



Patient Rights & Responsibilities

A goal of The Renal Network is to make sure that all End-Stage kidney patients in Illinois, Indiana, Kentucky, and Ohio are able to receive medical care and are treated with dignity and respect. The following Rights and Responsibilities have been revised by The Renal Network Patient Leadership Committee and the Medical Review Board Patient Relations Subcommittee. It has been approved by the Medical Review Board and the Board of Trustees and reflects the 2008 Conditions for Coverage developed by the Center for Medicare and Medicaid Services (CMS). Federal law CFR (494.70) protects your rights as an End-Stage Renal Disease (ESRD) patient.

If you have any questions about your patient rights and responsibilities, please talk to your dialysis staff.

PATIENT RIGHTS

OVERALL

- As a member of your health care team, you have the right to be treated with respect, dignity, and recognition of your individual and personal needs.

INFORMATION

- You have the right to receive information in a way that you can understand.
- You have the right to be informed of the rules and expectations of the facility regarding patient conduct and responsibilities.
- You have the right to be informed of facility policies regarding patient care, including but not limited to, isolation of patients with infectious diseases.

- You have the right to be informed of services available in the facility and charges for services not covered under Medicare.
- You have the right to see a copy of the patient's rights clearly displayed in your facility.
- You have the right to see the address and phone number of The Renal Network (1-800-456-6919) clearly displayed in your facility.
- You have the right to see the address and complaint phone number of your state survey agency clearly displayed in your facility (see State Survey Agency Contact Information on the last page).

ADVANCE DIRECTIVES

- You have the right to be informed that you may have advance directives, which are legal documents that allow you to convey your decisions about end-of-life care ahead of time.
- You have the right to know the facility policy about advance directives.
- You have the right to have your facility help you transfer to a facility that accepts advance directives, if the policy at your facility does not allow it.

PRIVACY

- You have the right to privacy and confidentiality in all aspects of treatment.
- You have the right to discuss your condition and treatment in private.
- You have the right to privacy during activities that expose private body parts while in the dialysis facility.
- You have the right to privacy and confidentiality in your personal medical record.
- You have the right to read your own medical record per facility policy.

- You have the right to have corrections made to your medical record if errors have been documented and proven.
- You have the right to have your written comments made part of the medical record if you choose.
- You have a right to have a copy of your own medical record as stated in the Health Insurance Portability and Accountability Act (HIPAA), although a small fee may be charged.

TREATMENT AND CARE

- You have the right to expect sensitivity to your emotional needs and your ability to cope with end-stage kidney disease.
- You have the right to be informed about all aspects of your care.
- You have the right to choose to participate in your care within facility guidelines.
- You have the right to know of changes to your dialysis prescription and the reasons for those changes.
- You have the right to be informed that you can refuse treatment.
- You have the right to stop treatment.
- You have the right to refuse to participate in experimental research without compromising your care.
- You have the right to be informed about all types of treatment and settings, including but not limited to, transplantation, home dialysis modalities, and in-facility hemodialysis.
- You have the right to receive resource information about types of dialysis treatment not offered by the facility.

- You have the right to receive information about other scheduling options for working patients at your facility or other facilities.
- You have the right to be informed of facility policies regarding the reuse of dialysis supplies, including hemodialyzers.
- You have the right to be informed of your medical status that is in your medical record.
- You have the right to receive individualized care as determined by the health care team of your facility of which you are a member.

TRANSFER/ DISCHARGE

- You have the right to be informed of the transfer policy of the facility.
- You have the right to be informed of the involuntary discharge policy of the facility.
- You have the right to receive written notice 30 days before an involuntary discharge. The facility needs to follow its involuntary discharge procedures except when there are immediate threats to the health and safety of others. Then a shorter discharge process may be allowed.
- You have the right to be informed of the facility policy for stopping dialysis services to patients.
- You have the right to receive assistance from the facility to help you find another dialysis facility if possible.

EMERGENCY PREPAREDNESS

- You have the right to be informed of emergency procedures to help you know how to handle emergencies, both in and out of the facility.
- You have the right to know how to contact the facility during an emergency, including an alternate emergency phone number for the facility.

- You have a right to be taught about emergency evacuation and emergency preparedness.

