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## ACKNOWLEDGEMENT OF PATIENT BILL OF RIGHTS AND PATIENT RESPONSIBILITIES

Reasonable, informed participation in decisions involving your health care is your right. The right of our patients is an important component of our care for you. We respect your rights and request that you recognize your responsibilities. **Failure to fulfill the following responsibilities is grounds for termination of the right to receive care at the Center.**

I also understand that I, as the patient, have the following responsibilities:

1. To be considerate of other patients, staff and visitors of the Center.
2. To respect the property of others and the Center.
3. To observe the prescribed rules of the facility during your stay and treatment and, if instructions are not followed, forfeit the right to care at the facility.
4. To provide complete identification and health insurance information.
5. To inform the provider about any living will, medical power of attorney, or other directive that could affect care.
6. To ask the medical staff any questions necessary to fully understand treatment.
7. To report that the planned course of treatment and what is expected are understood.
8. To follow the treatment plan prescribed by my providers and participate in my care.
9. To ask the medical staff what to expect regarding pain and a pain management plan.
10. To provide caregivers with the most accurate and complete information regarding present complaints, past illness, hospitalizations, medications, unexpected changes in the patients conditions or any other patient health matters.
11. To provide a responsible adult to transport me home from the facility and remain with me for twenty-four (24) hours.
12. To respond immediately to insurance plan requests.
13. To promptly fulfill financial responsibilities and commitments made to the Center.

I have been offered and understand my rights as a patient at Ireland Grove Center for Surgery and agree to fulfill my responsibilities.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian (if patient under 18)  
(UPDATED 8/10/2016)

\_\_\_\_\_  
Date