

# Patient Handbook



[HENDRICKS.ORG](https://www.hendricks.org)

# TABLE OF CONTENTS

<b>Color-Coding for your Protection</b>	<b>2</b>	Law Enforcement	
<b>The Hendricks Way</b>	<b>3</b>	Coroners, Medical Examiners and Funeral Directors	
<b>Your Hospital Team</b>	<b>4</b>	Organ and Tissue Donation	
Medical Staff		Threat to Health or Safety	
Nursing Staff		Military and Veterans	
Nurse/Social Work Case Management		National Security and Intelligence Activities	
Chaplaincy Services/Pastoral Care		Protective Services	
Nutrition and Dietetics		Custodial Situations	
Volunteers		Workers' Compensation	
Other Personnel		Health-Related Benefits	
<b>Your Hospital Stay</b>	<b>5-6</b>	Fundraising Activities	
Feedback		Facility Directory	
Smoking Policy		Payment for your Care	
Fire Drills		Third Parties	
Personal Items		Incidental Uses and Disclosures	
Patient Safety		Other Uses	
Safe Care Tips During your Hospital Stay		<b>Your Health Information</b>	<b>16-17</b>
Help Prevent Errors in your Care		Restrictions	
For Compliments, Complaints and Filing a Grievance		Confidential Communications	
<b>Hospital Fall Risk</b>	<b>6-7</b>	Inspect and Copy	
Environmental Risk		Right to Amend	
Situational Risks		Accounting of Disclosures	
To Prevent Falls		Paper Copy of Notice	
Resources		Who this Notice Applies to	
<b>Prevent Infection at Hendricks - And at Home</b>	<b>7-8</b>	Changes to this Notice	
5 Simple Steps to Stop the Spread		Privacy Rights	
Infection Measures for Patients		<b>Advance Directives</b>	<b>18-23</b>
For Friends and Family		What is an Advance Directive	
<b>Patient's Rights &amp; Responsibilities</b>	<b>9-11</b>	Are Advance Directives Required	
Joint Notice or Privacy Practices		Talking to your Physician and Family	
<b>Our Responsibilities</b>	<b>12-15</b>	Organ and Tissue Donation	
Health Care Arrangement		Types of Advance Directives	
Disclosure of Health Information		Health Care Representative	
Treatment		Living Will	
Payment		Psychiatric Advance Directive	
Health Care Operations		Out of Hospital DNR	
As Required by Law		Physician Order for Scope of Treatment	
Public Health Purposes		Power of Attorney	
Victims of Abuse		<b>Do Not Resuscitate (DNR)</b>	<b>24-25</b>
Health Oversight Activities		How to Request a DNR Order	
Judicial Purposes		Will My DNR Order be Honored	
		Other Information	
		<b>MyChart</b>	<b>26</b>

## COLOR-CODING FOR YOUR PROTECTION

For your safety, hospitals use wristbands as a communication tool so all staff can provide the best possible care. Wristbands with color-coded stickers protect you because they indicate who you are and any special needs or restrictions related to your care.

### Allergy

RED

**RED** stickers notify staff of the patient's allergies such as medications, foods, dust, grass or pets.

### DNR

PURPLE

**PURPLE** stickers alert staff to check the patient's chart for end-of-life directives to be honored in the event of cardiac arrest.

### Fall Risk

YELLOW

**YELLOW** stickers inform staff that the patient needs assistance walking or getting up to help prevent falls.

### Latex Allergy

GREEN

**GREEN** stickers tell staff that the patient has allergies to latex, so non-latex supplies will be used.

### Limb Alert

PINK

**PINK** stickers mean that staff should avoid using the patient's marked limb for blood draws, IV insertions and other medical procedures.







## THE HENDRICKS WAY

The Hendricks Regional Health culture is built on our vision to be the community's indispensable healthcare partner and on these seven values: Respect, Empathy, Integrity, Courage, Collaboration, Loyalty and Engagement. To our physicians and associates, these words ignite a passion to provide the best possible care to our patients, our community and each other.

More than 2,200 associates live these core values each day through a shared philosophy of patient-centered, high-quality, low-cost care. Our values, along with a holistic, integrated model of care, have helped us become a national trendsetter in quality, patient experiences and wellness. Our values represent the culture of excellence and compassion that makes our healthcare system so unique.

