

Patient Handbook

YOUR PATIENT RIGHTS



**JOHNSON
MEMORIAL
HEALTH**

1125 West Jefferson Street
Franklin, IN 46131
(317) 736-3300

JohnsonMemorial.org

Great care starts here.



**JOHNSON
MEMORIAL
HEALTH**

Dear Valued Patient,

Welcome! Thank you for choosing Johnson Memorial Health. We are committed to providing you with the highest quality healthcare and we pledge every effort to ensure that your stay is as pleasant as possible. Your satisfaction is our ultimate goal.

Your comfort and satisfaction are important to us and this Patient Handbook has been designed to provide answers to many of the questions you may have. Please take a few minutes to read the information provided. Should you have additional questions, please feel free to ask a staff member. Our staff will be happy to assist you or, if necessary, refer you to the appropriate person to provide answers to your questions.

We are proud of our hospital staff, medical staff, and facility. Our mission is to *"provide quality healthcare services for our community"* and we are constantly striving to expand and improve our services to achieve that goal. We truly want to be your provider of choice and we appreciate the confidence you have placed in us by choosing Johnson Memorial Hospital for your health care needs.

Sincerely,

David Dunkle, MD
President/CEO



1125 W. Jefferson St., P.O. Box 549, Franklin, IN 46131
317.736.3300



Thank You

Thank you for choosing Johnson Memorial Health for your health care needs. We want your experience to be as comfortable and positive as possible. If you have any questions not answered in this handbook, please share your concerns with one of your caregivers or a patient representative.

Inside

<i>Your Care</i>	4
Your rights as a patient	
Your responsibilities as a patient	
Visitation rights	
<i>Your Stay</i>	8
Healthcare dilemmas	
Concerns during your hospitalization	
"Speak Up" program	
<i>Services</i>	12
<i>Your Health and Safety</i>	16
Smoking policy	
Medications	
Privacy	
Belongings	
<i>Your Account</i>	18

Your Care

YOUR RIGHTS AS A PATIENT

Being a patient at Johnson Memorial Hospital entitles you to certain rights as well as obligating you to several responsibilities. You are entitled to these rights regardless of sex, race, cultural, economic, educational or religious background, sexual orientation, age, handicap or the source of payment for your health care. All your rights as a health care consumer also apply to the person who may have legal responsibility to make decisions regarding your health care. The hospital and the medical staff have adopted the following statement of Patient Rights. As a patient at Johnson Memorial Hospital, the patient has:

- a. The right to participate in the development and implementation of his or her plan of care;
- b. Or his or her representative (as allowed under state law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. The patient's right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate;
- c. The right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with Federal and State Patient Self-Determination Act(s);
- d. The right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital;
- e. The right to personal privacy;
- f. The right to receive care in a safe setting;
- g. The right to be free from all forms of abuse or harassment;
- h. The right to the confidentiality of his or her clinical records;
- i. The right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits;



-
- j. The right to 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;
 - k. The right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services;
 - l. The right to know the professional status of any person providing his/her care/services;
 - m. The right to know the reasons for any proposed change in the Professional Staff responsible for his/her care;



- n. The right to know the reasons for his/her transfer either within or outside the hospital;
- o. The right to know the relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care;
- p. The right of access to the cost, itemized when possible, of services rendered within a reasonable period of time;
- q. The right to be informed of the source of the hospital's reimbursement for his/her services and of any limitations which may be placed upon his/her care;
- r. The right to to have pain treated as effectively as possible.
- s. The right to receive visitors. Inform each patient (or support person, where appropriate) of his or her visitation rights, including clinical restriction or limitation on such rights.

Visitation rights are based on the patient's, or designated support person's consent to receive whom he or she designates.

- t. The patient's family has the right of informed consent for donation of organs and tissues.

YOUR RESPONSIBILITIES AS A PATIENT

As a patient at Johnson Memorial Hospital, you have the responsibility to:

- Provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses and hospitalization, medication and other matters relating to your health;
- Follow the treatment plan as recommended by your physicians;
- Follow hospital rules and regulations affecting patient care and conduct;
- Be considerate of the rights of other patients and hospital personnel and for your behavior regarding noise control, smoking policy and the number of visitors at one time;
- Assure that the financial obligations related to your health care are fulfilled;
- Be respectful of the property of others and that of the hospital.
- Assure that you clearly comprehend your course of medical treatment and what is expected of you. You are encouraged to ask questions to assure the understanding of any course of action and what to expect. If the nursing staff is unable to answer questions to your satisfaction, your hospital provider will be notified to explain any questions that you may have.
- The patient is responsible for keeping any follow up appointments or notifying the provider when unable to do so.
- The patient is responsible for his/her actions should treatment be refused or provider's orders not followed.
- We cannot accept responsibility for your valuables. We strongly encourage you to give money, medications, credit cards, wallets, jewelry, etc. to a family member or close friend to take home. You may ask your nurse to put your valuables in the hospital safe. An itemized receipt and claim ticket will be provided to you. Please be sure to take all of your personal items home with you at dismissal. Also do not leave items such as dentures, hearing aids and eyeglasses on the food tray or bedside table. Johnson Memorial Hospital is not responsible. For the loss of any of the patient's personal items.

PATIENT FIRST



Everyone at Johnson Memorial Health makes it their responsibility to put the **Patient First**. Through values of accountability, compassion and teamwork we will achieve our mission to provide quality healthcare services and our vision to be the preferred healthcare provider for our growing community. Our organizational structure puts the focus where it should be, **Patient First**.

