

PATIENT RIGHTS AND RESPONSIBILITIES

While you are a patient at ENDEAVOR HEALTH on behalf of its hospitals, physician offices, outpatient clinical and day surgery centers, urgent care clinics and any other subsidiaries and affiliated entities (collectively known as “ENDEAVOR HEALTH”, “we”, “us”, or “our”), we will respect your patient rights without regard to your age, race, ethnicity, national origin, religion, culture, language, physical or behavioral health disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or any other status, protected by and consistent with applicable laws.

While you are a patient at ENDEAVOR HEALTH, you are responsible for treating our doctors, nurses, other clinical and non-clinical staff, and other patients, their families and visitors with respect and dignity.

While you are a patient at ENDEAVOR HEALTH, you have the following rights:

- You have the right to receive patient care, treatment, and services in a safe setting free of abuse, such as emotional, mental, physical, sexual abuse, verbal abuse, neglect, exploitation, intimidation, harassment, or any other form of discrimination protected by applicable law.
- You have the right of access to care, treatment and services that is ethical, medically necessary appropriate to your condition, illness, or injury that is consistent with applicable standards of care guidelines approved by major professional organizations or as required by law.
- You have the right to know the identity and type of professionals providing you with care, treatment, and services, including the name of the doctor who is primarily responsible for your care.
- You have the right to have a family member, or other designated representative, and your doctor notified as soon as possible if you are admitted to the hospital.
- You have the right to concise explanations and to ask questions about the type, nature, and extent of your condition, illness or injury, any proposed treatments and procedures, about any unanticipated outcomes, potential risks and benefits, and approximately how long it may take you to recover, if known.
- You have the right to have informed consent explained to you by your doctor, or other clinical person such as a nurse or clinical professional and ask questions, about any care, treatment, or services being provided to you or any procedure performed on you. The informed consent will explain the type of care, treatment, and services being given or procedure being performed, the reason why, the potential benefits, and risks, if known.
- You have the right to know if a vendor will be present during your treatment, services, or procedure, and/or if any images, photographs or films of your treatment, services, or procedure will be shared with a vendor, for any reason not related to your treatment, services, or procedure such as education and development. You may be asked to sign another consent to allow

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ENDEAVOR HEALTH to share any images, photographs or films while receiving treatment, services or having a procedure.

- You have the right to participate in and make decisions about your care, treatment and services before starting or while you are receiving care, treatment and services.
- You have the right to receive information about pain and pain relief treatment that may be available to you, participate in discussions, and make decisions about how to effectively control your pain.
- You have the right to select a legal representative to help you make decisions or make decisions on your behalf about your care and treatment, including withdrawal and/or refusal of care. This right may be limited if you have a court appointed legal guardian, conservator, or other power of attorney for decision-making, including healthcare. Additionally, this right may be limited by applicable federal or state law if the person you choose poses a risk of harm to you or has been determined to be legally, mentally, or medically unable to perform this responsibility.
- Subject to hospital policy, applicable law and/or other conditions, you may have the right to have visitor(s) and support person(s) come see you and communicate with you to the extent you are able to without disrupting the delivery of care, treatment and services, infringing upon the rights of other patients being disrespectful to staff, and is safe for you and the visitor.
- Subject to hospital policy, applicable law and/or other conditions related to your care, you have the right to request a medical chaperone and/or support person be present for certain care, treatment or services.
- You have the right to refuse any care, treatment or services after being informed of:
 - Treatment options available to you;
 - The risks and effects upon your condition, illness, or injury if you refuse care, treatment or services; or
 - How your decision to refuse care, treatment, or services may impact your insurance coverage, if known.
- You have the right to be free from any type of medication or physical restraint or seclusion to the extent used as a means of coercion, discipline, convenience, or retaliation. However, medication or physical restraint and seclusion may be used if your doctor determines it is necessary to prevent you from harming yourself or others.
- If you are eligible, and after receiving full information about the following and the information is explained to you in plain language you can understand, you have the right to choose to participate in or not participate in any research study or clinical trial of any medication or medical

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device or any social behavioral research, , except as permitted or allowed under applicable law. Participating in research is not required as a condition of receiving any care or services from ENDEAVOR HEALTH

- You have the right, and/or your legally designated representative, to request a consultation to discuss any ethical concerns you may have about the care, treatment, or services you are receiving.
- You have the right to keep your protected health information that relates to your medical and behavioral healthcare diagnoses, treatment and services private and protected from unauthorized access, use and disclosure to the extent allowed under applicable law.
- You have the right to review the information in your medical record within a reasonable time-period, have the information explained to or interpreted for you in plain language you can understand and receive a copy of your medical record in the format you choose to the extent allowed under applicable law. Endeavor Health reserves the right to charge a fee for copies of your medical records.
- You have the right to receive information about how to access domestic violence, child or elder protective services and other advocacy services and receive information about the process to have a legal guardian selected for you by a court of law.
- You have the right to file a good faith complaint without fear of retaliation or adverse impact on your care, treatment or services. To file a complaint or grievance, you or your legally authorized representative may contact the Patient Experience line at one of the following numbers:

Edward Hospital	(630) 527-7225
Elmhurst Hospital	(331) 221-1115
Endeavor Health Corporate Center	(800) 901-7422
Evanston Hospital	(847) 570-1536
Glenbrook Hospital	(847) 657-5603
Highland Park Hospital	(847) 480-2882
Linden Oaks Hospital	(630) 305-5115
Endeavor Health Medical Group	(847) 503-4332
Northwest Community Hospital	(847) 618-4390
Skokie Hospital	(847) 933-6531
Swedish Hospital	(773) 293-2273

- You have the right to file a good faith complaint or grievance with any of the following:

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<p>The Illinois Department of Public Health Division of Healthcare Facilities and Programs 525 West Jefferson Street Springfield, IL 62761 Telephone: (800) 252-4344 Fax: (217) 524-8885 TTY: (800) 547-0466 Monday-Friday, 8:00 am to 4:30 pm</p>	<p>The Joint Commission Office of Quality and Safety One Renaissance Blvd. Oakbrook Terrace, IL 60181 Telephone: (630) 792-5800 Fax: (630) 792-5636 TTY: Call Illinois Relay at 711 Email: patientsafetyreport@jointcommission.org</p>
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- You have the right to receive instructions regarding any post-discharge or post-procedure care, treatment or services and provider follow-up appointment(s) you may need including names and contact information.