## YOUR HOSPITAL TEAM

When you are in the hospital, many people are involved in your care. If you want to speak with a member of your hospital team, or need additional services, please contact your nurse.

### MEDICAL STAFF

The physician who admits you to the hospital is responsible for directing your care while you are here. Please consult your physician when you have questions about your illness and/or treatments.

### NURSING STAFF

To help ensure that you receive extraordinary care, you are assigned to a registered nurse (R.N.) who oversees and helps coordinate your care. You are encouraged to take an active role in planning your care, such as helping your physician and R.N. establish goals for your care and recovery. Any questions or concerns you may have during your stay can always be directed to one of your nurses.

### NURSE / SOCIAL WORK CASE MANAGEMENT

Nursing or social work case managers will coordinate the health care team to assist you in developing a plan towards optimal wellness following your discharge. Case managers will work with you to connect you with appropriate resources in the community including, but not limited to home health care, home medical equipment and rehabilitation services. Case managers can assist you with questions about payment of medical services and financial assistance as well as information on advanced directives. Case managers act as patient advocates and provide support for the emotional challenges that often accompany illness. All patients may request an evaluation for assistance with discharge needs at any time.

### CHAPLAINCY SERVICES/ PASTORAL CARE

A chaplain is always available to assist you, whatever your religious preference. The chaplaincy department is happy to contact a representative of your own denomination or faith. A representative of your faith is always welcome to visit you while you are a patient here.

### NUTRITION AND DIETETICS

Our staff of nutrition experts and registered dietitians actively collaborate with other staff members, such as physicians, nurses, pharmacy personnel, therapists and social workers to ensure superior patient care. They also serve patients by providing nutrition education and nutrition assessments. If you feel working with a dietitian would be beneficial as part of your medical care, please contact your nurse.

With our room service dining program, At Your Service, you can choose from a variety of delicious, made-to-order fare that is prepared especially for you and delivered when you are ready to eat. Room service staff will provide menus and instructions to access this service.

### VOLUNTEERS

Volunteers add that special touch by lending their support in many different areas of our hospital and are available to answer questions or provide assistance.

### OTHER PERSONNEL

During your stay you may be visited by other health care professionals, including staff from the laboratory and radiology departments, and physical or occupational therapists. In addition, the Hendricks Regional Health family includes many behind-the-scenes workers, such as accountants, engineers, secretaries and food service workers who all contribute to your well-being.





## YOUR HOSPITAL STAY

### FEEDBACK

At Hendricks Regional Health, we are committed to providing award-winning patient experiences. If you have an immediate concern you would like to share, please ask to speak to the department manager or director of your location. We are dedicated to resolving your concerns and providing you with the best patient experience possible.

After your stay, you may be randomly selected to participate in a telephone survey. A representative may contact you to ask a few questions about your visit. This includes inviting you to share what we are doing well, and where we have opportunities for improvement. All responses are kept confidential. This survey is required by the Department of Medicare and Medicaid Services (CMS). If you received a call and would like to be taken off of the list for any future phone calls, please contact our Director of Patient Experience at (317) 745-8650.

In addition, please feel free to contact the Director of Patient Experience with compliments, concerns or questions about your visit at (317) 745-8650.

### SMOKING POLICY

Hendricks Regional Health campuses are smoke-free facilities. We believe it is critical to stop the use of cigarettes and tobacco products to speed recovery and promote long-term health. Therefore:

- There will be no use of tobacco products or E-cigarettes within any building owned or managed by Hendricks Regional Health.
- Visitors, outpatients and medical personnel who are not employed by Hendricks Regional Health may utilize tobacco products or E-cigarettes only while in their vehicles.
- Inpatients, outpatients and observation patients admitted to a unit are not permitted to use tobacco products or E-cigarettes.

### FIRE DRILLS

For your protection, Hendricks Regional Health routinely conducts fire drills and disaster drills. These will be announced via the overhead

paging system three times with the location of the drill. If a drill occurs while you are here, remain in your room and do not become alarmed.

### PERSONAL ITEMS

Articles of clothing, blankets, purses or other personal property including money, jewelry or valuables brought with you, but not required in the hospital, should be taken home. Personal property is kept at your own risk and Hendricks Regional Health is not liable in the event of loss or damage.