VISITATION RIGHTS

Visitation is an important part of healing and the hospital permits visitation when it is in the best interest of the patient.

- Visitation rights are based on the patient's, or designated support person's consent to receive whom he or she designates and will be informed of any clinically necessary or reasonable restrictions or limitations of such rights;
- The hospital does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.
- The hospital ensures that all visitors designated by the patient will have the same visitation privileges as the immediate family.
- The hospital requests that visitors respect the patient's need for rest and privacy.
- In special circumstances (during medical procedures, surgery, or crisis situations) visitors may be asked to leave the room)
- It is requested that visitors who are ill refrain from coming to the hospital for the protection of the patient.
- Any visitor who is disruptive may be asked to leave or be escorted from the building.
- No visitors are allowed if the patient is under law enforcement surveillance.

Visitors

Visitors will be informed of any restrictions or limitations on such rights.

Johnson Memorial Hospital does not restrict, limit, or otherwise deny visitation privileges on the basis of race, cultural, economic, educational or religious background, sexual orientation, age, or handicap.

We ask that visitors who are ill avoid visiting in consideration and protection of our patients. Please check with the nursing staff before visiting a patient or bringing in food or drinks. Any visitor who is disruptive may be asked to leave or escorted from the building. No visitors are allowed if the patient is under law enforcement surveillance.

Visitor Policies

We believe visitation is an important part of healing. Visitation rights are based on a patient's or designated support person's consent to receive whom he or she designates.

Your Stay

HEALTH CARE DILEMMAS

Johnson Memorial Hospital and the medical staff support your right to actively participate in decisions regarding your health care program, including decisions regarding the right to refuse life-sustaining treatment. In compliance with federal law, **this handbook serves as your basic "Notice of Patient Rights."** For additional information you may contact your caregiver or our Patient Advocate at (317) 346-3929.

Feelings of anxiety and uncertainty often affect both you and your family when you are hospitalized. Sometimes you or your family members may have a dilemma related to your plan of care. If you have a dilemma or conflict with your planned course of treatment, you may request a meeting with the hospital's Ethics Committee.

The Ethics Committee provides a consulting service to patients, physicians and hospital personnel when ethical considerations or personal dilemmas arise, as to the extent of treatment of irreversible or terminal conditions. Usually the Ethics Committee is convened when there is a conflict between any of the involved parties relating to levels of treatment that are planned for you. Examples of ethical concerns are: A patient being placed on a ventilator, or receiving other such treatment, against their expressed desires or loved ones cannot agree on the care being provided.

If you or your family members would like to meet with the Ethics Committee, or if you would like the committee to review your care in terms of planned treatment for your irreversible or terminal condition, inform your nurse. Your nurse will contact the appropriate parties and a meeting with a member of the Ethics Committee will be arranged. The Ethics Committee offers recommendations but does not make decisions about your care.

CONCERNS DURING YOUR HOSPITALIZATION

Contacting the Patient Advocate

At Johnson Memorial Hospital your satisfaction with all care provided is important to us. Should you or your family members experience concerns about the care you are receiving, you may contact the Patient Advocate and discuss any issues that did not meet your expectations. You may call the Patient Advocate during your hospitalization between 8:00 a.m. and 4:00 p.m., Monday through Friday, by dialing extension 3929, or after you are discharged, by dialing (317) 346-3929. We encourage you to voice your opinion regarding the care you have received and we welcome your comments.

The Grievance process

The Grievance process provides a way for patients to voice a complaint that cannot be resolved or when significant quality of care or early discharge issues arise. You may call the Patient Advocate during your hospitalization between 8:00 a.m. and 4:00 p.m., Monday through Friday, by dialing extension 3929, or after you are discharged, by dialing (317) 346-3929. You may also communicate your concerns in writing to: Patient Advocate Coordinator, Johnson Memorial Health 1125 W. Jefferson Street, P.O. Box 549, Franklin, IN 46131. Every attempt will be made to respond to patient complaints and/or grievances promptly or within seven (7) working days of receipt.

The Patient retains the right at all times to notify any appropriate state or federal regulatory agencies governing healthcare organizations. Johnson Memorial Health supports the patient's right to voice concerns and will provide assistance in contacting any appropriate regulatory agencies requested, including:

Indiana State Department of Health

2 North Meridian St.
Indianapolis, IN 46204
(317) 233-1325

Peer Review Organization

Livanta LLC, BFCC QIO Program
10820 Guilford Road, Suite 202,
Annapolis Junction, MD 20701

SPEAK UP

Everyone has a role in making health care safe; physicians, health care executives, nurses and technicians. Health care organizations across the country are working to make health care safety a priority. As the patient, you play a vital role in making your care safe by becoming an active, involved and informed member of your health care team. An Institute of Medicine (IOM) report has identified the occurrence of medical errors as a serious problem in the health care system. The IOM recommends, among other things, that a concerted effort be made to improve the public's awareness of the problem.

The **"Speak Up"** program, sponsored by the Joint Commission on Accreditation of Healthcare Organizations, urges patients to get involved in their care. Such efforts to increase consumer awareness and involvement are supported by the Centers for Medicare and Medicaid Services. This initiative provides simple advice on how you, as the patient, can make your care a positive experience. After all, research shows that patients who take part in decisions about their health care are more likely to have better outcomes.

Notes:

"Speak Up" is a copyright of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Speak Up™ About Your Care



Speak up...

- If you don't understand something or if something doesn't seem right.
- If you speak or read another language and would like an interpreter or translated materials.
- If you need medical forms explained.
- If you think you're being confused with another patient.
- If you don't recognize a medicine or think you're about to get the wrong medicine.
- If you are not getting your medicine or treatment when you should.
- About your allergies and reactions you've had to medicines.



