RELAXATION HOUR

At Elmhurst Memorial Hospital, we understand that rest and sleep are imperative to the healing process. We have scheduled the following times in the afternoon to decrease our noise and interruptions to assist you in providing an environment conducive to rest and sleep.

LOCATION	ROOM NUMBERS	TIMES
Second floor (CCU)	201-235	2:00-3:00 pm
Third floor	301-370	2:00-3:00 pm
Fourth floor Southeast	437-473	1:00-2:00 pm
Fourth floor West and Southwest	401-436	4:00-5:00 pm
Fifth floor	501-573	1:00-2:00 pm

#### GUIDED IMAGERY

A technique that can help individuals use their own thoughts and imagination to create relaxing healing scenarios in their minds. This complimentary service is provided through our Spiritual Care Services.

Please call **Ext. 16530** for additional information and to schedule an appointment. Service is available 7 days a week.

### DURING YOUR STAY

#### Supportive healing services (cont.)

##### GENTLE TOUCH HAND MASSAGE

Gentle touch massage is a gentle stroking of the forearm, hand and fingers to promote relaxation. Please speak with your nurse to determine if this service is appropriate for your medical condition. This service is provided weekly by our Volunteer Department on specific patient floors. Please call Volunteer Services Department at **Ext. 14095** or speak with your nurse for additional information.

##### CERTIFIED PET VISITS

Would a visit from a four-legged friend make you feel better? Our canine pet therapy program is available on specific patient units six days a week. Ask your nurse or call Volunteer Services at **Ext. 14095** for more information.

##### AROMATHERAPY

Aromatherapy is the use of fragrances to assist in altering one's frame of mind. Peppermint oil is complimentary and readily available to use as a room freshener. A wide variety of aromatherapy products are available for purchase at the Falling Water Boutique. Delivery to patient rooms is available. Please call the Falling Water Boutique for more information at **Ext. 13410**.

DURING YOUR STAY

**Television** A variety of local and cable television stations is available free of charge for entertainment and relaxation during your hospital stay. Specialty channels support spiritual care and education. Most channels are aired in high definition.

BROADCAST CHANNEL	HOSPITAL CHANNEL	BROADCAST CHANNEL	HOSPITAL CHANNEL	BROADCAST CHANNEL	HOSPITAL CHANNEL
WBBM (CBS)	2	Disney Channel East	22	Biography Channel	43
WFLD (FOX)	3	Nickelodeon East	23	Hallmark Channel	44
WPWR (MNT)	4	Animal Planet	24	Turner Classic Movies	45
WMAQ (NBC)	5	Discovery Channel	25	AMC	46
WXFt (tFt)	6	WCIU (Ind.)	26	FX	47
WLS (ABC)	7	TVLand HD	27	E! Entertainment TV	48
WTTW (PBS)	8	A&E	28	Food Network	49
WGN (CW)	9	History	29	Travel Channel	50
WSNS (TEL)	10	H2	30	Science Channel	51
WGBO (UNI)	11	HGTV	31	USA Network	52
Unavision	12	Comedy Central	32	BBC America	53
Galavision	13	CMT	33	National Geographic	54
CNBC	14	VH1	34	Comcast SportsNet	55
CNN	15	TNT	35	ESPN	56
Fox News Channel	16	TBS	36	ESPN2	57
Headline News	17	TLC	37	Golf Channel	58
MSNBC	18	EWTN	38	NBC Sports Network	59
The Weather Channel	19	EMHC Spiritual Services	39	NFL Network	60
ABC Family	20	Lifetime	41	ESPN News	61
Cartoon Network (East)	21	Lifetime Movie Channel	42	Big Ten Network	62

## My guide for a comfortable stay

### DURING YOUR STAY

#### Telephones

The phone number for your room is listed on your telephone. To make telephone calls to a number outside of the Hospital, dial 9 + 1 + (area code) + phone number. Local calls are free and include the following area codes: 331, 872, 312, 630, 708, 773, 815 and 847. Although calls cannot be charged to your hospital phone, long distance calls can be placed either by calling card, collect or billed to your home telephone number. Incoming calls will be routed through the nurses' station at night from 10 pm to 7 am to ensure that your rest and comfort are not disturbed.

DEPARTMENT	EXT.
CareMatch (Class Registration & Physician Referral)	12273 or 1CARE
Falling Water: A boutique for the mind, body & spirit	13410
Medical Records	16755
Operator	0
Patient Financial Counselor	16740
PRIDE Line (compliments and concerns)	11115
Resource Center and Medical Library	14130
Security	15500
Social Services/Case Management	11146
Spiritual Care	16530
Volunteer Services	14095
Walgreens	13690
WILDFLOWER Room Service	13663 or 1FOOD
Wild Rose Floral & Gift Shop	13407

### DURING YOUR STAY

#### **What to expect during admission**

Your personal physician or a member of the independent medical staff in the Emergency Department of Elmhurst Memorial Hospital has arranged for you to be admitted for care.

- Your personal information, such as your name, address, telephone number and insurance or Medicare information, is collected.
- In order for the Hospital to provide care and treatment, you will be asked to sign an authorization form called a Release of Information. Patients under age 18 will need a parent's or guardian's signature, except for special circumstances.
- We will notify a person of your choice and your physician of your admission to the Hospital.
- We will ask for a contact person in case of a sudden change in your condition.
- Your physician is coordinating your care every day. He/she will use the appropriate insurance or Medicare guidelines to determine if you are admitted as an inpatient or if you will stay overnight for observation as an outpatient. Please ask if you have questions about your status, and we will be happy to explain. See page 40 for more details and Medicare information.

After getting settled into your room, your care team will be introduced to you. A nursing team representative will monitor your condition and make sure that we are meeting your needs.

## My guide for a comfortable stay

### DURING YOUR STAY

#### **Your healthcare team**





You are an important part of the team that will make decisions about your care during your stay. Your primary nurse is responsible for ensuring that all physicians and hospital staff members who work with you follow the plan of care that is designed to meet your individual needs. Your primary caregivers include physicians who will order exams and treatments, nurses who will monitor your condition and administer medication, and patient care technicians (PCT) who will check your vital signs and help you with personal needs, such as dressing and getting out of bed. Depending on your individual care plan, you may see other types of caregivers as well, such as a chaplain, dietitian, physical therapist, case manager, nurse manager or other physician consultants.

Bedside reports keep you better informed about your plan of care, medications, tests and progress while you are here. Reports take place at the change of each shift and are a time for nurses to share important information with the new shift nurse and to introduce you to your new nurse as well as to provide you with the opportunity to add your input regarding your plan of care and progress. If you have visitors in your room at the time of a bedside report and you do not want them to hear the report, please let your nurse know, so other arrangements can be made.

DURING YOUR STAY

**Caregiver identifier**

At Elmhurst Memorial Hospital, a highly trained team of healthcare professionals will work together to provide you with personalized, quality care. Your caregivers' uniforms are color coded by discipline to help you identify them.

	REGISTERED NURSE
	SURGICAL SERVICES
	FAMILY BIRTHING CENTER
	PATIENT CARE ASSISTANT
	LICENSED PROFESSIONAL
	NON-LICENSED PROFESSIONAL
	RESPIRATORY
	CENTRAL TRANSPORT
	HOUSEKEEPING



### DURING YOUR STAY

#### **Care Partners**

The emotional support of a loved one is an important part of the healing process. We invite you to select a person whom you would like to designate as your Care Partner. This person will be invited to participate in as much of your care as is comfortable for him/her.

Your nurse will provide your Care Partner with a door tag on which your Care Partner should select the types of activities that he/she would like to help you with. The door tag will be hung on the outside of your door to alert staff members that they should involve your Care Partner in discussions about your care and invite him/her to assist.

Care Partners are welcome to take advantage of the following services and discounts when they are wearing their Care Partner name tag:

- Family lounges
- 10% discount at the WILDFLOWER Café on the first floor
- Guest meals for a nominal fee by calling WILDFLOWER Room Service
- 10% discount on select items at Falling Water: A boutique for the mind, body & spirit and the Wild Rose Floral & Gift Shop on the first floor
- Resource Center and Medical Library

You may change or discontinue your Care Partner at any time. The program is intended to provide you with more personalized care and better prepare you for returning home. It is not intended to replace the care provided by the Elmhurst Memorial Healthcare team.