GRIEVANCES

- You have the right to be told how to file a grievance at your facility without punishment, revenge, or being involuntarily discharged from the facility.
- You have the right to choose to use your name or to not use your name if you file a grievance.
- You have the right to know what steps are being done to look into your facility grievance and which step the facility is in at any time.
- You have the right to know how the facility grievance is resolved.
- You have the right to be told how to file a grievance with The Renal Network (1-800-456-6919) without punishment, revenge, or being involuntarily discharged from the facility.
- You have the right to be told how to file a grievance with your state survey agency without punishment, revenge, or being involuntarily discharged from the facility (see See State Survey Agency Contact Information on the last page).

PATIENT RESPONSIBILITIES

Along with rights there are responsibilities. You are an important part of your health care team and need to be informed, participate in your treatment of care, and behave in an appropriate manner to obtain the best treatment.

OBTAIN INFORMATION

- You are responsible to learn as much as you can about kidney disease and the possible problems that can happen.

- You are responsible to learn as much as you can about your treatments.
- You are responsible to learn as much as you can about your medicines.
- You are responsible to know your rights and responsibilities as a kidney patient.
- You are responsible to bring to your healthcare team as much information as you can about your medical history.
- You are responsible to tell your doctor or healthcare team if you do not understand something.

PARTICIPATE IN TREATMENT / CARE

- You are responsible to keep your vascular access, bloodline connections and face uncovered at all times so they can be observed by staff.
- You are responsible to follow the diet the doctor and dietitian order for you.
- You are responsible to get and take the medications the doctor orders for you.
- You are responsible to tell the doctor if the medications are not working or cause problems for you.
- You are responsible to talk to your social worker if you need to find financial assistance for medications.
- You are responsible to make appointments to see your doctor at his/her office, if you need more time than given at the facility.
- You are responsible to come to your dialysis treatments as scheduled and as prescribed by your nephrologist.

- You are responsible to arrive on time for your treatments, appointments, and meetings.
- You are responsible to stay the entire time for your treatment to get the best quality of care.
- You are responsible to arrive for your treatment dressed suitably for dialysis in your facility.
- You are responsible to call if you are going to be late or cannot come for any of your treatments.
- You are responsible to tell your healthcare team if there are changes in how you feel.
- You are responsible to participate in and involve your health care team in your dialysis care. This includes talking to your health care team about any problems you have following your plan of care.
- You are responsible to pay for the cost of your medical treatment.
- You are responsible to apply for Medicaid and/or Medicare if you want help to pay for your medical treatment.
- You are responsible to pay your bills when you get them.
- You are responsible to provide the necessary papers to the facility to help them collect the money for your bills.

HELP CREATE A SAFE ENVIRONMENT

- You are responsible to think about the needs of other patients, just as you would like them to think about your needs.
- You are responsible to treat all other patients and the staff in the dialysis facility with respect.
- You are responsible to use appropriate and non-offensive language.

- You are responsible to use appropriate gestures.
- You are responsible to be part of a safe environment in your dialysis facility.
- You are responsible to use only non-threatening words and actions.
- You are responsible to follow the rules of the facility where you receive your treatments.

State Survey Agency Contact Information

| State | Address | Phone Numbers |
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| Kentucky | Kentucky Cabinet for Health and Family Services Division of Health Care 275 East Main Street, 5E-A Frankfort, KY 40621-0001 | Toll free: N/A Local: 502-564-7963 TDD: N/A Spanish: N/A Fax: 502-564-6546 Website: http://chfs.ky.gov/os/oig/dhcfs.htm |
| Illinois | Office of Health Care Regulation Illinois Department of Public Health Central Complaint Registry 525 West Jefferson Street, 5 th Floor Springfield, IL 62761-0001 | Toll free: 800-252-4343 (in-state only) Local: 217-782-2913 TDD: 800-547-0466 (in-state only) Spanish: N/A Fax: 217-524-6292 Email: BILL.BELL@illinois.gov |
| Indiana | Division of Long Term Care Indiana State Department of Health 2 North Meridian Street, 4B Indianapolis, IN 46204 | Toll free: 800-246-8909 Local: 317-233-7442 TDD: N/A Spanish: N/A Fax: 317-233-7322 Email: complaints@isdh.in.gov |

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| Ohio | Ohio Department of Health PCSU 246 North High Street Columbus, OH 43216 | Toll free: 800-342-0553 Local: 614-644-7726 or 614-644-0256 TDD: 800-669-3534 Health Care Safety Spanish: N/A Fax: 614-728-9169 or 614-564-2422 Email: HCComplaints@odh.ohio.gov |
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