Pay attention...

- Check identification (ID) badges worn by doctors, nurses and other staff.
- Check the ID badge of anyone who asks to take your newborn baby.
- Don't be afraid to remind doctors and nurses to wash their hands.



Educate yourself...

- So you can make well-informed decisions about your care.
- Ask doctors and nurses about their training and experience treating your condition.
- Ask for written information about your condition.
- Find out how long treatment should last, and how you should feel during treatment.
- Ask for instruction on how to use your medical equipment.



Advocates (family members and friends) can help...

- Give advice and support — but they should respect your decisions about the care you want.
- Ask questions, and write down important information and instructions for you.
- Make sure you get the correct medicines and treatments.
- Go over the consent form, so you all understand it.
- Get instructions for follow-up care, and find out who to call if your condition gets worse.



Know about your new medicine...

- Find out how it will help.
- Ask for information about it, including brand and generic names.
- Ask about side effects.
- Find out if it is safe to take with your other medicines and vitamins.
- Ask for a printed prescription if you can't read the handwriting.
- Read the label on the bag of intravenous (IV) fluid so you know what's in it and that it is for you.
- Ask how long it will take the IV to run out.



Use a quality health care organization that...

- Has experience taking care of people with your condition.
- Your doctor believes has the best care for your condition.
- Is accredited, meaning it meets certain quality standards.
- Has a culture that values safety and quality, and works every day to improve care.



Participate in all decisions about your care...

- Discuss each step of your care with your doctor.
- Don't be afraid to get a second or third opinion.
- Share your up-to-date list of medicines and vitamins with doctors and nurses.
- Share copies of your medical records with your health care team.

The goal of Speak Up™ is to help patients and their advocates become active in their care.

Speak Up™ materials are intended for the public and have been put into a simplified (i.e., easy-to-read) format to reach a wider audience. They are not meant to be comprehensive statements of standards interpretation or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up™ materials. Speak Up™ materials are available to all health care organizations; their use does not indicate that an organization is accredited by The Joint Commission.



Services

We are proud to offer the following services for your hospital stay or visit.

ATM

We have an ATM installed at Johnson Memorial Hospital in the lobby of the 1125 Building. The ATM is provided by First Merchants Bank; service fees may apply.

Dining at JMH - Willow Café

Willow Café provides comforting food and a calm respite for our patients and guests. The café is located along the "Main Street" corridor between the 1125 and 1155 buildings. Breakfast, lunch, dinner and grab 'n go items are served daily.



Gift Shop - The Gifting Tree

The Gifting Tree sells a variety of merchandise for all ages. Proceeds from your purchases go directly to the Johnson Memorial Hospital Guild, which purchases medical equipment and comfort items for our patients. The Guild also helps provide scholarships for those pursuing health-related careers.

Interpreter Services

Interpreter services are available as needed or at your request. Please communicate any needs you may have with the nursing staff.

Internet Service

Johnson Memorial Health provides free internet access for our patients and guests.

The Wi-Fi network is JMHWiFi.

Website

Please visit JohnsonMemorial.org for the latest and additional information on all services.

Newspapers

Copies of the Daily Journal are available in patient units or for sale in the newspaper boxes located in the lobby of the 1125 Building and outside the Willow Café.



Spiritual Care

The Johnson Memorial Health Chaplaincy Program is available for support and counseling on call at your request. A chapel is available 24 hours a day and is located on the 1st floor near the Main Entrance lobby.

Telephone Service

A telephone is available in each patient room. Friends and family may dial your private phone number directly.

To make local calls at no charge:

1. Press "9"
2. Wait for a dial tone
3. Press the number you wish to call

To make long-distance calls:

1. Press "9" and the toll free number on your phone card.
2. To make a collect call, dial "0", operator and they will connect you with a direct collect number. Long-distance calls cannot be included on your hospital bill.

Television Service

There is a television with remote control assigned to each patient bed. For the rest and welfare of all our patients the television must be kept at a low volume.

Patient Portal and Medical Records

The MyJMH Patient Portal is available to all JMH patients allowing you to access your personal health information such as labs and radiology as well as connect with your health care team online.

There are 3 ways to sign up for your MyJMH Patient Portal:

1. Self-enroll online at:
<https://johnsonmemorialhospital.iqhealth.com/self-enroll>.
2. Call the JMH Release of Information staff at 317-736-3573 and request an invitation to enroll.
3. Go to the hospital, and enroll in the Release of Information office.

Your visit information should be available immediately. Lab and Radiology results should be available within 72 hours of your appointment for tests performed at Johnson Memorial.

You will have access to any of your previous health information as well.

Parents can obtain health information for children under the age of 18 or if you are a patient's caregiver. Call Release of Information at 317-736-3573 to request access as a proxy. Please note, as soon as your child becomes 18, your proxy will no longer be in effect and he/she will need to create his/her own account. For caregiver patient proxy requests, you will be required to provide additional documentation.

Only you have access to your patient portal unless you want to grant access to someone.

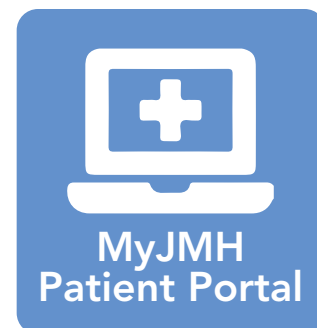
An individual email address is required for each portal account.