DURING YOUR STAY

**Your medical record**

Your health information is protected and kept confidential; moreover, you may choose to restrict or amend health information and communication about your treatment. Our goal is to personalize and demystify your healthcare experience; therefore, we welcome you to view your medical record with your healthcare provider.

When reviewing your record, please understand that your health condition and results are documented using medical-industry language and standards. Physicians are trained to document all possible diagnoses, even if they are not proven or are very remote. This is done to ensure that no possible reason for your condition is over-looked. Laboratory values can vary in range, providing a rough guide for physicians to interpret, based on your age, medical history and condition.

If you see a notation in your record that you are unaware of or do not understand, please do not become alarmed. Your care team, led by your physician and primary nurse, is here to help you understand your healthcare needs and can explain the style of medical communication used in your record as they respond to any questions or concerns that you may have.

## My guide for a comfortable stay

### DURING YOUR STAY

#### **Safety precautions and cleaning**

We work very hard to prevent hospital-acquired infections. To protect your health as well as the health of your caregivers and guests, isolation precautions are sometimes required. Your guests should talk with your nurse before entering your room to find out if they need to take special precautions. Personal protective equipment, such as gloves, masks and gowns, is stored in cabinets outside patient rooms for convenience and safety.

Guests and caregivers should always wash their hands or use hand sanitizer before entering your room and immediately after leaving. Remind your guests that they should wash their hands for at least 15 seconds before eating and after using the bathroom as well.

We are sensitive to preserving the environment. Changing your linens every other day ensures your comfort while conserving water and reducing energy consumption. If you would like your bed linens changed more frequently, please tell your nurse.

#### **Infection prevention**

We encourage our patients and their families to be active in caregiving. Speak with your care provider about your dressings, indwelling catheters and vaccinations. If you haven't seen your professional healthcare staff members or visitors wash their hands or use hand gel upon entering your room, ask them to do so.

#### **Ethics consultation**

Feel free to discuss any questions or concerns about your medical treatment with your nurse and physician. An unbiased Ethics Consultation Team is available to assist you and your family with difficult decisions.



My guide for a comfortable stay

# Going home

We know that this may be an anxious time for you, but we can remove some of the mystery during your stay. Look in this section for steps to follow when you are admitted, useful phone numbers and explanations about what to expect.

GOING HOME

**Preparing for discharge**

The physician in charge of your care, the “attending” physician, will work with you, your nurse and your case manager to plan for your discharge from the Hospital.

The day of discharge can be very busy. The following questions will help you prepare.

- Who will pick me up from the Hospital?
- What will I wear when I am discharged?
- How will I get my prescriptions filled?
- Do I have any questions about my medications or care at home?
- Do I need special equipment?
- Would I benefit from home care or rehabilitative services?
- When will I see my doctor for follow-up?

We work closely with our Home Health agency, as well as local rehabilitation, skilled nursing, home health and hospice providers, to make sure that you receive the follow-up care that is best for you. A case manager can help you and your family make the necessary arrangements.

It is important to begin thinking about your post-hospital care as soon as possible. If you would like to request a discharge planning evaluation, please notify your nurse to initiate the referral.

## My guide for a comfortable stay

### GOING HOME

#### **Matching your needs with a physician**

Finding a physician that you feel comfortable with and have confidence in, is critical. If you don't have a physician to coordinate your follow-up care, CareMatch counselors will help you identify a physician who meets your needs. Once we've identified physicians who match your criteria, you will learn more about them, and our CareMatch counselors can even assist you in scheduling an appointment with the physician of your choice while you are on the phone.

Call CareMatch at **(331) 221-2273**, Monday through Friday from 8 am to 5 pm, or visit **[www.emhc.org](http://www.emhc.org)** to find a physician.

GOING HOME

**Elmhurst Memorial  
Home Health, Hospice,  
Palliative Care and  
Home Medical  
Equipment services**

Whether you're acutely ill, temporarily disabled or require long-term care, Elmhurst Memorial Healthcare has an interdisciplinary team of healthcare professionals that can bring the same quality care to your home that we provide in the Hospital, as well as providing terminally ill patients and their families with physical, emotional, psychological, social and spiritual support.

Our services include:

- 24-hour access, 7 days a week
- Immediate response
- Quality control across the health system
- Continuous education focusing on the latest procedures and technological advances
- Expert nursing care
- Bereavement counseling
- Set up and maintenance of medical equipment, such as wheelchairs, hospital beds, blood glucose monitors and respiratory devices

If you or a loved one believes that home care is necessary, please speak with your nurse. If your needs change after discharge, you are welcome to call the Case Management Department at **(331) 221-1146** or you may call Elmhurst Memorial Home Health services directly at **(331) 221-5400**. We will be happy to make arrangements with your physician. After discharge, you may contact Action Medical at **(331) 221-1700** for help determining if your medical equipment is covered by your insurance provider or Medicare.

### GOING HOME

#### **Tell us about your experience**

We appreciate the opportunity to care for you during your hospital stay. We are here to give you the best possible care and the personal attention that you expect. In order to ensure that we measure up to your expectations, please share your feedback about your stay.

Several weeks after you leave the Hospital, you may receive a call on our behalf from HealthStream Research, an independent healthcare research firm that conducts random phone calls to survey our patients. The organization will ask you several questions about your experience and the service that you received — your individual responses will be anonymous and will not be shared with any of our physicians or staff. If you are contacted, please take a few minutes to answer the survey questions; your feedback will help us improve our services for future patients.

Thank you for choosing Elmhurst Memorial Hospital and for entrusting us with your care.



GOING HOME

**Reporting compliments  
and concerns**

We are here to respond to any unmet needs or complaints and also to accept any compliments or recommendations for improving our care and service to you.

If you or your family are concerned with your hospital care or service, you may call the PRIDE line at **(331) 221-1115** from outside the Hospital.

If concerns cannot be resolved through the Hospital, a patient, family member, community representative or employee has the right to notify The Joint Commission regarding the quality of care provided, safety of care provided or safety of the environment in which care was provided. Anyone believing that he or she has pertinent and valid information about such matters may notify The Joint Commission at **(800) 994-6610**.

**The Joint Commission Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
Complaint Line: (800) 994-6610  
E-mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)**

Elmhurst Memorial Healthcare is regularly surveyed by The Joint Commission to ensure that standards are met concerning organization and safety quality-of-care issues, and the safety of the environment in which the care is provided.

GOING HOME

**Reporting compliments  
and concerns (cont.)**

You may also choose to contact the Illinois Department of Public Health's Complaint Registry at **(800) 252-4343** or the Illinois Foundation for Quality Healthcare (IFQHC) at **(800) 647-8089**.

**Illinois Department of Public Health  
Central Complaint Registry  
Division of Healthcare Facilities and Programs  
525 W. Jefferson Street  
Springfield, IL 62761-0001  
24-hour toll free: (800) 252-4343  
TTY: (800) 526-4372  
E-mail: [Dph.Ccr@illinois.gov](mailto:Dph.Ccr@illinois.gov)**

If you are a Medicare beneficiary and you have a complaint regarding quality of care or reimbursement issues, or you wish to appeal a discharge decision, you may contact:

**Illinois Foundation for Quality Healthcare  
2625 Butterfield Road, #102E  
Oak Brook, IL 60523  
Toll free: (800) 647-8089  
Fax: (630) 571-5611**

GOING HOME

**Financial assistance**

An important part of our commitment to the community is to provide quality care to everyone who needs it.

If you do not have health insurance and worry that you may not be able to pay in full for your care, we may be able to help. Elmhurst Memorial Hospital provides financial assistance to patients based on their income, assets and needs. In addition, we may be able to help you apply for governmental assistance or work with you to arrange a manageable payment plan.

Please be assured that your financial situation in no way impacts the care that you receive during your hospital stay.

**Billing questions**

If you would like to speak with a financial counselor while you are in the Hospital, please call **Ext. 16740**.

If you have a question about your hospital bill after you've gone home, please call a patient business representative at **(630) 993-5700**.

### GOING HOME

#### **Billing**

As a courtesy to our patients, we will bill all insurance plans provided to us. A billing statement is not generated until all of your insurance companies have responded or made payments. Generally, it takes 45 to 60 days to obtain payment from your insurance carrier, but in extreme cases, it may take up to a year for their response. Once your insurance carrier pays their portion of the bill, they will send you an explanation of benefits (EOB) to show how the claim was paid.

