Communicate your wishes. You want or whom you want to make medical decisions for you if you are unable to communicate your wishes. Advanced directives are recognized in the state of Indiana:

- Talking with your physician and/or family
- Appointment of a health care representative
- Durable power of attorney
- Living will declaration and life-prolonging procedures declaration
- Out of hospital do not resuscitate declaration
- Physician order for scope of treatment (POST)
- Funeral planning declaration

A brochure is available to all patients describing the different types of advance directives that are recognized by law.

Please remember:

- You have the right to control what medical treatment you will receive.
- No one can discriminate against you for signing or not signing an advance directive.
- Using an advance directive is, however, your way to control your future medical treatment.

If you would like additional information on advance directives, Eskenazi Health Center for Spiritual Care & Education or Eskenazi Health Transition Support staff members are available to provide you with this information. They may be reached at 317.880.7100 (Eskenazi Health Center for Spiritual Care & Education) or 317.880.6802 (Eskenazi Health Transition Support).

**PHYSICIAN ORDERS FOR SCOPE OF TREATMENT**

Physician Orders for Scope of Treatment (POST) is a form designed to be a portable, authoritative and immediately actionable physician order consistent with your wishes and medical condition. POST is only appropriate for someone with:

1. An advanced chronic progressive illness
2. An advanced chronic progressive frailty
3. A medication or medical condition that from a reasonable degree of medical certainty, there can be no recovery and death will occur from the condition within a short period without the provision of life-prolonging procedures
4. A medical condition that if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period the person would experience repeated cardiac or pulmonary failure resulting in death

In consultation with you or your legal representative, your physician, nurse practitioner or physician assistant can write orders that reflect your wishes with regard to cardiopulmonary resuscitation (CPR), medical interventions (comfort measures, limited additional interventions or full treatment), antibiotics and artificially administered nutrition. If you would like to complete a POST, please ask your physician for assistance. You will receive a copy, and a copy will be scanned into your electronic medical record.

**BILLING**

Eskenazi Health will bill your insurance company for services you have received. If a balance remains after the insurance company has paid, you will be billed for the balance. If you do not have insurance, you will also receive a bill. You will be billed an additional fee for physician fees for services such as anesthesia, pathology, radiology, etc. Services provided by physicians are not included in your hospital insurance unless specified in your hospital insurance. If you have questions regarding payment of your hospital bill, please call the Eskenazi Health Patient Inquiry Center at 317.880.4055 or 1.888.684.9354.

**ADVANCE DIRECTIVES**

It is your right to accept or refuse medical care, but there may come a time when you have never thought about before. You may wish to speak with an ethics consultant or a member of the Eskenazi Health Ethics Committee. If so, please ask a member of your health care team to page the ethics consultant on call. You may also ask your nurse or the hospital operator to page the chaplain or house supervisor on call to help you contact the right person to assist you.

**PREVENTIONAL PRECAUTIONS**

Eskenazi Health is committed to the prevention, reduction and, if clinically possible, elimination of the use of restraints. However, their occasional use may be necessary to prevent a patient from inflicting self-harm or interfering with medical care. All preventive measures and non-physical interventions will be exhausted prior to using physical restraints, which will be used for the shortest possible duration.

**MEDICAL ETHICS**

Modern medicine helps us provide patients with the most advanced care available today. However, sometimes it may be difficult to make decisions about your care. You may be faced with choices and responsibilities that you have never thought about before. You may wish to speak with an ethics consultant or a member of the Eskenazi Health Ethics Committee. If so, please ask a member of your health care team to page the ethics consultant on call. You may also ask your nurse or the hospital operator to page the chaplain or house supervisor on call to help you contact the right person to assist you.

**SPECIAL PRECAUTIONS**

Eskenazi Health is committed to offering high-quality care at little or no cost to Marion County residents who are unable to pay for their care. We ensure that payment for services is made within the ability of the individual patient.

If you or your family would like to talk with a financial counselor, please call Eskenazi Health Financial Counseling at 1.855.202.1053 or schedule an appointment online through Eskenazi Health MyChart.

**FOR MORE INFORMATION**

**Important Eskenazi Health Phone Numbers**

- To reach an outside line.................................................................9 1-1 number
- Operator.........................317.880.0000
- Center for Spiritual Care & Education..................317.880.7270
- Connections..............................317.880.7666
- Frank & Katrina Rasile Gift Shop.................................317.880.5713
- Information Desk.................................................................317.880.8329
- Office of Patient Experience.........................317.880.8333
- Release of Information........................................................317.880.3454
- Safety & Security...............................................................317.880.7071
- St. Margaret’s Pharmacy.................................317.880.4500
- Transition Support (social work)..........................317.880.6802

720 Eskenazi Ave.
Indianapolis, IN 46202
317.880.0000
www.EskenaziHealth.edu

Eskenazi Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, age, disability, sex, veteran’s status, sexual orientation, or gender identity or expression.

**Language Services:**

**SERVICIO DE INTERPRETACIÓN:** Si no habla inglés o necesita un intérprete, llame al 317.880-5000. Este servicio es gratis.

**注意:**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 317.880-5000. Este servicio es gratis.

Language Services:

- SAP 207919

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Language Services:

- SAP 207919
As a member of this team, you are encouraged to ask questions and participate in decisions about your care. This brochure will provide you with information that is important for you to know in order for you to be well informed about your care and your rights. If you are an inpatient, the television in your room can also provide more information about the services available to inpatients at the Sidney & Lois Eskenazi Hospital.

At Eskenazi Health, you are the most important member of the health care team.