***NO HENDRICKS REGIONAL HEALTH ASSOCIATE HAS THE AUTHORITY TO WAIVE THIS RULE.***

### PATIENT SAFETY

Hendricks Regional Health is dedicated to providing safe and appropriate care. As a patient, it is your right and responsibility to work with your health care team and to ask questions whenever necessary. By openly sharing your thoughts and concerns with the doctors and nurses caring for you, we can better provide you with a successful care plan and recovery.



## SAFE CARE TIPS DURING YOUR HOSPITAL STAY

- While you are in bed, keep the bedrails near your head in the up position. Also, always keep the bed in the lowest position to the floor with the brake on.
- Feel free to keep a dim light on at night.
- Wear non-skid footwear to help prevent falling. If you don't have a pair from home, ask your nurse to provide them.
- Press the call light button on your bed controls to ask for help if you feel weak or dizzy when getting out of bed.
- Don't be embarrassed to ask for help in the bathroom. Our nursing staff is happy to help. A call button/cord is available in every patient restroom if you need it.
- Our staff will request to safety check any personal property item with a cord or plug.

- Let nursing staff know if you see a spill on the floor.
- Please let nursing staff know if you leave the unit.

## HELP PREVENT ERRORS IN YOUR CARE

Research shows that patients who take part in decisions about their own health care are more likely to get better faster. We encourage you to ask your medical team if you have any questions or concerns about your care, including medical forms, procedures, tests or medications.

## FOR COMPLIMENTS, COMPLAINTS, AND FILING A GRIEVANCE

*Our goal is for every patient to have an extraordinary experience. To share a compliment, complaint, or file a grievance, please contact the Director of Patient Experience at (317) 386-5621.*

## HOSPITAL FALL RISK

Help us keep you/your loved one safe while in the hospital. Use this information to learn what risk factors could lead to a fall. It is our goal to provide a safe healing environment.

### ENVIRONMENTAL RISKS

#### Tripping hazards in your hospital room

- Unfamiliar furniture and room arrangement
- Floors cluttered with suitcases, bags, purses, etc.
- Tubes, IV poles, monitors
- Bedside table or chairs blocking the path to the bathroom
- Side rails on the bed left down or partially lowered

### SITUATIONAL RISKS

#### Things caused by illness or medication

- Pain or discomfort
- Seizures
- Limited movement
- Suddenly feeling better
- More frequent trips to the bathroom
- Dizzy or light headed
- Disorientation

## FAMILY AND FRIENDS: YOU CAN HELP TOO

- Keep personal items in the same place and stick to a routine.
- Return furniture to the same spot when not in use.
- Learn about and follow guidelines to prevent falls.
- Get help using safety equipment and moving your loved one.
- When helping your loved one, keep it simple and go one step at a time.
- Notify staff about any mental or physical changes you notice in your loved one.

## TO PREVENT FALLS IN THE HOSPITAL, DO:

- Ask for help if you feel weak, dizzy or light headed.
- Use the call button on the bed and in the bathroom to get assistance. Don't be embarrassed that you need help. Your safety comes first!
- Call for bathroom assistance as soon as you feel you need to go.

- Let staff walk next to you to provide support as you regain strength.
- Notify nurses when you leave the room.
- Inform staff if you find any liquid spilled on the floor.
- Keep beds at lowest height.
- Keep a clear path from bedside to bathroom.
- Leave a night light on.
- Wear non-skid shoes or slippers.
- Keep your room uncluttered.
- Keep the bed rails fully up even if you think you do not need them.
- Keep items you use frequently within easy reach.
- Take your time. Move slowly. Sit at the side of the bed for a minute before you stand up.
- Wear your eye glasses and/or hearing aid(s) when you get up. When you are not wearing them, keep them in a drawer and not on your lunch tray or on top of your bed stand.
- Inform the nurse or doctor if you have a recent history of falling. If you are prone to falling, we may provide a room close to the nurse station, padded bedside rails or a nurse assistant to help.
- Hospital staff may use lifting equipment to help you transfer out of bed or a chair.

## RESOURCES

Once you go home, you can reduce the risk of injury by doing some simple things. Browse the Health Library at [HENDRICKS.ORG](https://www.hendricks.org) to find more information and articles about how to prevent falls at home.

## PREVENT INFECTION AT HENDRICKS - AND AT HOME

### 5 SIMPLE STEPS TO STOP THE SPREAD

Preventing infection is a simple idea. Infections can be spread through the air and by contact with hands, clothing and other surfaces. Keeping the air and shared surfaces germ-free helps keep infection from spreading.