We will be happy to explain any and all charges to you. Please contact one of our financial counselors at **(331) 221-6740**. If you have any questions concerning why you received certain tests or procedures, please contact your physician.

In addition to receiving a bill from the Hospital, you will receive a separate bill from each physician who provided professional services, such as radiology, laboratory/pathology, cardiology, emergency room, anesthesiology and nuclear medicine. If you have questions about these bills or related insurance coverage, please call the physician's office listed on the billing statement.

GOING HOME

**Medical records**

To request a copy of your medical record, please complete an Authorization to Use or Disclose Protected Health Information form and mail, fax or deliver it in person to:

**Medical Records Department  
Elmhurst Memorial Hospital  
155 E. Brush Hill Road  
Elmhurst, IL 60126  
Phone: (331) 221-6755  
Fax: (331) 221-3726**

You can either download the form from [www.emhc.org](http://www.emhc.org) and view a list of fees or call **(331) 221-6755** to request a form and inquire about fees.

**Outpatient services**

Visit [www.emhc.org](http://www.emhc.org) for a complete list of services and locations where we provide outpatient services. We offer numerous options that allow you to receive outpatient services at the location and time that is best for you.

Many outpatient services can be scheduled by calling our Outpatient Scheduling Department at **(331) 221-0005**. And now, to make the process even more convenient, many outpatient tests and procedures can be scheduled online at [www.emhc.org](http://www.emhc.org).

### GOING HOME

#### Classes and events

Elmhurst Memorial Healthcare offers an expansive range of wellness programs and support groups. Classes and events are updated on [www.emhc.org](http://www.emhc.org) regularly. Registration can be done online or by calling CareMatch at **(331) 221-2273**. Program topics include:

- Prenatal and postnatal
- Family wellness
- Other fitness classes
- Chair Yoga and Tai Chi
- Screenings
- Special events
- Support groups

#### Volunteering at EMHC

Volunteers are a special part of the care that is provided at Elmhurst Memorial Healthcare. More than 600 men, women and teen volunteers from the community contribute their time and talents to patients, visitors and staff each year.

Volunteer services and programs are available in more than 50 service areas in the Hospital as well as at other Elmhurst Memorial Healthcare facilities. Volunteer roles include greeters, guest associates, transporters, cookie bakers and office assistants. The Elmhurst Memorial Hospital Guild also offers volunteer opportunities at the Pink Elephant Resale Shop, Falling Water boutique, and The Wild Rose Floral & Gift Shop. For more information on volunteering, visit [www.emhc.org](http://www.emhc.org) and click the “About Us” tab or call **(331) 221-4095, Ext. 14095**.

GOING HOME

**Annual or major gifts**

As a not-for-profit healthcare provider, all charitable contributions made to Elmhurst Memorial Healthcare are tax deductible. For those who wish to acknowledge the Hospital on an annual basis or with a more substantial major gift or bequest, the Elmhurst Memorial Hospital Foundation oversees all charitable contributions. Checks should be made payable and sent to the Elmhurst Memorial Hospital Foundation. For more information on making a gift or about donor recognition, please call **Ext. 14483**.

**Memorial or remembrance gifts**

From time to time, patients or their families ask how they can financially acknowledge the role Elmhurst Memorial Healthcare has played in their lives — whether it be the birth of a child or grandchild, recovery from a serious accident or illness or the passing of a loved one. Tax-deductible gifts can be made to the Elmhurst Memorial Healthcare Guild Remembrance Fund and sent to the Elmhurst Memorial Hospital Foundation. For more information, please call **Ext. 14483**.

GOING HOME

**Caregiver Recognition Program**

Has a caregiver at Elmhurst Memorial Healthcare made a difference in your life?

Our patients and their families often ask about ways by which to acknowledge acts of professionalism and kindness from our physicians, nurses, other staff members and volunteers.

You can acknowledge the caregivers who have made a difference in your life by participating in the Caregiver Recognition Program.

The program works this way:

- You can convey your gratitude for the caregiver with a donation to the Elmhurst Memorial Foundation.
- The caregiver is notified of your recognition, but not the amount you have donated.
- The caregiver receives internal recognition that someone has honored him or her.

Checks should be made payable and sent to the Elmhurst Memorial Hospital Foundation. For more information, please call **Ext. 14483**.

**Elmhurst Memorial Hospital Foundation**

**155 E. Brush Hill Road**

**Elmhurst, IL 60126**

**Phone: (331) 221-4483**

**[www.emhfoundation.org](http://www.emhfoundation.org)**





My guide for a comfortable stay

## My resources

We know that this may be an anxious time for you, but we can remove some of the mystery during your stay. Look in this section for steps to follow when you are admitted, useful phone numbers and explanations about what to expect.

MY RESOURCES

**Special diets**

Your physician will order a diet at admission, which may change as needed. For example, a scheduled test or procedure may require a different diet. If you need information regarding your special diet, have food allergies or any questions about our services, we are happy to assist you. Please feel free to call WILDFLOWER Room Service at **Ext. 13663** for immediate contact with the Clinical Nutrition Services Department. Below are brief descriptions of our most common hospital diets.

**CLEAR LIQUID**

Your diet will be limited to clear liquids, such as tea, broth, gelatin and some juices, for bowel rest. This diet may be ordered before or after surgery or when experiencing nausea or vomiting. This restrictive diet is intended to last for only a short time due to its nutritional inadequacies. A supplement, such as Ensure, may be ordered if it is necessary to extend this diet beyond two or three days.

**CARDIAC OR LOW FAT/LOW CHOLESTEROL  
AND LOW SALT (2 GM SODIUM)**

This diet is designed to help manage/reduce the risk factors associated with heart disease, such as high cholesterol and high blood pressure. It limits high-fat and high-sodium foods by providing Mrs. Dash seasoning in place of the salt packet.

**LOW SODIUM DIET**

This diet is designed to manage high blood pressure, limit the buildup of fluid in the body or help manage heart failure, kidney or liver disease. It restricts sodium to 2 grams daily by limiting high-sodium foods and providing Mrs. Dash seasoning in place of the salt packet.

### MY RESOURCES

#### Special diets (cont.)

##### NO ADDED SALT

This diet limits sodium to less than 4 grams daily by providing Mrs. Dash seasoning in place of the salt packet, eliminating bacon, sausage and ham, and offering reduced-sodium soups.

##### PEPTIC ULCER OR BLAND DIET

This diet eliminates caffeine, including decaffeinated coffee and tea, cola, chocolate, pepper and high-fat foods that may irritate the stomach lining.

##### CARBOHYDRATE/CALORIE CONTROLLED DIET

Foods with carbohydrates will be modified to help control blood sugar levels. If your physician specifies a calorie level, your diet is calculated for carbohydrates, protein and fat to meet your individual needs. Your menu selections will be monitored and necessary changes may be made to meet the prescribed calorie level. Non-nutritive sweeteners will replace sugar.

##### BALANCED CARBOHYDRATE/NO CALORIE LEVEL (NO CONCENTRATED SWEETS)

Foods high in carbohydrates will be limited and non-nutritive sweeteners will replace sugar.

##### RENAL DIET (2 GM SODIUM, 2.5 GM POTASSIUM)

Our standard renal diet limits sodium and potassium when the kidneys are not functioning normally. A renal diet is designed to reduce the burden on the kidneys; therefore, your physician may prescribe a meal plan modified for protein, potassium, phosphorus, sodium and liquids, depending on your individual needs.

There are specialty diets not included in the above list, and your physician may order you a combination of therapeutic dietary restrictions. To ensure your health improvement, your menu selections may be altered to comply with your physician's orders.

MY RESOURCES

**Health effects of smoking**

Health studies have shown that smoking can affect your heart, as well as your lungs. Smoking also raises your risk of certain cancers. These are all good reasons to quit.

**HOW SMOKING AFFECTS YOUR BODY**

Smoking has been linked with many serious illnesses. It also has been shown to increase signs of aging. A few of the health effects of smoking are listed below. Smoking can:

- Increase your risk of lung cancer, bladder cancer and cervical cancer
- Raise blood pressure, which increases your risk of heart attack or stroke
- Reduce blood flow, which can slow healing and cause wrinkles
- Cause bleeding problems for pregnant women, and/or miscarriage, stillbirth or birth defects
- Result in erectile dysfunction (ED)

**FACING FACTS**

When you smoke, your breathing becomes shallow and your lungs fill with smoke. Smoking cigarettes also fills your body with chemicals, such as nicotine and tar.