If you need additional medical records, contact Release of Information at 317-736-3573 or visit www.johnsonmemorial.org and under the Patients tab click on Your Records. Under Medical Records scroll down and download the Release of Information Authorization Form. Print and complete the form and submit it along with a copy of a valid photo ID via your preferred method.

- Bring it to the hospital's Release of Information office
- Fax it to 317-736-3368
- Mail it to Johnson Memorial Health, Attention: Medical Information, 1125 W. Jefferson St., Franklin, IN 46131

Students in Clinical Training

Johnson Memorial Health serves as the clinical facility for several groups of students, such as, medical, nursing, paramedic, radiology, and nutrition services students. Working at the hospital allows the students to gain valuable experience that will prepare them for their professional roles. If you agree to have students participate in your care, your provider and/or hospital staff members, as well as an instructor from their school will closely supervise them. Students do not function independently. Working with a student can be a pleasant experience for both you and the student. We hope students will contribute to the high quality of care you will receive during your stay at Johnson Memorial Health.



Discharge

Our discharge planners can provide you with information about home health care, medical equipment, skilled nursing facilities, transportation, and Meals-on-Wheels and other community resources. Assistance with questions regarding Medicare, Medicaid, Social Security, State Disability and Worker's Compensation can also be provided.

The Case Management Department has information on many community resources, which are available to assist you following discharge from the hospital. Please call the Case Management Department at (317) 346-2874 or (317) 346-2800 after hours, if you would like information about any community resources that you may find helpful. Please notify the Case Management department if you would like a discharge planning evaluation.

Going Home

Your provider will decide when you are ready to be discharged and will advise the nursing personnel. When you are prepared to be discharged please pick up any valuables you may have in the hospital safe. Your nurse will assist you in gathering your belongings and check to make sure you return home with all items that you had upon arrival to the hospital. Wheelchair transportation is available to any department within the hospital and to your car. A responsible adult needs to be available to provide transportation to your home. If this is not possible, the hospital will make every effort to help you coordinate your transportation. Should you experience difficulties with transportation, please notify your nurse and she/he will assist you.

Your Health and Safety

SMOKING POLICY

Johnson Memorial Hospital is a tobacco- and smoke-free campus. As a health care institution, Johnson Memorial Hospital recognizes the hazards of tobacco use and enforces a tobacco- and smoke-free environment. The use of any tobacco products on hospital property is prohibited. This includes electronic nicotine delivery systems (ENDS), also known as e-cigarettes or vaping devices.

Quitting Smoking

Do you smoke tobacco products? Being in the hospital is a great time to quit. Take advantage of our smoke free environment. Because you cannot smoke while you are here, you have already taken the first steps to a smoke free lifestyle.

Smoking has been directly linked to lung disease, heart disease, peripheral artery disease, stroke, bladder cancer, cervical cancer, and high blood pressure. It reduces blood flow, so if you are here for surgery you will heal slower. It causes wrinkles. If you are pregnant, it can cause miscarriage, still birth, and birth defects.

Secondhand smoke can be harmful to those around you. Children exposed to secondhand smoke have more ear infections, tonsillitis, asthma, and sudden Infant Death Syndrome (SIDS). Some adults have even developed emphysema or asthma from exposure to second hand smoke.

The staff at Johnson Memorial can help you in your efforts to quit. Your nurses may have asked you about smoking already. They will be happy to send someone in to talk to you about making a plan to quit.

We also would like to encourage you to talk to your provider about quitting while you are here. Nicotine is an extremely addictive substance. Do you need medication to help you during the first stages of quitting? There are a wide variety of medications that your doctor can prescribe for you.

At Johnson Memorial, our mission is to provide quality healthcare services for our community. Let us help improve your health or that of any smoker you know. Talk to your doctor or nurse, or ask to speak to a Respiratory Therapist. We are happy to help you quit.



MEDICATION

Please give your nurse a list of any medications you are taking, including dosage and the last time you took the medication. Your nurse will review these with your provider who will make a decision on which medications you should continue to take during your hospitalization. Your nurse will bring your medication to you as ordered by your provider. Any medications you brought with you, including aspirin, should be returned home as they can interfere or interact with tests or medicines ordered for your treatment.

For your safety and protection, only medicines approved by your provider and supplied by our pharmacy will be given to you during your stay. Your nurse will ask you questions concerning your past responses to medications and any allergies you may have. You may be asked to wear an allergy bracelet, which alerts all caregivers to your allergies.

OTHER SAFETY CONCERNS

We request that you push your nurse call button at any time to request help getting out of bed, in and out of a wheelchair, or to the bathroom. If a bedpan or urinal is out of reach, please don't attempt to reach it. The most frequent type of patient accident involves patient falls. Please allow us to assist you during your hospital stay.

In the unlikely event of a fire or other emergency, please stay in your room and wait for instructions from hospital staff. If the fire is in your room, notify the nursing station immediately.

All personal electrical equipment such as radios and electric shavers must be examined by the Bio-Medical Department for general safety before being used. You will be asked to send potentially unsafe items home. There may be other items you bring to the hospital that we may ask you to send home because of hospital safety policies.

PRIVACY

We understand medical information about you and your health is personal and we are committed to protecting this information to comply with HIPAA's Privacy law. *Notice of Privacy Practices* are posted at check-in points throughout every Johnson Memorial Health location. To receive a copy of the privacy practices, contact our Medical Information Department at 317.736.3573 or by visiting our website at www.johnsonmemorial.org.