Here are the simplest and most effective steps you can take:

#### 1. **Wash Your Hands Frequently**

Do this after eating, going to the bathroom, handling trash or other waste and visiting with others or with pets. Lather with soap and warm water for 20 seconds (two rounds of “Happy Birthday to You”), then rinse thoroughly.

#### 2. **Make Sure Healthcare Providers Clean Hands or Wear Gloves**

The clean hand rule is extra important for healthcare workers. Don't be afraid to make sure we are scrubbing up – and, if necessary, wearing gloves. Just ask politely!

#### 3. **Cover Your Mouth and Nose**

Many infections spread through small droplets in the air. Coughs and sneezes are big droplet spreaders, but singing, yelling and even loud talking can create lots of droplets, too. Cover your coughs and sneezes in the crook of your arm

or in a disposable tissue. If there's a particularly widespread infection going around – like COVID-19 or flu – a mask that covers mouth and nose can help keep others around you safe.

#### 4. **Get Your Shots**

All immunizations help to prevent the spread of illness. Many once widespread diseases – such as polio, smallpox, and measles – have been virtually eliminated thanks to widespread immunization programs, and the flu vaccine saves thousands of Americans from hospitalization and death each year. See if you and your family are current on all of the following shots:

- Chicken Pox
- Flu (influenza)
- Human papillomavirus
- Whooping cough (Pertussis)
- German measles (Rubella)
- Pneumonia (*Streptococcus pneumoniae*)
- Meningitis
- Measles
- Mumps
- Tetanus
- Diphtheria
- Shingles
- Hepatitis





### 5. Avoid Others When Sick

Finally, if you know or suspect you're sick – stay home and keep to yourself. When you must be around others, take extra care to keep hands, surfaces and the air clean. And if you have to quarantine – whether at home or in the hospital – friends and family should be aware that they may need to take special precautions and wear special clothing, or that visitation may be limited or restricted, depending on the circumstance.

## INFECTION MEASURES FOR PATIENTS

Especially when you're sick or receiving medical treatment, there are basic things you can do to keep yourself and others safe – and get better more quickly.

- If you have a bandage or other dressing on a wound, let us know if it is loose or wet.
- If you have an IV line or catheter, keep the dressing clean and dry and let us know if it is loose, comes out, gets wet or becomes painful.
- Wash your hands before and after touching bandaged or dressed wounds.
- Wash your hands thoroughly after using the bathroom or bedside commode.
- Prevent pneumonia by following instructions for any breathing treatments.
- Smoking can lead to infections. Observe non-smoking instructions and if you need help to stop, let us know.
- If you have diabetes, ask us about the best ways to control your blood sugar. High blood sugar can increase your infection risk.
- Tell us if you are in pain.

- Ask questions. Ask for help. And ask your friends and family to put off their visits if they are sick or feel like they might be.

## FOR FRIENDS AND FAMILY

Support from loved ones is important for healing. However, for the protection of patients, families and the public, we ask visitors to observe special health and safety precautions.

- Before visiting, please check in with our nursing staff. We'll let you know of any protective measures or equipment you may need.
- Read and observe any caution signs posted at the door or inside the patient room.
- Wash hands with soap and water before entering room – or use hand sanitizer provided.
- Bring as few items with you as possible during the visit.
- If you are sick or feel sick, please postpone your visit.

**Infection Prevention and You**

You are an important part of infection prevention!

- Speak up for your care!** (Megaphone icon)
- Clean your hands and make sure everyone around you does too.** (Handwashing icon)
- Sneeze and cough into your elbow, not your hand.** (Coughing icon)
- If your room looks dirty, ask to have it cleaned.** (Cleaning icon)
- Every day, ask if you still need your catheter.** (Question mark icon)
- Ask about safe injection practices. Remember One Needle, One Syringe, only One Time.** (Syringe icon)
- Take medications as directed.** (Medicine bottle icon)
- If you are having surgery, ask if you should shower with a germ-killing soap ahead of time.** (Shower icon)

APIC Association for Professionals in Infection Control and Epidemiology  
[www.apic.org/InfectionPreventionandYou](http://www.apic.org/InfectionPreventionandYou)  
 © 2014 Association for Professionals in Infection Control and Epidemiology



## PATIENT'S RIGHTS & RESPONSIBILITIES

Providing quality care requires the cooperation of you and your health care provider and the hospital staff. Hendricks Regional Health wants you to know that, as our patient, you have certain rights and responsibilities.