**SMOKE**

Cigarette smoke contains carbon monoxide. This gas takes the place of oxygen in your blood.

**NICOTINE**

This drug raises your blood pressure and heart rate. It reduces blood flow to your arms and legs, and slows digestion.

### MY RESOURCES

#### **Health effects of smoking (cont.)**

##### **TAR**

Tar is what's left after tobacco is smoked. This sticky brown material gums up your lungs, so less oxygen gets into your bloodstream.

##### **OTHER CHEMICALS**

Cigarette smoke contains over 4,000 other chemicals, including formaldehyde, arsenic and lead. Dozens of these chemicals are known to cause cancer.

#### **Getting support for quitting smoking**

You don't have to go through the process of quitting smoking without support. Tell people you are quitting. The support of friends, co-workers and family members can make a big difference. Face-to-face or telephone counseling can also be helpful, as can a stop-smoking class or an ex-smokers' group.

##### **SET A QUIT DATE**

If you're serious about quitting smoking, choose a date within the next 2 to 4 weeks. Mark it in bright, bold letters on a calendar you use often. Tell people about your quit date. Ask for their support. Let your friends and family know how they can help you quit.

##### **MAKE A CONTRACT**

A quit-smoking contract gives you a goal. Write out the contract and sign it. Have it witnessed, if you like. Then keep the contract where you'll see it often, or carry it with you. Read the contract when you're tempted to smoke.

MY RESOURCES

**Getting support for quitting smoking (cont.)**

**TAKE ACTION**

On the day you quit, reread your quit contract. Think about the benefits you gain by quitting, such as better health and an improved sense of taste.

- Remove cigarettes from your home, car or any other place where you stash them.
- Throw away all smoking materials, including matches, lighters and ashtrays.
- Review your list of triggers and your plan for coping with them.
- Stay away from people or settings you link with smoking.
- Make a survival kit that includes gum, mints, carrot sticks and things to keep your hands busy.
- Talk to your healthcare provider about using quit-smoking products, such as medication or a nicotine patch, inhaler, nasal spray, gum or lozenges.

**ASK FOR HELP**

Sometimes you may just need to talk when you miss smoking. Ex-smokers are good to talk to because they're likely to know how you feel. You may need extra support in the first few weeks after you quit. Ask a friend to call you each day to see how you're doing. Telephone counseling can also help you keep on track. Ask your healthcare provider, local hospital or public health department to put you in touch with a phone counselor. You may also have to deal with doubters when you decide to quit. Explain to any doubters why you are quitting. Tell them that quitting is important to you. Ask for their support. Tell your smoking buddies that you can walk together instead of smoking together. If someone thinks you won't succeed, say that you have a good quit plan. Let him or her know you're sticking with it.

### MY RESOURCES

#### Patient rights and responsibilities

Elmhurst Memorial Hospital respects the following rights and responsibilities of its patients and is committed to providing these rights to every patient.

##### Patient rights

- You have the right to receive information about your care, treatment and services in a language or manner that you or your representative can understand.
- You have the right to access care, treatment and services that are available and medically indicated without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or the nature of the source of payment for your care, treatment and services.
- You have the right to have a representative of your choice (including, but not limited to, a spouse, a domestic partner — including a same-sex domestic partner, parent, another family member or a friend) and your own physician promptly notified of your admission to the Hospital.
- You have the right to designate another individual to make medical decisions for you if you are unable to do so through an advance directive, such as a living will, power of attorney for healthcare or mental health advance directive.
- You have the right to visitor(s)/support individual(s) of your choice (including, but not limited to, a spouse, a domestic partner — including a same-sex domestic partner, parent, another family member or a friend) unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated. You also have the right to stop or change your choice at any time. The individual(s) may be someone other than your surrogate decision-maker or legally authorized representative.
- You have the right to be free from neglect, exploitation, and verbal, mental, physical and sexual abuse or harassment.
- You have the right to an environment that preserves personal privacy, dignity and comfort, and contributes to a positive self-image.
- You have the right to receive care, treatment and services in a safe setting.
- You have the right to be free from restraint or seclusion of any form imposed as means of coercion, discipline, convenience or retaliation.
- You have the right to have your personal values and beliefs respected, and to exercise your cultural and spiritual beliefs in a manner that does not interfere with the care, treatment and services of you or other patients.
- You have the right to appropriate assessment and management of pain.
- You have the right to privacy concerning your medical care and the right to expect that communications and records pertaining to your care, treatment and services will be treated as confidential.
- You have the right to know by name and receive information about the physician and other practitioners who are primarily responsible for providing you with care, treatment and services.
- You have the right to communicate with the physician responsible for your care, treatment and services, and to receive from him or her information concerning diagnosis, nature and extent of your medical problem.
- You have the right to informed consent regarding:
  - The nature and purpose of a procedure that is to be performed
  - Who will perform the procedure
  - Medically significant risks and benefits associated with the procedure
  - Reasonable alternatives and their associated risks and benefits
  - Use of recordings, films or other images for purposes other than for care, treatment and services

### MY RESOURCES

#### Patient rights and responsibilities (cont.)

- You also have the right to withhold consent or request or refuse care, treatment and services.
- You have the right to participate in or to make decisions about your plan of care prior to and during the course of your care, treatment and services.
- You have the right to information about the outcome of your care, treatment and services.
- You have the right to be informed about the unanticipated outcomes of care, treatment and services.
- You have the right to review your record pertaining to your care, treatment and services within a reasonable time frame and to have the information explained or interpreted as necessary, except when restricted by law and regulation.
- You have the right to decide whether to participate in research, investigation or clinical trial projects after receiving a full explanation.
- You have the right to access protective and advocacy services (guardianship or advocacy services, conservatorship or child/adult protective services).
- You have the right to know if your request for care, treatment and services cannot be reasonably provided by the Hospital. If you request to be transferred to another facility, you have the right to receive information and an explanation concerning the need for and alternatives to such a transfer. If it is medically safe to transfer you, and the facility to which you have requested has accepted you, the Hospital will assist in transferring you to that facility.
- You have the right to request and receive an itemized bill for care, treatment and services rendered in the Hospital.
- You have the right to be informed of the Hospital's rules and regulations.
- You have the right to a consultation concerning ethical issues that affect your care, treatment and services.
- You have the right to request nursing staff schedules on the unit where you are a patient, as well as general staffing information and staff training information, by contacting the team leader on your unit.
- You have the right to a prompt investigation and resolution of any complaint/grievance. You or your representative may contact the Director of Patient Advocacy and Planetree in person or by calling the PRIDE Line at **(331) 221-1115** to file a complaint/grievance.

While most complaints/grievances can be resolved directly with your care providers or the Hospital, patients also have the right to notify (by phone or in writing):

**Illinois Department of Public Health  
Central Complaint Registry  
Division of Healthcare Facilities and Programs  
525 W. Jefferson Street  
Springfield, IL 62761-0001  
24-hour toll free: (800) 252-4343  
TTY: (800) 526-4372  
E-mail: [Dph.Ccr@illinois.gov](mailto:Dph.Ccr@illinois.gov)**

In addition, patients may contact The Joint Commission with any concerns about the safety or quality of care:

**The Joint Commission Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
Complaint Line: (800) 994-6610  
Fax: (630) 792-5836  
E-mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)**

Medicare patients who believe that they are being prematurely discharged have the right to contact:

**Illinois Foundation for Quality Healthcare  
2625 Butterfield Road, #102E  
Oak Brook, IL 60523  
Toll free: (800) 647-8089  
Fax: (630) 571-5611**



## My guide for a comfortable stay

### MY RESOURCES

#### **Patient rights and responsibilities (cont.)**

- You have the responsibility to provide, to the best of your knowledge, accurate and complete information about:
  - Present complaints
  - Past illnesses
  - Hospitalizations
  - Medications
  - Other matters relating to your health
  - Unexpected changes in your condition and report them to the responsible practitioner.
- You have the responsibility to ask questions if you do not understand a medical or nursing action or do not understand what is expected of you.
- You have the responsibility for following the treatment plan recommended by the practitioner responsible for your care, treatment and services. This may include the instructions of nurses and other hospital personnel as they carry out the coordinated plan of care, treatment and services, and implement the practitioner's orders.
- You have the responsibility for following all hospital rules and regulations.
- You have the responsibility for being considerate of the rights of other patients and hospital personnel, and for assisting in the control of noise and number of visitors.
- You are responsible for being respectful of the property of other persons and of the Hospital.

