



# Patient rights and responsibilities

**Mayo Clinic Health System  
is committed to meeting  
your health care needs in  
the communities we serve.**

# Patient rights

## **Specific rights are listed below**

**As a patient, I, or my legally authorized representative, have the right to:**

- Receive care without discrimination due to my race, ethnicity, national origin, ancestry, religion, language, physical or mental disability, socioeconomic status, gender, sexual orientation, gender identity/expression, marital status, age, culture, or source of payment.
- Have my family and physician notified promptly of my admission and have any family participate in my care decisions.
- Be informed that I have the right to receive the visitors that I designate and/or deny without limitations and with full visitation rights.
- Know the name of the physician or other practitioner who has primary responsibility for my care and know the identity and professional status of the people caring for me.
- Receive from my physician and staff, in terms I can understand, current information and education about my diagnosis, treatment, prognosis and services offered. Current information may include any unanticipated outcomes of care, treatment, and services.
- Receive facts which help me to understand the Informed Consent needed for treatment and procedures before treatment begins (except in emergencies – DHS 124.05 (3)i).

- Take part in the planning of my medical treatment. Choose or choose not to take part in experimental research.
- Receive care for symptoms that will respond to treatment, even if they are not related to my primary health condition.
- Receive evaluation for, and management of, pain.
- Have access to emergency services if I present with acute symptoms of sufficient severity that the absence of medical attention would place my health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part.
- Receive from my physician and staff information and education when discharged from the hospital.
- Receive considerate, respectful care in a clean, safe, and private place free of neglect, harassment, and abuse.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
- Receive evaluation for, and provision of, protective services.
- Request a chaperone be present when examined. If I request a chaperone, Mayo Clinic Health System is obligated to provide one.
- Receive care and treatment that respects my values, culture, beliefs, and life philosophy.

- Address ethical questions that arise in my health care. Receive emotional and spiritual support for my family and me. Complete or update an advance directive outlining my wishes regarding my healthcare should I become unable to express my wishes. Mayo Clinic Health System will honor advance directives that comply with the law. This advance directive may include my wishes regarding organ and tissue donation.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of my actions.
- Be told of the need for transfer to another facility and other options, (except in emergencies 124.05(3)L).
- Have all communication and records pertaining to my healthcare kept confidential.
- Have access to my medical records within a reasonable timeframe.
- Examine and receive an explanation of my bill regardless of the source of payment and receive information regarding financial assistance.
- Receive information regarding the relationship of Mayo Clinic Health System to other healthcare or educational institutions involved in my care.
- Receive competent language interpreting and translation services, free of charge.
- File a grievance and be informed of the process to review and address the grievance without fear of retaliation or retribution from my provider or the organization.

# **Patient responsibilities**

## **Specific responsibilities are listed below.**

**As a patient I, or my legally authorized representative, have the responsibility to:**

- Participate to the fullest extent possible, in my care, treatment and education related to my care.
- Be prepared for the doctor or care provider visit with any questions I may have. Bring any medicine I take along to the visit in the original containers.
- Arrive on time for my health care appointment.
- Notify the clinic with adequate lead-time if I cannot make a scheduled appointment.
- Provide complete information about my health care condition and medical history, report my care and health risks as I perceive them, and ask questions when I do not understand what I've been told about my care.
- Talk about my care needs and health risks as I see them.
- Ask questions when I do not understand what I have been told about my care. Use question listed below if I do not know what to ask:
  - What is my main problem?
  - What do I need to do?
  - Why is it important for me to do this?
- Be honest with my care provider or doctor if I do not understand instructions or if I will not be able to follow them at home.

- Tell my care provider or doctor about symptoms or health care problems, even if they are not related to my primary health care condition.
- Report my pain level and take part in planning the pain care needed with my provider or doctor.
- Call my care provider or doctor about changes in my condition.
- Accept the outcomes of my actions if I choose not to take part in the treatment plans directed by my care provider or doctor.
- Be considerate of patients, families and staff; help control noise and disturbances; and follow tobacco free policies of Mayo Clinic Health System.
- Not threaten or harm other patients, families or staff.
- Not damage the property of patients, families, staff and facilities.
- Fulfill the financial obligations (bill payment) for my health care as soon as possible.
- Be aware that the hospital may limit or restrict my visitation rights under certain circumstances, including but not limited to the following:
  - I am undergoing care interventions
  - There are infection control concerns
  - There is disruptive, threatening or violent behavior of any kind
  - I need rest or privacy



# **Complaint management process**

If we fail to meet your expectations, we invite you to share your concerns regarding treatment, patient safety and quality of care. You may tell your concerns to:

- Any employee
- Your care provider or doctor
- The director of any clinic or hospital department
- The Office of Patient Experience

We encourage you to resolve complaints immediately at the time of service. If you feel that any of your concerns/complaints have not been resolved to your satisfaction, you may initiate a formal complaint and notify the Office of Patient Experience.

### **Office of Patient Experience**

Monday–Friday, 8 a.m.–5 p.m.

Phone: 844-544-0036

OPX@mayo.edu

Fax: 715-838-5999



Scan the code to  
share your feedback.

The information you provide will be reviewed by the appropriate staff and leadership involved in your care. Depending on the nature of your concern, the Office of Patient Experience will follow their internal processes and communicate/update you as appropriate. If you are of limited English proficiency (LEP), an interpreter or written material will be made available to you. If we are unable to resolve a concern(s) to your satisfaction, you also have the right to contact the agencies listed on the back of the brochure.

**Wisconsin Department of Health Services  
Division of Quality Assurance (DQA)**

P.O. Box 2969

Madison, WI 53701-2969

Phone: 608-266-8481

Fax: 608-267-0352

[dhs.wisconsin.gov/bqaconsumer/  
healthcarecomplaints.htm](http://dhs.wisconsin.gov/bqaconsumer/healthcarecomplaints.htm)

**The Joint Commission**

One Renaissance Blvd.

Oakbrook Terrace, IL 60181

800-994-6610

[jointcommission.org/resources/  
patient-safety-topics/  
report-a-patient-safety-concern-or-complaint/](http://jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/)

**Livanta LLC**

BFCC-QIO

10820 Guilford Road, Suite 202

Annapolis Junction, MD 20701-1105

888-524-9900

888-985-8775 – TTY

**Wisconsin Department of Children and Families**

201 E. Washington Ave., 2nd floor

P.O. Box 8916

Madison, WI 53708-8916

608-266-5335 (includes TTY)

**Wisconsin Department of Health Services  
Office of Civil Rights Compliance**

1 West Wilson, Room 561

P.O. Box 7850

Madison, WI 53707

608-266-9372 (includes TTY)

**The Department of Health Services  
Client Rights Office**

P.O. Box 7851

Madison, WI 53707-7851

608-266-2717

[mayoclinichealthsystem.org](https://mayoclinichealthsystem.org)

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