### YOUR RIGHTS AS A PATIENT

1. You have the right to considerate and respectful care.
2. You have the right to participate in your care, including developing and implementing a care plan.
3. You have the right to appropriate medical treatment regardless of age, gender, sexual orientation, race, religion, national origin, handicap, disability or the source of payment for our care.
4. You have the right to a reasonable response to your request for services in a reasonable timeframe.
5. You have the right to have medical information provided to you in terms you can understand which may include access to an interpreter should a language or communication barrier exist.
6. You have the right to discuss with your health care provider any treatment, procedure or operation planned for you so that you may understand the purpose, probable result, alternatives and risks involved before giving permission.
7. You have the right to obtain from your health care provider complete and current information concerning your diagnosis, treatment and possible outcome in understandable terms. When it is not possible or medically advisable to give such information to you, the information will be made available to an appropriate person on your behalf.
8. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of your refusal.
9. You have the right to appoint a healthcare representative, healthcare power of attorney or surrogate decision-maker regarding your care.
10. You have the right to exercise advance directives regarding your care to the extent permitted by law. If you or your family need help making difficult end-of-life decisions, staff is available to help you.

11. You have the right to personal and informational privacy and confidentiality concerning your medical care program, financial information and treatment. A copy of the Notice of Privacy Practices is available upon request.
  12. You have the right to have a family member or representative of your choice and your personal health care provider notified of your admission to Hendricks Regional Health.
  13. You have the right to expect care in a safe setting and clean environment.
  14. You have the right to receive care free from all forms of abuse and/or harassment.
  15. You have the right to access information in your clinical record to the extent permitted by law.
  16. You have 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.
  17. You have the right to be fully informed if your health care provider proposes to engage in any unusual, experimental or research-based care or treatment. You have the right to refuse to consent to, or participate in, such care without coercion or retaliation by staff.
  18. You have the right to obtain information as to any relationship of Hendricks Regional Health to other healthcare providers and educational institutions participating in your care. You have the right to obtain the name, position and professional relationships of all individuals treating you. You have the right to request that students not provide your care.
  19. You have the right to discuss with your health care provider or request a second opinion from another member of the medical staff regarding the reason for a proposed change in your care. You also have the right to request an ethics consultation to address actual or potential issues that may arise.
  20. You have the right to expect an explanation concerning the need for a transfer within the hospital or to another facility as well as coordination, which provides continuity of care following the transfer.
  21. You have the right to understand the source of payment for services provided and any limitations this may place on your care.
  22. You have the right to see your itemized hospital bill, have it explained to you and to inquire about financial assistance in paying your bill or filing insurance forms.
  23. You have the right to be visited, should you so desire, by anyone you or your representative chooses. You may deny visitors at any time. Hendricks Regional Health may restrict or limit visitation for reasonable or clinical reasons. You or your representative may inquire about restrictions to visiting.
  24. You have the right to have pain treated as effectively as possible. As a patient, you can expect information about pain and pain relief measures and a concerned staff committed to pain prevention and treatment.
  25. Your family has the right of informed consent for donation of organs and tissues.
  26. You have the right to be informed about outcomes care, including those outcomes that differ significantly from anticipated outcomes.
  27. You have the right to know what care you should seek after discharge.
  28. You have the right to express a complaint or grievance and to expect timely follow up.
  29. You have the right to know what Hendricks Regional Health rules and regulations apply to your conduct as a patient.
  30. You have the right to leave Hendricks Regional Health against your health care provider's advice to the extent permitted by law. If you refuse treatment or leave the hospital against your health care provider's advice, Hendricks Regional Health and your health care provider will not be responsible for any harm that this action may cause you or others.
- The health care providers at Hendricks Regional Health care for the sick and injured. They recognize that to be effective, the effort must be a partnership of the patient and the healthcare team working together for a common goal. As a patient you will be expected, within the limits of your abilities, to assume a share of the responsibility for your healthcare.