MY RESOURCES

## Statement of Illinois law on advance directives and Do Not Resuscitate (DNR) orders

You have the right to make decisions about the healthcare you get now and in the future. An advance directive is a written statement you prepare about how you want your medical decisions to be made in the future, if you are no longer able to make them for yourself. A Do Not Resuscitate order (DNR order) is a medical treatment order that says cardiopulmonary resuscitation (CPR) will not be used if your heart and/or breathing stops.

Federal law requires that you be told of your right to make an advance directive when you are admitted to a healthcare facility. Illinois law allows for the following three types of advance directives: (1) healthcare power of attorney; (2) living will; and (3) mental health treatment preference declaration. In addition, you can ask your physician to work with you to prepare a DNR order. You may choose to discuss with your healthcare professionals and/or attorney these different types of advance directives as well as a DNR order. After reviewing information regarding advance directives and a DNR order, you may decide to make more than one. For example, you could make a healthcare power of attorney and a living will.

If you have one or more advance directives and/or a DNR order, tell your healthcare professionals and provide them with a copy. You may also want to provide a copy to family members, and you should provide a copy to those you appoint to make these decisions for you.

State law provides copies of sample advance directives forms. In addition, this webpage provides a copy of these forms and a copy of the Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive.

### Healthcare power of attorney

The healthcare power of attorney lets you choose someone to make healthcare decisions for you in the future, if you are no longer able to make these decisions for yourself. You are called the “principal” in the power of attorney form and the person you choose to make decisions is called your “agent.” Your agent would make healthcare decisions for you if you were no longer able to make these decisions for yourself. So long as you are able to make these decisions, you will have the power to do so. You may use a standard healthcare power of attorney form or write your own. You may give your agent specific directions about the healthcare you do or do not want.

The agent you choose cannot be your healthcare professional or other healthcare provider. You should have someone who is not your agent witness your signing of the power of attorney.

The power of your agent to make healthcare decisions on your behalf is broad. Your agent would be required to follow any specific instructions you give regarding care you want provided or withheld. For example, you can say whether you want all life-sustaining treatments provided in all events; whether and when you want life-sustaining treatment ended; instructions regarding refusal of certain types of treatments on religious or other personal grounds; and instructions regarding anatomical gifts and disposal of remains. Unless you include time limits, the healthcare power of attorney will continue in effect from the time it is signed until your death. You can cancel your power of attorney at any time, either by telling someone or by canceling it in writing. You can name a backup agent to act if the first one cannot or will not take action. If you want to change your power of attorney, you must do so in writing.

### MY RESOURCES

## Statement of Illinois law on advance directives and Do Not Resuscitate (DNR) orders (cont.)

### Living will

A living will tells your healthcare professional whether you want death-delaying procedures used if you have a terminal condition and are unable to state your wishes. A living will, unlike a healthcare power of attorney, only applies if you have a terminal condition. A terminal condition means an incurable and irreversible condition such that death is imminent and the application of any death-delaying procedures serves only to prolong the dying process.

Even if you sign a living will, food and water cannot be withdrawn if it would be the only cause of death. Also, if you are pregnant and your healthcare professional thinks you could have a live birth, your living will cannot go into effect.

You can use a standard living will form or write your own. You may write specific directions about the death-delaying procedures you do or do not want.

Two people must witness your signing of the living will. Your healthcare professional cannot be a witness. It is your responsibility to tell your healthcare professional if you have a living will, if you are able to do so. You can cancel your living will at any time, either by telling someone or by canceling it in writing.

If you have both a healthcare power of attorney and a living will, the agent you name in your power of attorney will make your healthcare decisions unless he or she is unavailable.

### Mental health treatment preference declaration

A mental health treatment preference declaration lets you say if you want to receive electroconvulsive treatment (ECT) or psychotropic medicine when you have a mental illness and are unable to make these decisions for yourself. It also allows you to say whether you wish to be admitted to a mental health facility for up to 17 days of treatment.

You can write your wishes and/or choose someone to make your mental health decisions for you. In the declaration, you are called the "principal" and the person you choose is called an "attorney-in-fact." Neither your healthcare professional nor any employee of a healthcare facility in which you reside may be your attorney-in-fact. Your attorney-in-fact must accept the appointment in writing before he or she can start making decisions regarding your mental health treatment. The attorney-in-fact must make decisions consistent with any desires you express in your declaration unless a court orders differently or an emergency threatens your life or health.

Your mental health treatment preference declaration expires three years from the date you sign it. Two people must witness you signing the declaration. The following people may not witness your signing of the declaration: your healthcare professional, an employee of a healthcare facility in which you reside, or a family member related by blood, marriage or adoption. You may cancel your declaration in writing prior to its expiration as long as you are not receiving mental health treatment at the time of cancellation. If you are receiving mental health treatment, your declaration will not expire and you may not cancel it until the treatment is successfully completed.

MY RESOURCES

**Statement of Illinois law on advance directives and Do Not Resuscitate (DNR) orders (cont.)**

**Do Not Resuscitate order**

You may also ask your healthcare professional about a Do Not Resuscitate order (DNR order). A DNR order is a medical treatment order stating that cardiopulmonary resuscitation (CPR) will not be attempted if your heart and/or breathing stops. The law authorizing the development of the form specifies that an individual (or his or her authorized legal representative) may execute the IDPH Uniform DNR Advance Directive directing that resuscitation efforts shall not be attempted. Therefore, a DNR order completed on the IDPH Uniform DNR Advance Directive contains an advance directive made by an individual (or legal representative), and also contains a physician's order that requires a physician's signature.

Before a DNR order may be entered into your medical record, either you or another person (your legal guardian, healthcare power of attorney or surrogate decision maker) must consent to the DNR order. This consent must be witnessed by two people who are 18 years or older. If a DNR order is entered into your medical record, appropriate medical treatment other than CPR will be given to you.

**What happens if you don't have an advance directive?**

Under Illinois law, a healthcare "surrogate" may be chosen for you if you cannot make healthcare decisions for yourself and do not have an advance directive. A healthcare surrogate will be one of the following persons (in order of priority): guardian of the person, spouse, any adult child(ren), either parent, any adult brother or sister, any adult grandchild(ren), a close friend, or guardian of the estate.

The surrogate can make all healthcare decisions for you, with certain exceptions. A healthcare surrogate cannot tell your healthcare professional to withdraw or withhold life-sustaining treatment unless you have a "qualifying condition," which is a terminal condition, permanent unconsciousness, or an incurable or irreversible condition. A "terminal condition" is an incurable or irreversible injury for which there is no reasonable prospect of cure or recovery, death is imminent and life-sustaining treatment will only prolong the dying process. "Permanent unconsciousness" means a condition that, to a high degree of medical certainty, will last permanently, without improvement; there is no thought, purposeful social interaction or sensory awareness present; and providing life-sustaining treatment will only have minimal medical benefit. An "incurable or irreversible condition" means an illness or injury for which there is no reasonable prospect for cure or recovery, that ultimately will cause the patient's death, that imposes severe pain or an inhumane burden on the patient, and for which life-sustaining treatment will have minimal medical benefit.

### MY RESOURCES

#### **Statement of Illinois law on advance directives and Do Not Resuscitate (DNR) orders (cont.)**

##### **What happens if you don't have an advance directive? (cont.)**

Two doctors must certify that you cannot make decisions and have a qualifying condition in order to withdraw or withhold life-sustaining treatment. If your healthcare surrogate decision maker decides to withdraw or withhold life-sustaining treatment, this decision must be witnessed by a person who is 18 years or older. A healthcare surrogate may consent to a DNR order; however, this consent must be witnessed by two individuals 18 years or older.

A healthcare surrogate, other than a court-appointed guardian, cannot consent to certain mental health treatments, including treatment by electroconvulsive therapy (ECT), psychotropic medication or admission to a mental health facility. A healthcare surrogate can petition a court to allow these mental health services.

##### **Final notes**

You should talk with your family, your healthcare professional, your attorney and any agent or attorney-in-fact that you appoint about your decision to make one or more advance directives or a DNR order. If they know what healthcare you want, they will find it easier to follow your wishes. If you cancel or change an advance directive or a DNR order in the future, remember to tell these same people about the change or cancellation.