During registration, patients admitted to the hospital will complete a HIPAA Privacy Authorization form and will be asked if you want to be listed in the hospital directory. The HIPAA Privacy Authorization form allows you to specify with whom we may discuss your health status and/or financial matters with. By indicating "Yes" on the form, you are permitting Johnson Memorial Health to share information with any caller or visitor about your presence in the hospital including giving them your room number and telephone number. If you select "No", any caller or visitor will be told we have no information about your presence within the Johnson Memorial Health facility.

BELONGINGS

If you bring any valuable personal property with you (hearing aids, dentures, jewelry, etc.), the hospital will not accept responsibility for loss or damage to that property. If your personal property is placed in the hospital safe it will be returned to you at discharge. It is always best to send all valuable items home.

Your Account

UNDERSTANDING YOUR HOSPITAL BILL

Your Insurance

The necessary paperwork will begin as soon as we are informed of your scheduled visit or admission. We recommend you contact your insurance company before your visit to find out what services are or are not covered under your plan. Your insurance company's member service office is a good source of this information. Your member card should have the contact telephone number. We may call you in advance of your visit to verify basic information and discuss deductibles and co-payments if applicable. On the day of your arrival, you may be asked to pay for your hospital and physician services that are not covered by your insurance.

Your Hospital Bill

Your bill reflects the services you receive during your stay. Charges fall into two categories. One is a basic daily rate, which includes your basic medical care, meals, nursing care, housekeeping services, your room and its amenities. The second category are the special services your physician might order for you, such as laboratory, radiological tests or therapy services. Some tests, such as X-rays and pathology, require the services of physicians that you may not meet. These bills are for professional services and are billed separately from the hospital. The physician who cares for you while in the Hospital or Emergency Department also bills separately.

Billing

If you provided insurance as a method of payment for your hospital bill, our billing office will file your claims directly with your primary and if applicable your secondary insurance. Not all medical costs are covered by insurance. The Hospital makes every effort to see that you are billed correctly. We rely on you to provide complete and accurate information about your health insurance coverage when you are brought to the Hospital or visit an outpatient clinic. This will help make sure that your insurance company is billed on time. Some insurance companies require that bills be submitted soon after your treatment or they may not pay. Your final bill will reflect the actual cost of care minus any insurance payment received and/or payment made at the time of your visit. All charges not covered by your insurance are your responsibility.

Payment Plans

Johnson Memorial Hospital offers a variety of payment plan options. For short term payment plans, no interest is charged. For longer payment plans, an interest is applied to the unpaid balance. You may arrange a payment plan before you leave the hospital or for elective services, prior to the service being rendered.

Financial Assistance

If you are unable to pay for medically necessary care, you may qualify for free or reduced cost services. If you believe you may require financial assistance, please contact the Patient Accounts Department at extension 7880 while you are in the hospital or (317) 738-7880 as soon as possible. You will not be denied medical services solely because of inability to pay.

Advance Directive



Indiana State Department of Health

2 North Meridian Street
Indianapolis, Indiana 46204

From the Indiana Advance Directive Brochure
March 1999
Revised May 2004
Revised July 1, 2013

ADVANCE DIRECTIVES

YOUR RIGHT TO DECIDE

The purpose of this information is to inform you of ways that you can direct your medical care and treatment in the event that you are unable to communicate for yourself. These pages cover:

- What is an advance directive?
- Are advance directives required?
- What happens if you do not have an advance directive?
- What are the different types of advance directives?

THE IMPORTANCE OF ADVANCE DIRECTIVES

Each time you visit your physician, you make decisions regarding your personal health care. You tell your doctor (generally referred to as a “physician”) about your medical problems. Your physician makes a diagnosis and informs you about available medical treatment. You then decide what treatment to accept. That process works until you are unable to decide what treatments to accept or become unable to communicate your decisions. Diseases common to aging such as dementia or Alzheimer’s disease may take away your ability to decide and communicate your health care wishes. Even young people can have strokes or accidents that may keep them from making their own health care decisions. Advance directives are a way to manage your future health care when you cannot speak for yourself.

WHAT IS AN ADVANCE DIRECTIVE?

“Advance directive” is a term that refers to your spoken and written instructions about your future medical care and treatment. By stating your health care choices in an advance directive, you help your family and physician understand your wishes about your medical care. Indiana law pays special attention to advance directives.

Advance directives are normally one or more documents that list your health care instructions. An advance directive may name a person of your choice to make health care choices for you when you cannot make the choices for yourself. If you want, you may use an advance directive to prevent certain people from making health care decisions on your behalf.

Your advance directives will not take away your right to decide your current health care. As long as you are able to decide and express your own decisions, your advance directives will not be used. This is true even under the most serious medical conditions. Your advance directive will only be used when you are unable to communicate or when your physician decides that you no longer have the mental competence to make your own choices.

ARE ADVANCE DIRECTIVES REQUIRED?

Advance directives are not required. Your physician or hospital cannot require you to make an advance directive if you do not want one. No one may discriminate against you if you do not sign one. Physicians and hospitals often encourage patients to complete advance directive documents. The purpose of the advance directive is for your physician to gain information about your health care choices so that your wishes can be followed. While completing an advance directive provides guidance to your physician in the event that you are unable to communicate for yourself, you are not required to have an advance directive.

WHAT HAPPENS IF YOU DO NOT HAVE AN ADVANCE DIRECTIVE?

If you do not have an advance directive and are unable to choose medical care or treatment, Indiana law decides who can do this for you. Indiana Code § 16-36 allows any member of your immediate family (meaning your spouse, parent, adult child, brother, or sister) or a person appointed by a court to make the choice for you. If you cannot communicate and do not have an advance directive, your physician will try to contact a member of your immediate family. Your health care choices will be made by the family member that your physician is able to contact.

