

THE BILL OF RIGHTS FOR YOU AND YOUR CHILD

- You and your *child* have the right to a safe environment at the hospital.
- You and your *child* have the right to privacy during treatments, interviews and patient care planning meetings.
- Your *child* has the right to have your support during his/her stay in the Hospital. We have a flexible visiting policy for family members; we will make every effort to accommodate overnight stays for parents within the available space.
- Your *child* has the right to communicate with others outside the Hospital by telephone and/or written communication.
- You and your *child* have the right to know the names of all health care professionals involved with your *child's* care.
- You have the right to obtain information from your *child's* doctor concerning your child's health and the risks and benefits of any proposed treatments. We will provide that information in terms that you will understand. We will provide an interpreter for those who cannot speak English.
- You and your *child* have the right to voice concerns, compliments or comments. You have the right to receive a timely response from the hospital. You also have the right to file a complaint with The Joint Commission, Office of Healthcare Quality, or CARF International.
- You and your *child* have the right to expect appropriate, quality care regardless of sex, race, religion, color, ethnic origin, disability or source of payment.
- You and your *child* have the right to the appropriate assessment and management of your *child's* pain.
- You and your *child* have the right to attend your *child's* Family Meeting to discuss your child's treatment plan. You have the right to review any material in your *child's* medical record. This will be done in the presence of your *child's* doctor who can explain the information found in your *child's* record. Arrangements must be made in advance with either your *child's* doctor or social working.
- You have the right to be informed in any health care needs your *child* might have after discharge from the Hospital.
- You have the right to receive a detailed bill outlining the services that your *child* has received during his/her hospitalization. You will receive prompt notification if your child becomes ineligible for coverage or if benefits are exhausted.
- Your *child*, upon reaching his/her eighteenth birthday can initiate an advance directive that will give the Hospital information on how he/she wants to handle their medical care in the event he/she becomes unable to make decisions about treatment. Your *child* will also have the right to choose another person to make medical decisions for him/her.
- You have the right to be informed about the Hospital's organ-tissue donation program.
- You and your child have the right to be free from abuse, financial exploitation, retaliation, humiliation, and neglect.