No healthcare facility, healthcare professional or insurer can make you execute an advance directive or DNR order as a condition of providing treatment or insurance. It is entirely your decision. If a healthcare facility, healthcare professional or insurer objects to following your advance directive or DNR order, then they must tell you or the individual responsible for making your healthcare decisions. They must continue to provide care until you or your decision maker can transfer you to another healthcare provider who will follow your advance directive or DNR order.

### MY RESOURCES

## Are you a hospital inpatient or outpatient?

### If You Have Medicare – Ask!

Did you know that even if you stay in the hospital overnight, you might still be considered an “outpatient”? Your hospital status (whether the hospital considers you an “inpatient” or “outpatient”) affects how much you pay for hospital services (like X-rays, drugs and lab tests) and may also affect whether Medicare will cover the care you get in a skilled nursing facility (SNF).

You’re an inpatient starting the day you’re formally admitted to the hospital with a doctor’s order. The day before you’re discharged is your last inpatient day.

You’re an outpatient if you’re getting Emergency Department services, observation services, outpatient surgery, lab tests or X-rays, and the doctor hasn’t written an order to admit you to the hospital as an inpatient. In these cases, you’re an outpatient even if you spend the night at the hospital.

**Note:** Observation services are hospital outpatient services given to help the doctor decide if the patient needs to be admitted as an inpatient or can be discharged. Observation services may be given in the Emergency Department (ED) or another area of the hospital.

**If you’re in the hospital more than a few hours, always ask your doctor or the hospital staff if you’re an inpatient or an outpatient.**

Read on to understand the differences in Original Medicare coverage for hospital inpatients and outpatients, and how these rules apply to some common situations. If you have a Medicare Advantage Plan (like an HMO or PPO), costs and coverage may be different. Check with your plan.

### What do I pay as an inpatient?

- Medicare Part A (Hospital Insurance) covers inpatient hospital services. Generally, this means you pay a one-time deductible for all of your hospital services for the first 60 days you’re in the hospital.
- Medicare Part B (Medical Insurance) covers most of your doctor services when you’re an inpatient. You pay 20% of the Medicare-approved amount for doctor services after paying the Part B deductible.

### What do I pay as an outpatient?

- Medicare Part B covers outpatient hospital services. Generally, this means you pay a copayment for each individual outpatient hospital service. This amount may vary by service.

**Note:** The copayment for a single outpatient hospital service can’t be more than the inpatient hospital deductible. However, your total copayment for all outpatient services may be more than the inpatient hospital deductible.

- Part B also covers most of your doctor services when you’re a hospital outpatient. You pay 20% of the Medicare-approved amount after you pay the Part B deductible.
- Generally, the prescription and over-the-counter drugs you get in an outpatient setting (like an Emergency Department), sometimes called “self-administered drugs,” aren’t covered by Part B. Also, for safety reasons, many hospitals have policies that don’t allow patients to bring prescription or other drugs from home. If you have Medicare prescription drug coverage (Part D), these drugs may be covered under certain circumstances. You likely will need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Call your plan for more information.

For more detailed information on how Medicare covers hospital services, including premiums, deductibles and copayments, visit [www.medicare.gov/publications](http://www.medicare.gov/publications) to view the “Medicare & You” handbook. You can also call **(800) MEDICARE (1-800-633-4227)**. TTY users should call **(877) 486-2048**.

## My guide for a comfortable stay

### MY RESOURCES

#### Are you a hospital inpatient or outpatient? (cont.)

Below are some common hospital situations and a description of how Medicare will pay. Remember, you pay deductibles, coinsurance and copayments.

SITUATION	INPATIENT/ OUTPATIENT	PART A PAYS	PART B PAYS
You're in the Emergency Department (ED) (also known as the Emergency Room or "ER") and then you're formally admitted to the hospital with a doctor's order.	Inpatient	Your hospital stay	Your doctor services
You visit the Emergency Department for a broken arm, get X-rays and a splint, and go home.	Outpatient	Nothing	Doctor services and hospital outpatient services (for example, Emergency Department visit, X-rays, splint)
You come to the ED with chest pain and the hospital keeps you for 2 nights for observation services.	Outpatient	Nothing	Doctor services and hospital outpatient services (for example, Emergency Department visit, observation services, lab tests, EKGs)
You come to the hospital for outpatient surgery, but they keep you overnight for high blood pressure. Your doctor doesn't write an order to admit you as an inpatient. You go home the next day.	Outpatient	Nothing	Doctor services and hospital outpatient services (for example, surgery, lab tests, intravenous medicines)
Your doctor writes an order for you to be admitted as an inpatient, and the hospital later tells you they're changing your hospital status to outpatient. Your doctor must agree, and the hospital must tell you in writing — while you're still a hospital patient — that your hospital status changed.	Outpatient	Nothing	Doctor services and hospital outpatient services
	<b>REMEMBER:</b> Even if you stay overnight in a regular hospital bed, you might be an outpatient. Ask the doctor or hospital.		

MY RESOURCES

**Are you a hospital inpatient or outpatient? (cont.)**

**How would my hospital status affect the way that Medicare covers care I get in a skilled nursing facility (SNF)?**

Medicare will only cover the care you get in an SNF if you first have a “qualifying hospital stay.”

- A qualifying hospital stay means you’ve been a hospital inpatient for at least three days in a row (counting the day you were admitted as an inpatient, but not counting the day of your discharge).
- If you don’t have a three-day inpatient hospital stay and you need care after your discharge from the hospital, ask if you can get care in other settings (like home health care) or if any other programs (like Medicaid or Veterans’ benefits) can cover your SNF care. Always ask your doctor or hospital staff if Medicare will cover your SNF stay.

**How would hospital observation services affect my SNF coverage?**

Your doctor may order “observation services” to help decide whether you need to be admitted to the hospital as an inpatient or can be discharged. During the time you’re getting observation services in the hospital, you’re considered an outpatient. This means you can’t count this time toward the three-day inpatient hospital stay needed for Medicare to cover your SNF stay. For more information about how Medicare covers care in an SNF, visit [www.medicare.gov/publications](http://www.medicare.gov/publications) to view the booklet “Medicare Coverage of Skilled Nursing Facility Care.”

SITUATION	IS YOUR SNF STAY COVERED?
You came to the Emergency Department and were formally admitted to the hospital with a doctor’s order as an inpatient for three days, and you were discharged on the fourth day.	Yes, you met the three-day inpatient stay requirement for a covered SNF stay.
You came to the Emergency Department and spent one day getting observation services. Then you were an inpatient for two more days.	No. Even though you spent three days in the hospital, you were considered an outpatient while getting Emergency Department and observation services. These days don’t count toward the three-day inpatient stay requirement.
<p><b>REMEMBER:</b> Any days you spend in the hospital as an outpatient (before the doctor writes the order for you to be admitted) aren’t counted as inpatient days. An inpatient stay begins on the day you’re formally admitted to the hospital with a doctor’s order. That’s your first inpatient day. The day of discharge doesn’t count as an inpatient day.</p>	



### MY RESOURCES

#### Are you a hospital inpatient or outpatient? (cont.)

##### What are my rights?

No matter what type of Medicare coverage you have, you have certain guaranteed rights. As a person with Medicare, you have the right to all of the following:

- Have your questions about Medicare answered.
- Learn about all of your treatment choices and participate in treatment decisions.
- Get a decision about health care payment or services, or prescription drug coverage.
- Get a review of (appeal) certain decisions about health care payment, coverage of services or prescription drug coverage.
- File complaints (sometimes called grievances), including complaints about the quality of your care.

For more information about your rights, the different levels of appeals and Medicare notices, visit [www.medicare.gov/publications](http://www.medicare.gov/publications) to view the booklet "Your Medicare Rights and Protections." You can also call **(800) MEDICARE** or **(800) 633-4227**. TTY users should call **(877) 486-2048**.

##### Where can I get more help?

- If you need help understanding your hospital status, speak to your doctor or someone from the hospital's utilization or discharge planning department.
- For more information on Part A and Part B coverage, read your "Medicare & You" handbook, or call **(800) MEDICARE** or **(800) 633-4227**. TTY users should call **(877) 486-2048**.
- For more information about coverage of self-administered drugs, view the publication "How Medicare Covers Self-Administered Drugs Given in Hospital OutpatientSettings" by visiting [www.medicare.gov/publications](http://www.medicare.gov/publications), or call **(800) MEDICARE** for a free copy.
- To ask questions or report complaints about the quality of care of a Medicare-covered service, call your Quality Improvement Organization (QIO). Call **(800) MEDICARE** to get the phone number. You can also visit [www.medicare.gov/contacts](http://www.medicare.gov/contacts).
- To ask questions or report complaints about the quality of care or the quality of life in a nursing home, call your State Survey Agency. Call **(800) MEDICARE** to get the phone number. You can also visit [www.medicare.gov/contacts](http://www.medicare.gov/contacts).