WELCOME TO ESKENAZI HEALTH

We’re glad you chose us for your health care team. The mission of Eskenazi Health is to advocate, care, teach and serve with special emphasis on the vulnerable populations of Marion County. Staffed by physicians of the Indiana University School of Medicine, Eskenazi Health is proud to be one of the leading providers of health care to the populations of Marion County. Staffed by physicians of the Indiana University School of Medicine, Eskenazi Health is proud to be one of the leading providers of health care to the vulnerable populations of Marion County.

You have a right to:

Confidentiality and Privacy

• Have confidentiality and privacy regarding all aspects of your care and medical information.
• Be informed of the laws protecting your medical information.

Notification

• Have a family member or representative of your choice notified of your admission to the hospital.
• Have your own physician be notified promptly of your admission to the hospital.

Consent

• Receive clear and understandable information about your care and services before agreeing to them.
• Actively participate in all decisions about your care.
• Have your family participate in your care if you desire.
• Appoint an alternate decision maker, as allowed by law, to make decisions about your care should you become unable to do so.
• Choose whether or not to participate in any recording, filming or media events.
• Participate in organ donation only if you desire.

Grievance Procedure

• Expect a thorough review and assistance in resolving any complaints you might have.
• Receive information on how to voice a complaint to hospital or state authorities.
• Expect that your grievance will be voiced to the Eskenazi Health Office of Patient Experience at 317.880.8333.

Hospital Charges

• Expect care that is appropriate, regardless of your financial status.
• Be informed about charges for which you will be responsible.
• Receive counseling to support you in meeting your financial obligations.

Hospital Rules and Regulations

• Expect ethical behavior in care and services and business practices.
• Expect to identify and resolve conflicts of interest.

Identity

• Know who your caregivers are.
• Be informed of business relationships that may influence your care.

Information

• Receive information about your care and rights in a manner you can understand.
• Receive and understand any changes in the staff responsible for your care.
• Be informed of all unanticipated outcomes of care.
• Understand your options to participate in clinical research.

Personal Safety and Comfort

• Be cared for in a safe environment and receive protection for your personal belongings.
• Have your rights protected and respected under the Americans with Disabilities Act.
• Be free from any form of mental, physical, sexual or verbal abuse.
• Be free from resident-to-resident and/or adversary services.
• Be free from restraint of any form that are not medically necessary.
• Receive assistance in managing your pain.
• Have treatment of your own sex present during your exam if you request it.

Refusal of Care

• Refuse treatment to the extent permitted by law and be informed of consequences and possible alternatives.

PATIENT RESPONSIBILITES

Eskenazi Health has the right to expect you as a patient to:
• Provide information about your present health, past illnesses, hospitalizations, and other matters relating to your health.
• Report perceived risks in your care and unexpected changes in your health.
• Provide us with feedback you might have about your needs and expectations.
• Ask questions when you do not understand your care or instructions.
• Follow the care plans developed in consultation with you and your caregivers.

We will make every effort to honor your suggestions about care plans.

• Understand that there may be negative consequences of your choice not to follow care plans.
• Follow the hospital’s rules and regulations in order to provide safety and security for all patients and caregivers.
• Show respect and consideration for other patients, families and hospital employees.
• Pay agreed-upon financial obligations to Eskenazi Health.
• Stay in your assigned patient unit so as not to impede your care.

PRIVACY

Your privacy is very important to us. When you were admitted to the hospital or were registered for outpatient services, you were offered a copy of the Notice of Privacy Practices. If you would like to receive a copy of our Privacy Practices brochure now, please ask your nurse or a staff member where you signed in for your appointment. It is also available at www.eskenazihospital.com. The brochure has complete information about your privacy rights and how to obtain more information about your rights as designated by the Health Insurance Portability and Accountability Act (HIPAA).

IMPORTANT MESSAGE TO MEDICARE

Your rights as a hospital patient:

• You have the right to receive necessary hospital services covered by Medicare or covered by your Medicare Health Plan (“your Plan”) if you are a Medicare enrollee.
• You have the right to know about any decisions that the hospital, your physician or anyone else makes about your hospital stay and who will pay for it.
• Your physician, your Plan or the hospital should arrange for services you will need after you leave the hospital. Medicare or your Plan may cover some care in your home (home health care) and other kinds of care if ordered by your physician or by your Plan. You have a right to know about these services, who will pay for them and where you can get them. If you have any questions, please talk to your physician, your Plan or other hospital personnel.

YOUR HOSPITAL DISCHARGE & MEDICARE APPEAL RIGHTS

Date of Discharge

When your physician or Plan determines that you can be discharged from the hospital, you will be advised of your planned date of discharge. You may appeal if you think that you are being discharged from the hospital too soon. If you stay in the hospital after your planned date of discharge, it is possible that your hospital is out of compliance. You have the right to know about these services, who will pay for them and where you can get them. If you have any questions, please talk to your physician, your Plan or other hospital personnel.

Your Right to an Immediate Appeal Without Financial Risk

If you are a Medicare recipient and feel you are being discharged from the hospital, you will be advised of your planned date of discharge. You may appeal if you feel that your discharge is not medically necessary. Your physician, your Plan or the hospital should arrange for services you will need after you leave the hospital. Medicare or your Plan may cover some care in your home (home health care) and other kinds of care if ordered by your physician or by your Plan. You have a right to know about these services, who will pay for them and where you can get them. If you have any questions, please talk to your physician, your Plan or other hospital personnel.

Hospital, you are the most important member of the health care team.

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