WHAT TYPES OF ADVANCE DIRECTIVES ARE RECOGNIZED IN INDIANA?

- Talking directly to your physician and family
- Organ and tissue donation
- Health care representative
- Living Will Declaration or Life-Prolonging Procedures Declaration
- Psychiatric advance directives
- Out of Hospital Do Not Resuscitate Declaration and Order
- Physician Orders for Scope of Treatment (POST)
- Power of Attorney

TALKING TO YOUR PHYSICIAN AND FAMILY

One of the most important things to do is to talk about your health care wishes with your physician. Your physician can follow your wishes only if he or she knows what your wishes are. You do not have to write down your health care wishes in an advance directive. By discussing your wishes with your physician, your physician will record your choices in your medical chart so that there is a record available for future reference. Your physician will follow your verbal instructions even if you do not complete a written advance directive. Solely discussing your wishes with your physician, however, does not cover all situations. Your physician may not be available when choices need to be made. Other health care providers would not have a copy of the medical records maintained by your physician and therefore would not know about any verbal instructions given by you to your physician. In addition, spoken instructions provide no written evidence and carry less weight than written instructions if there is a disagreement over your care. Writing down your health care choices in an advance directive document makes your wishes clear and may be necessary to fulfill legal requirements.

If you have written advance directives, it is important that you give a copy to your physician. He or she will keep it in your medical chart. If you are admitted to a hospital or health facility, your physician will write orders in your medical chart based on your written advance directives or your spoken instructions. For instance, if you have a fatal disease and do not want cardiopulmonary resuscitation (CPR), your physician will need to write a “do not resuscitate” (DNR) order in your chart. The order makes the hospital staff aware of your wishes. Because most people have several health care providers, you should discuss your wishes with all of your providers and give each provider a copy of your advance directives.

It is difficult to talk with family about dying or being unable to communicate. However, it is important to talk with your family about your wishes and ask them to follow your wishes. You do not always know when or where an illness or accident will occur. It is likely that your family would be the first ones called in an emergency. They are the best source of providing advance directives to a health care provider.

ORGAN AND TISSUE DONATION

Increasing the quality of life for another person is the ultimate gift. Donating your organs is a way to help others. Making your wishes concerning organ donation clear to your physician and family is an important first step. This lets them know that you wish to be an organ donor. Organ donation is controlled by the Indiana Uniform Anatomical Gift Act found at Indiana Code § 29-2-16.1. A person that wants to donate organs may include their choice in their will, living will, on a card, or other document. If you do not have a written document for organ donation, someone else will make the choice for you. A common method used to show that you are an organ donor is making the choice on your driver's license. When you get a new or renewed license, you can ask the license branch to mark your license showing you are an organ donor.

HEALTH CARE REPRESENTATIVE

A “health care representative” is a person you choose to receive health care information and make health care decisions for you when you cannot. To choose a health care representative, you must fill out an appointment of health care representative document that names the person you choose to act for you. Your health care representative may agree to or refuse medical care and treatments when you are unable to do so. Your representative will make these choices based on your advance directive. If you want, in certain cases and in consultation with your physician, your health care representative may decide if food, water, or respiration should be given artificially as part of your medical treatment.

Choosing a health care representative is part of the Indiana Health Care Consent Act, found at Indiana Code § 16 -36 -1. The advance directive naming a health care representative

must be in writing, signed by you, and witnessed by another adult. Because these are serious decisions, your health care representative must make them in your best interest. Indiana courts have made it clear that decisions made for you by your health care representative should be honored.

LIVING WILL

A “living will” is a written document that puts into words your wishes in the event that you become terminally ill and unable to communicate. A living will is an advance directive that lists the specific care or treatment you want or do not want during a terminal illness. A living will often includes directions for CPR, artificial nutrition, maintenance on a respirator, and blood transfusions. The Indiana Living Will Act is found at Indiana Code § 16-36-4. This law allows you to write one of two kinds of advance directive.

Living Will Declaration: This document is used to tell your physician and family that life — prolonging treatments should not be used so that you are allowed to die naturally. Your living will does not have to prohibit all life-prolonging treatments. Your living will should list your specific choices. For example, your living will may state that you do not want to be placed on a respirator but that you want a feeding tube for nutrition. You may even specify that someone else should make the decision for you.

Life-Prolonging Procedures Declaration: This document is the opposite of a living will. You can use this document if you want all life-prolonging medical treatments used to extend your life.

Both of these documents can be canceled orally, in writing, or by destroying the declaration yourself. The cancellation takes effect only when you tell your physician. For either of these documents to be used, there must be two adult witnesses and the document must be in writing and signed by you or someone that has permission to sign your name in your presence.

PSYCHIATRIC ADVANCE DIRECTIVE

Any person may make a psychiatric advance directive if he/she has legal capacity. This written document expresses your preferences and consent to treatment measures for a specific diagnosis. The directive sets forth the care and treatment of a mental illness during periods of incapacity. This directive requires certain items in order for the directive to be valid. Indiana Code § 16-36-1.7 provides the requirements for this type of advance directive.

OUT OF HOSPITAL DO NOT RESUSCITATE DECLARATION AND ORDER

In a hospital, if you have a terminal condition and you do not want CPR, your physician will write a “do not resuscitate” order in your medical chart. If you are not in a hospital when an emergency occurs, the emergency medical personnel or the hospital where you are sent likely would not have a physician’s order to implement your directives. For situations outside of a hospital, the *Out of Hospital Do Not Resuscitate Declaration and Order* is used to state your wishes. The *Out of Hospital Do Not Resuscitate Declaration and Order* is found at Indiana Code § 16-36-5.