## MY RESOURCES

### **Advance directives**

In order to make sure that your wishes are followed regardless of your medical condition, your nurse will ask you during the admission process if you have an advance directive, including a living will or power of attorney. If you have completed these documents, we will place a copy on your chart to ensure that all caregivers follow your wishes. If you have not previously completed these documents, you may use the ones in this guide. Our Case Management Department will be happy to explain them and help you fill them out.

#### **What is a Power of Attorney?**

The durable power of attorney for healthcare document identifies your agent — someone who will speak and make decisions for you when you are not able. You can also indicate the types of care that you may or may not want in order to help guide your agent and physician.

#### **What is a Living Will?**

A living will states your wishes for the use of death-delaying procedures in the event that your condition is deemed to be terminal by your primary care or attending physician.

# Illinois Statutory Short Form Power of Attorney for Health Care

*(NOTICE: the purpose of this power of attorney is to give the person you designate (your “agent”) broad powers to make health care decisions for you, including power to require, consent to or withdraw any type of personal care or medical treatment for any physical or mental condition and to admit you to or discharge you from any hospital, home or other institution. This form does not impose a duty on your agent to exercise granted powers; but when powers are exercised, your agent will have to use due care to act for your benefit and in accordance with this form and keep a record of receipts, disbursements and significant actions taken as agent. A court can take away powers of your agent if it finds the agent is not acting properly. You may name successor agents under this form but not co-agents, and no health care provider may be named. Unless you expressly limit the duration of this power in the manner provided below, until you revoke this power or a court acting on your behalf terminates it, your agent may exercise the powers given here throughout your lifetime, even after you become disabled. The powers you give your agent, your right to revoke those powers and the penalties for violating the law are explained more fully in sections 4-5, 4-6, 4-9 and 4-10(b) of the Illinois “Powers of Attorney for Health Care Law” of which this form is a part. That law expressly permits the use of any different form of power of attorney you may desire. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.)*

POWER OF ATTORNEY made this \_\_\_\_\_ day of \_\_\_\_\_ (month, year).

1. I, \_\_\_\_\_  
(insert name and address of principal)

hereby appoint: \_\_\_\_\_  
(insert name and address of agent)

as my attorney-in-fact (my “agent”) to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, even though my death may ensue. My agent shall have the same access to my medical records that I have, including the right to disclose the contents to others. My agent shall also have full power to authorize an autopsy and direct the disposition of my remains. Effective upon my death, my agent has the full power to make an anatomical gift of the following (initial one):

Any organ:

Specific organs:

*(The above grant of power is intended to be as broad as possible so that your agent will have authority to make any decision you could make to obtain or terminate any type of health care, including withdrawal of food and water and other life-sustaining measures, if your agent believes such action would be consistent with your intent and desires. If you wish to limit the scope of your agent’s powers or prescribe special rules or limit the power to make an anatomical gift, authorize autopsy or dispose of remains, you may do so in the following paragraphs.)*

2. The powers granted above shall not include the following powers or shall be subject to the following rules or limitations (here you may include any specific limitations you deem appropriate, such as: your own definition of when life-sustaining measures should be withheld; a direction to continue food and fluids or life-sustaining treatment in all events; or instructions to refuse any specific types of treatment that are inconsistent with your religious beliefs or unacceptable to you for any other reason, such as blood transfusion, electro-convulsive therapy, amputation, psychosurgery, voluntary admission to a mental institution, etc.):

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(continued)

(The subject of life-sustaining treatment is of particular importance. For your convenience in dealing with that subject, some general statements concerning the withholding or removal of life-sustaining treatment are set forth below. If you agree with one of these statements, you may initial that statement; but do not initial more than one):

\_\_\_\_\_ Initialed I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

\_\_\_\_\_ Initialed I want my life to be prolonged and I want life-sustaining treatment to be provided or continued unless I am in a coma which my attending physician believes to be irreversible, in accordance with reasonable medical standards at the time of reference. If and when I have suffered irreversible coma, I want life-sustaining treatment to be withheld or discontinued.

\_\_\_\_\_ Initialed I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery or the cost of the procedures.

(This power of attorney may be amended or revoked by you in the manner provided in section 4-6 of the Illinois "powers of attorney for health care law" (see the back of this form). Absent amendment or revocation, the authority granted in this power of attorney will become effective at the time this power is signed and will continue until your death, and beyond if anatomical gift, autopsy or disposition of remains is authorized, unless a limitation on the beginning date or duration is made by initialing and completing either or both of the following:)

3.( ) This power of attorney shall become effective on \_\_\_\_\_  
\_\_\_\_\_  
(insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect)

4.( ) This power of attorney shall terminate on \_\_\_\_\_  
\_\_\_\_\_  
(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

(If you wish to name successor agents, insert the names and addresses of such successors in the following paragraph.)

5. If any agent named by me shall die, become incompetent, resign, refuse to accept the office of agent or be unavailable, I name the following (each to act alone and successively, in the order named) as successors to such agent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For purposes of this paragraph 5, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to health care matters, as certified by a licensed physician.

(If you wish to name your agent as guardian of your person, in the event a court decides that one should be appointed, you may, but are not required to, do so by retaining the following paragraph. The court will appoint your agent if the court finds that such appointment will serve your best interests and welfare. Strike out paragraph 6 if you do not want your agent to act as guardian.)

6. If a guardian of my person is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

7. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Signed \_\_\_\_\_  
(principal)

The principal has had an opportunity to read the above form and has signed the form or acknowledged his or her signature or mark on the form in my presence.

\_\_\_\_\_ Residing at \_\_\_\_\_  
(witness)

(You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agents.)

Specimen signatures of agent (and successors)

I certify that the signatures of my agent (and successors) are correct.

\_\_\_\_\_  
(agent)

\_\_\_\_\_  
(principal)

\_\_\_\_\_  
(successor agent)

\_\_\_\_\_  
(principal)

\_\_\_\_\_  
(successor agent)

\_\_\_\_\_  
(principal)

# Living Will

## DECLARATION

This declaration is made this \_\_\_\_\_ day of \_\_\_\_\_ (month, year).

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent except for death delaying procedures, I direct that such procedures which would only prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by my attending physician to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such death delaying procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

Signed \_\_\_\_\_

City, County and State of Residence \_\_\_\_\_

The declarant is personally known to me and I believe him or her to be of sound mind. I saw the declarant sign the declaration in my presence (or the declarant acknowledged in my presence that he or she had signed the declaration) and I signed the declaration as a witness in the presence of the declarant. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or, to the best of my knowledge and belief, under any will of declarant or other instrument taking effect at declarant's death, or directly financially responsible for declarant's medical care.

Witness \_\_\_\_\_

Witness \_\_\_\_\_

## My guide for a comfortable stay

### MY RESOURCES

#### Notice of privacy practices (as of Sept. 2013)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

##### **Your information.**

##### **Your rights.**

##### **Our responsibilities.**

#### **YOUR RIGHTS**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 49 for more information on these **rights** and how to exercise them.

#### **YOUR CHOICES**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental healthcare
- Market our services and sell your information
- Raise funds

See page 50 for more information on these **choices** and how to exercise them.

#### **OUR USES AND DISCLOSURES**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions
- Conduct healthcare operations
- Contact you with an appointment reminder or other health related services via mail, email, texting or secure patient portal

See page 50 for more information on these **uses and disclosures.**

### MY RESOURCES

## Notice of privacy practices (cont.)

### YOUR RIGHTS

#### ***When it comes to your health information, you have certain rights.***

This section explains your rights and some of our responsibilities to help you.

#### ***Get an electronic or paper copy of your medical record***

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### ***Ask us to correct/amend your medical record***

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### ***Request confidential communications***

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will agree to all reasonable requests.

#### ***Ask us to limit what we use or share***

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full at the time of your care, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### ***Get a list of those with whom we’ve shared information***

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### ***Get a copy of this privacy notice***

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy.