Financial Rights

- You have the right to receive an estimate of the cost of your care, treatment or services, how much your insurance may pay, how much you may have to pay if you have a co-payment, deductible, or co-insurance amount before you receive your care, treatment, or services except in an emergency or other life-threatening situations or where otherwise required by applicable law.
- You have the right to receive an itemized copy of your bill, to have the charges explained to you in plain language you can understand, and access to a financial counselor who may be able to help you find financial aid or financial counseling to help you pay your bill.
- You have the right to know the cost of, how much your insurance may pay for, and how much may be your responsibility, including co-payments, co-insurance, and deductibles, for care, treatment, or services before being provided to you except in an emergency or life-threatening situations, or other situations as required by law.
- If you have Medicare insurance, you have the right to receive an “Advanced Beneficiary Notice”, or “ABN”, telling you in writing why Medicare will not pay for the care, treatment, or services, how much you may be required to pay, and to accept or refuse the care, treatment, or service before it is provided to you.
- You have the right to request and receive information about Advanced Directives, such as a Living Will, Physician Orders for Life Sustaining Treatment (“POLST”), Durable Medical Power of Attorney or Mental Health Care Advance Directives, to tell us how you would like to be treated when you may not be able to. This includes, but is not limited to, Do Not Resuscitate (“DNR”) orders, asking us not to do CPR if your heart stops, to use medications to control you

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blood pressure or keep your heart pumping, not to be placed on a ventilator, or breathing machine, not to have a feeding tube placed or be fed by IV, or any other end-of-life care you may or may not want. You may change your mind at any time about the type of end-of-life care you want or do not want. The provision of care will not be conditioned on whether you have an advanced directive.

In addition to other responsibilities set forth here and elsewhere, while you are a patient at ENDEAVOR HEALTH, you have the following responsibilities:

- It is your responsibility to tell your provider and care team, to the best of your knowledge, why you are seeing the provider, all of your current and past medical and behavioral health history, conditions, illnesses and injuries, all the medications you are taking currently including those you can buy over-the-counter without a prescription, such as vitamins and herbal supplements, if you've ever been in the hospital before and the reason why, and any other information, such as an unexpected change in your condition, illness or injury. We need to know this information to care for and treat you to the best of our ability.
- It is your responsibility to participate in your plan of care and to ask questions about the care, treatment, or services that will be provided to you. Such questions will be answered in plain language you can understand.
- It is your responsibility to follow the care and treatment plan agreed upon between you and your providers. This includes taking any medications, participating in care, treatment or services your providers have prescribed or recommended for you.
- It is your responsibility to accept personal accountability for any outcome resulting from your or your legal representative's decision to refuse care, treatment or services or to not follow your provider's treatment plan, including any payment responsibilities that may result from your decision to refuse care.
- It is your responsibility to provide complete and accurate information about your health insurance and coverage, if known, a copy of your insurance card and a government issued photo ID, such as a driver's license or state issued identification card at the time the care, treatment or service is being provided to you.
- It is your responsibility to pay, in a timely manner, for the care, treatment, and services you receive, including deductibles, co-payments and co-insurance. If you have concerns about paying your bill or need to arrange a payment plan, you may speak with a financial counselor at any time during or after your stay, treatment, procedure or service by calling:
 - Edward, Elmhurst or Linden Oaks Hospitals at: (866) 756-8348
 - Evanston, Skokie, Glenbrook and Highland Park Hospitals at: (847) 570-5000;

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- Swedish Hospital at (773) 878-8200, extension 3841; or
- Northwest Community Hospital at: (847) 618-4542.
- It is your responsibility to follow all applicable hospital rules and safety regulations. It is your responsibility to treat all providers, nurses, all other hospital staff, other patients, their family and visitors with respect and courtesy. ENDEAVOR HEALTH has a zero-tolerance policy for verbal abuse or threats of violence toward any provider, staff member, patient, or visitor. Any person who acts in a disruptive, threatening, or intimidating manner, is verbally abusive or threatens to commit or commits an act of violence may be removed from the premises in addition to, but not limited to, law enforcement being contacted and/or charges being filed.
- It is your responsibility to not use any type of camera or video or audio recording device, including, but not limited to smart phones and tablets, to not photograph or video or audio record any care, treatment, or service being provided to you, or another patient's care treatment or services, including the providers and staff, facilities, or others on any ENDEAVOR HEALTH property without the express written permission of ENDEAVOR HEALTH.
- It is your responsibility that your family and visitors comply with all applicable portions contained in this Patient Rights and Responsibilities document.
- It is your responsibility to tell your doctor, nurse, or any other member of your healthcare team if you have Advanced Directives, such as a Living Will, POLST, Do Not Resuscitate Orders, Durable Healthcare Power of Attorney for Healthcare, or a court appointed legal guardian, conservator, loco parentis, or any other power of attorney for decision-making including healthcare.
- It is your responsibility to provide a copy of your Advanced Directives or other similar information to your doctor, nurse or a member of your healthcare team so that copies of this information can be scanned into your medical records.

This Document is written in English. If this Document is translated into any other language, the English version shall control.