The law allows a qualified person to say they do not want CPR given if the heart or lungs stop working in a location that is not a hospital. This declaration may override other advance directives. The declaration may be canceled by you at any time by a signed and dated writing, by destroying or canceling the document, or by communicating to health care providers at the scene your desire to cancel the order. Emergency Medical Services (EMS) may have procedures in place for marking your home so they know you have an order. You should contact your local EMS provider to find out their procedures.

PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST)

A “Physician Orders for Scope of Treatment” (also referred to as a POST form) is a direct physician order for a person with at least one of the following:

1. An advanced chronic progressive illness.
2. An advanced chronic progressive frailty.
3. A condition caused by injury, disease, or illness from which, to 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 will write orders that reflect your wishes with regards to cardiopulmonary resuscitation (CPR), medical interventions (comfort measures, limited additional interventions, or full treatment), antibiotics and artificially administered nutrition.

You additionally have the option on the POST form to designate a “Health Care Representative” [see the section “Health Care Representative” above for additional information]. Note that if you have previously designated a health care representative and you name a different person on your POST form, the person designated on the POST form

replaces (revokes) the person named in the previous health care representative advance directive. The Indiana POST form is available on the Indiana State Department of Health website at www.in.gov/isdh/25880.htm.

The POST form must be signed and dated by you (or your legal representative) and your physician to be valid. The original form is your personal property and you should keep it. Paper, facsimile (fax), or electronic copies of a valid POST form are as valid as the original. Your physician is required to keep a copy of your POST form in your medical record or; if the POST form is executed in a health facility, the facility must maintain a copy of the form in the medical record. The POST form may be used in any health care setting. The Physician Orders for Scope of Treatment statute is found at Indiana Code § 16-36-6.

Executed POST forms may be revoked at any time by any of the following:

1. A signed and dated writing by you or your legal representative.
2. Physical cancellation or destruction of the POST form by you or your legal representative.
3. Another individual at the direction of you or your legal representative.
4. An oral expression by you or your legal representative of intent to revoke the POST form.

The revocation is effective upon communication of the revocation to a health care provider.

POWER OF ATTORNEY

A “power of attorney” (also referred to as a “durable power of attorney”) is another kind of advance directive. This document is used to grant another person say-so over your affairs. Your power of attorney document may cover financial matters, give health care authority, or both. By giving this power to another person, you give this person your power of attorney. The legal term for the person you choose is “attorney in fact.” Your attorney in fact does not have to be an attorney. Your attorney in fact can be any adult you trust. Your attorney in fact is given the power to act for you only in the ways that you list in the document. The document must:

1. Name the person you want as your attorney in fact;
2. List the situations which give the attorney in fact the power to act;
3. List the powers you want to give; and
4. List the powers you do not want to give.

The person you name as your power of attorney is not required to accept the responsibility. Prior to executing a power of attorney document, you should talk with the person to ensure that he or she is willing to serve. A power of attorney document may be used to designate a health care representative. Health care powers are granted in the power of attorney

document by naming your attorney in fact as your health care representative under the Health Care Consent Act or by referring to the Living Will Act. When a power of attorney document is used to name a health care representative, this person is referred to as your health care power of attorney. A health care power of attorney generally serves the same role as a health care representative in a health care representative advance directive. Including health care powers could allow your attorney in fact to:

1. Make choices about your health care;
2. Sign health care contracts for you;
3. Admit or release you from hospitals or other health facilities;
4. Look at or get copies of your medical records; and
5. Do a number of other things in your name.

The Indiana Powers of Attorney Act is found at Indiana Code § 30-5. Your power of attorney document must be in writing and signed in the presence of a notary public. You can cancel a power of attorney at any time but only by signing a written cancellation and having the cancellation delivered to your attorney in fact.

WHICH ADVANCE DIRECTIVE OR DIRECTIVES SHOULD BE USED?

The choice of advance directives depends on what you are trying to do. The advance directives listed above may be used alone or together. Although an attorney is not required, you may want to talk with one before you sign an advance directive. The laws are complex and it is always wise to talk to an attorney about questions and your legal choices. An attorney is often helpful in advising you on complex family matters and making sure that your documents are correctly done under Indiana law. An attorney may be helpful if you live in more than one state during the year. An attorney can advise you whether advance directives completed in another state are recognized in Indiana.

CAN I CHANGE MY MIND AFTER I WRITE AN ADVANCE DIRECTIVE?

It is important to discuss your advance directives with your family and health care providers. Your health care wishes cannot be followed unless someone knows your wishes. You may change or cancel your advance directives at any time as long as you are of sound mind. If you change your mind, you need to tell your family, health care representative, power of attorney, and health care providers. You might have to cancel your decision in writing for it to become effective. Always be sure to talk directly with your physician and tell him or her your exact wishes.

ARE THERE FORMS TO HELP IN WRITING THESE DOCUMENTS?

Advance directive forms are available from many sources. Most physicians, hospitals, health facilities, or senior citizen groups can provide you with forms or refer you to a source. These groups often have the information on their web sites. You should be aware that forms may not do everything you want done. Forms may need to be changed to meet your needs. Although advance directives do not require an attorney, you may wish to consult with one before you try to write one of the more complex legal documents listed above. Several of the forms are specified by statute. Those forms may be found on the Indiana State Department of Health (ISDH) Advance Directives Resource Center at www.in.gov/isdh/25880.htm. The following forms are available on that web site:

- Living Will Declaration
- Life-Prolonging Procedures Declaration
- Out of Hospital Do Not Resuscitate Declaration and Order
- Physician Orders for Scope of Treatment (POST)

WHAT SHOULD I DO WITH MY ADVANCE DIRECTIVE IF I CHOOSE TO HAVE ONE?