#### ***Choose someone to act for you***

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### ***File a complaint if you feel your rights are violated***

- You can complain if you feel we have violated your rights by contacting the System Privacy Officer. See page 52 for contact information.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling (877) 696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.



### MY RESOURCES

#### Notice of privacy practices (cont.)

##### YOUR CHOICES

***For certain health information, you can tell us your choices about what we share.***

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

***In these cases, you have both the right and choice to tell us to:***

- Share information with your family, close friends, domestic partner, care partner or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

***In these cases we never share your information unless you give us written permission:***

- Marketing purposes
- Sale of your information
- Mental health, developmental disabilities, alcoholism, drug dependence, HIV status

***In the case of fundraising:***

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

##### OUR USES AND DISCLOSURES

***How do we typically use or share your health information?***

We typically use or share your health information in the following ways:

**Treat you:** We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization:** We can use and share your health information to run our practice, improve your care and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

**Other**

- We can share your children's immunization record with his or her school.
- We can share your information with our Business Associates.

### MY RESOURCES

#### Notice of privacy practices (cont.)

##### OUR USES AND DISCLOSURES (cont.)

###### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information go to: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

###### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Disaster relief

###### **Do research**

We can use or share your information for health research.

###### **Comply with the law**

- We will share information about you if state or federal laws or judicial or administrative proceedings require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We can also share information regarding suspected child or elderly abuse or neglect, violent crimes, animal bites, injuries related to firearm discharge.
- We can also share information regarding infants relinquished 30 days or less.

###### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

###### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

###### **Address workers' compensation, law enforcement and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- If you are a member of the armed forces we may share information with military command.

###### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

If you would like to amend, restrict or make arrangements for copies of your medical records, please contact our Medical Record Department at **(331) 221-6755**.

If you have concerns regarding your privacy, please contact the System Privacy Officer. See page 52 for contact information.

### MY RESOURCES

#### Notice of privacy practices (cont.)

##### OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will **protect** your genetic information.
- We will expect our business associates to treat your information in the same way we will and sign an agreement to that effect.
- We will make every effort to provide your information to you in the electronic format you wish. We may say “no” to your request only because we do not have the capacity to do so.

For more information see:

**[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**.

##### CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

This Notice of Privacy Practices applies to the following organizations:

Elmhurst Memorial Healthcare, this refers to all of the following, Elmhurst Memorial Healthcare; Elmhurst Memorial Hospital; Elmhurst Memorial Home Health; Elmhurst Memorial Physician Practice Division; CyberKnife Center of Chicago, LLC; ELMCARE, LLC; Elmhurst Clinic, LLC; Elmhurst Memorial Primary Care Associates, LLC; Elmhurst Memorial Hematology/Oncology Associates, LLC; Elmhurst Medical Associates, LLC and Elmhurst Memorial Interventional Radiology Services, LLC.

System Privacy Officer:

**Julie Houska**  
**[jhouska@edward.org](mailto:jhouska@edward.org)**  
**(800) 901-7422 or (877) 7MY-EHHS**

NOTES AND DAILY PRIORITIES

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# My medication chart

WHEN I GET UP, I TAKE:							
Drug name <i>(brand name, generic name, dose)</i>	This looks like	How many?	How I take it	I started taking this on	I stop taking this on	Why I take it	Who told me to take it
IN THE AFTERNOON, I TAKE:							

# My medication chart

**IN THE EVENING, I TAKE:**

Drug name <i>(brand name, generic name, dose)</i>	This looks like	How many?	How I take it	I started taking this on	I stop taking this on	Why I take it	Who told me to take it

**BEFORE I GO TO BED, I TAKE:**


**OTHER MEDICINES THAT I DO NOT USE EVERY DAY:**


## Illinois' Immunization Registry *Opt Out of Registry Form*

This form is required to allow an individual to request that a person's immunization history be removed from the registry, and no further immunization data be accepted into the registry. Please print.

Name of Client: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race \_\_\_\_\_  
MM/DD/YYYY
Male or Female

Name of Patient, Parent or Guardian: \_\_\_\_\_  
Last
First
Middle

Relation: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I request this person be removed from the Illinois Immunization Registry. I understand the state will not share immunization data on this person from the registry as a result of this action. The registry will retain core demographic information necessary to identify the client has chosen to opt out of the registry. This information is necessary to enable the registry to filter and refuse entry of immunization information for the client. Additionally, any prior immunization records associated with the client will not be shared from the registry.

The completed opt out form will be maintained at the provider's office in the patient file.

No immunization information will be added to the registry for this client until the Illinois Immunization Program receives notification the individual, parent or legal guardian wishes to opt back into the registry. To opt back in, check the box below and date. The provider is responsible for keeping this form as well as opting the patient back into the Illinois Immunization Registry.

\_\_\_\_\_  
Signature of Patient, Parent or Guardian

\_\_\_\_\_  
Date

You have the right to change this decision at any time. If you refuse today, you can decide later if you would like to participate by checking the box at the left. Please initial and date after box is checked.

*Please place a copy in the patient's medical chart, provide a copy to the parent.*



## Information On the I-CARE Registry

### *What is I-CARE?*

The Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE) is an immunization registry developed and managed by the Illinois Department of Public Health. Immunization registries are utilized by every state and provide a confidential computerized system to store necessary immunization records and provide immediate access to a patient's immunization status.

- Only authorized health care providers are allowed to search and update the immunization records of Illinois residents in I-CARE.
- The I-CARE registry has the ability to update immunization information, relieve parents of the burden of manually tracking their child's immunization records, print school physical forms, remind parents/patients when their immunizations are due and print a complete immunization record for patients to keep.

### *Why is I-CARE important for patients?*

I-CARE makes managing your health records/information easier for you and your doctor. I-CARE:

- Keeps your immunization information continually updated
- Preserves immunization records if you change health care providers, move and lose paper records, or lose vital records in the event of an unexpected natural disaster
- Provides a copy of your immunization record when needed
- Sends reminders to let you know when you are due for an immunization
- Prevents your child from getting unnecessary or extra immunizations

### *How secure and private is the information in the I-CARE registry?*

All information in I-CARE is confidential.

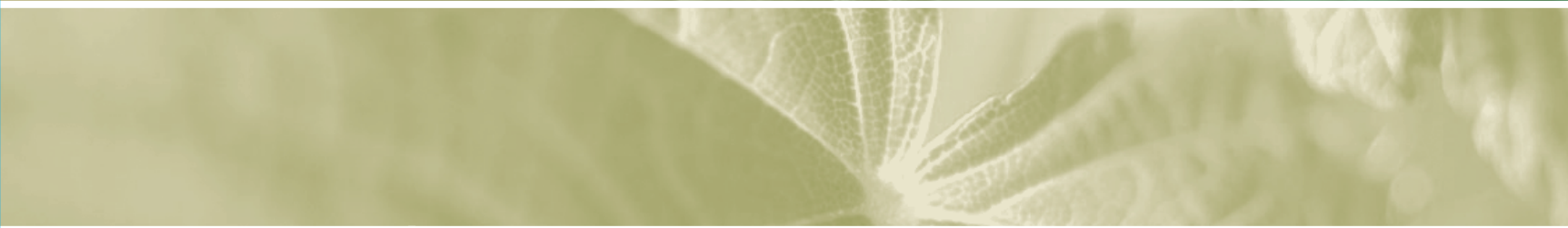
- The registry only collects information necessary information to identify a patient and track his/her immunization history.
- Access to the information in the registry is limited to authorized health care providers.

### *What is this "Opt Out of Registry Form"?*

If an individual, parent or legal guardian does not want their immunization information saved in the I-CARE registry, they may fill out the following "Opt Out of Registry Form". Opting out of the registry will *require* patients to maintain and safeguard their own immunization records. Choosing to opt out of the registry will make it more challenging for your health care provider to remind you of upcoming and overdue immunizations.

I-CARE stores the information on the immunizations received, and calculates the immunizations needed to stay healthy and remain protected from vaccine-preventable diseases.

Illinois Department of Public Health • 535 W. Jefferson Street • Springfield, Illinois 62761 • 217-785-1455



**Elmhurst Memorial  
Healthcare**

**Elmhurst Memorial Healthcare**

155 E. Brush Hill Road  
Elmhurst, IL 60126  
(331) 221-1000  
[WWW.EMHC.ORG](http://WWW.EMHC.ORG)