Make sure that your health care representative, immediate family members, physician, attorney, and other health care providers know that you have an advance directive. Be sure to tell them where it is located. You should ask your physician and other health care providers to make your advance directives part of your permanent medical chart. If you have a power of attorney, you should give a copy of your advance directives to your attorney in fact. You may wish to keep a small card in your purse or wallet that states that you have an advance directive, where it is located, and who to contact for your attorney in fact or health care representative, if you have named one.

ADDITIONAL INFORMATION

For additional information on advance directives, visit the Indiana State Department of Health Advanced Directives Resource Center located at www.in.gov/isdh/25880.htm. The site includes links to state forms, this brochure, links to Indiana statutes, and links to other web sites.

The ISDH Web site contains a wealth of information about public health. Visit the ISDH Home Page at www.in.gov/isdh.

SUMMARY OF ADVANCE DIRECTIVES

- You have the right to choose the medical care and treatment you receive. Advance directives help make sure you have a say in your future health care and treatment if you become unable to communicate.
- If you do not have written advance directives, it is important to make sure your physician and family are aware of your health care wishes.
- No one can discriminate against you for signing, or not signing, an advance directive. An advance directive is, however, your way to control your future medical treatment.
- This information was prepared by the Indiana State Department of Health as an overview of advance directives. The Indiana State Department of Health attorneys cannot give you legal advice concerning living wills or advance directives. You should talk with your personal lawyer or representative for advice and assistance in this matter.



Indiana State Department of Health

Indiana State Department of Health
2 North Meridian Street
Indianapolis, Indiana 46204
<http://www.in.gov/isdh>

Indiana Advance Directive Brochure

LIVING WILL DECLARATION

Declaration made this _____ day of _____ (month, year).

I, _____, being at least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

If at any time my attending physician certifies in writing that: (1) I have an incurable injury, disease, or illness; (2) my death will occur within a short period of time; and (3) the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort care or to alleviate pain, and, if I have so indicated below, the provision of artificially supplied nutrition and hydration. (Indicate your choice by initialing or making your mark before signing this declaration);

_____ I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.

_____ I do not wish to receive artificially supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.

_____ I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under IC 16-36-1-7 or my attorney in fact with health care powers under IC 30-5-5.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

_____ I understand the full impact of this declaration.

Signature

Street Address

City, County and State of Residence

Date of Birth

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not a parent, spouse, or child of the declarant. I am not entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years old.

Witness

Date

Address

Telephone Number

Witness

Date

Address

Telephone Number

APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I voluntarily appoint the following person as my health care representative. My representative is authorized to act for me in all matters of health care in accordance with IC 16-36-1 and IC 30-5 et. seq., except as otherwise specified below.

Appointed Health Care Representative

Address

Telephone Number

City

Social Security Number

State & Zip Code

I authorize my health care representative to make decisions in my best interest concerning consent to treatment and the withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician(s) and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others; to the extent they are available.

This appointment is to be exercised in good faith and in my best interest subject to the following terms and conditions:

This appointment becomes effective and remains effective if I am incapable of consenting to my health care. I do authorize my health care representative hereby appointed to delegate decision-making power to another.

Dated this _____ day of _____, year of _____

Signature

Street Address

Print Full Legal Name

City, County & State of Residence

Date of Birth

I declare that I am an adult at least eighteen (18) years of age and that at the request of the above-named individual making the appointment, I witnessed the signing of this document by the Appointee on the date noted above.

Witness Signature

Street Address

Witness (Please Print Full Legal Name)

City, County & State of Residence

Telephone Number

LIFE-PROLONGING PROCEDURES DECLARATION

Declaration made this _____ day of _____, year of _____.

I, _____, being at least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desire that if at any time I have an incurable injury, disease, or illness determined to be a terminal condition I request the use of life-prolonging procedures that would extend my life. This includes appropriate nutrition and hydration, the administration of medication, and the performance of all other medical procedures necessary to extend my life, to provide comfort care, or to alleviate pain.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal rights to request medical or surgical treatment and accepts the consequences of the request.

I understand the full import of this declaration.

Signature

Date of Birth

City, County and State of Residence

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I am competent and at least eighteen (18) years old.

Witness

Date

Address

Telephone Number

Witness

Date

Address

Telephone Number



Do you have a primary care provider?

A primary care provider is your point person for health and well-being through all stages of life, from childhood through your senior years. They will help you manage your current health condition and provide screenings and wellness exams to detect and prevent future medical issues.

If you're looking for a trusted partner who can guide you through all your health care needs, Johnson Memorial Health is the right place to start. Visit JohnsonMemorial.org to see a complete listing of all our primary care providers and learn about their education, experience and specialties. You can even read what other patients are saying about them.

Call to schedule an appointment today:

Family Medicine

Franklin 317.736.6133

Greenwood 317.535.1876

Whiteland 317.535.1577

Internal Medicine

Franklin 317.346.3883

Women's Care

(Obstetrics/Gynecology)

Franklin 317.738.0630

Whiteland 317.530.3111

Pediatrics

Franklin and Greenwood

317.736.5515



**JOHNSON
MEMORIAL
HEALTH**

Great care starts here.

JohnsonMemorial.org