## YOUR RESPONSIBILITIES AS A PATIENT

1. You have the responsibility to provide complete and accurate information about present complaints, past illnesses, hospitalizations, surgeries, prescribed and over-the-counter medications, past allergic reactions, changes in your condition and other matters relating to your health to the best of your ability in order for care to be coordinated in a safe manner.
2. You have the responsibility to cooperate with all Hendricks Regional Health personnel caring for you and to ask questions if you do not understand any instructions, course of action or expectations.
3. You have the responsibility to help your doctors, nurses and other Hendricks Regional Health personnel by following their instructions concerning treatment and safety.
4. You have the responsibility to be considerate of other patients and staff, and to see that your visitors are considerate as well, particularly in regard to noise, the number of visitors and the compliance with the smoke-free environment.
5. You have the responsibility to be respectful of others, of other people's property and that of Hendricks Regional Health.
6. You have the responsibility to discuss pain relief options, assist in determining a plan for the management of pain and ask for pain relief when your pain first begins, help your caregivers measure the extent of your pain and to tell your doctor and nurses if your pain continues.
7. You have the responsibility for following Hendricks Regional Health rules and regulations.
8. You assume the responsibility for your actions if you refuse treatment or do not follow instructions.
9. You have the responsibility to be prompt in your payment of hospital bills, to provide the information necessary for insurance processing and to be prompt about asking questions you have concerning the bill.
10. After you leave Hendricks Regional Health, you have the responsibility to maintain the treatment recommended by your doctor and to notify him or her of any changes.
11. You have the responsibility to share any values, spiritual beliefs or advanced directive that are important to your care and well-being.
12. You have the responsibility of informing Hendricks Regional Health as soon as possible if you believe any of your rights have been or may be violated. You are encouraged to bring such concerns to the attention of your doctor or the nursing management on your unit, or you may call Hendricks Regional Health administration at (317) 745-3786.

These rights and responsibilities apply to the guardian and/or parent of children and neonates and to the patient's family, designated healthcare representative or healthcare power of attorney. If you have concerns about your care, you may file a complaint by phone or in writing with the Indiana State Department of Health (ISDH) or Hendricks Regional Health:

**Indiana State Department of Health**  
(317) 233-1325  
2 N. Meridian  
Indianapolis, IN 46204

**Hendricks Regional Health,**  
*Safety/Risk Manager*  
(317) 745-3835  
1000 E. Main Street  
Danville, IN 46122

***At your admission, you received the most current Patient Rights, which has been expanded.***

**LEARN MORE ABOUT OUR POLICIES AT HENDRICKS.ORG.**

## OUR RESPONSIBILITIES

Hendricks Regional Health takes the privacy of your health information seriously. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. We are required to abide by the terms of this Notice that is currently in effect.

### JOINT NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### HENDRICKS REGIONAL HEALTH ORGANIZED HEALTH CARE ARRANGEMENT

Physicians who are not employees of Hendricks Regional Health, but who may provide treatment to you, including physicians in the emergency department, on-call physicians, attending physicians, radiologists, pathologists, anesthesiologists, medical directors, radiation oncologists and surgeons, may use and disclose your health information to carry out treatment, payment and health care operations in accordance with this Notice. In addition, physician assistants, surgical technicians, nurse practitioners and others who work with these physicians at this facility may also use your health information.

### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose your health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

#### FOR TREATMENT

We may use health information about you to provide you with treatment, health care or other related services. We may disclose your health information to doctors, nurses,

aids, technicians or other employees who are involved in taking care of you. Additionally, we may use or disclose your health information to manage or coordinate your treatment, health care or other related services. We may release your health information to your health insurance company to obtain approval for a specific procedure or treatment. We may release your health information to a hospital or extended health care facility if you are transferred from our facility to another.

#### FOR PAYMENT

We may use and disclose your health information to bill and collect for the treatment and services we provide to you. We may send your health information to an insurance company or other third party for the payment purposes including to a collection service.



## FOR HEALTH CARE OPERATIONS

We may use and disclose your health information for health care operations. These uses and disclosures are necessary to run Hendricks Regional Health, to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we provide. This would include follow-up contact via phone or by written communication to check on your status after a hospital stay, surgery or test. We may also provide your health information to accreditation entities to maintain our accreditation.

## AS REQUIRED BY LAW

We will disclose your health information when required to do so by federal, state or local law. Hendricks Regional Health may disclose your health information when required by law for such incidents as suspected abuse, workman's compensation or by a court order.

## FOR PUBLIC HEALTH PURPOSES

We may disclose your health information for public health activities. While there may be others, public health activities generally include the following:

- Preventing or controlling disease, injury or disability;
- Reporting births and deaths;
- Reporting defective medical devices or problems with medications;
- Notifying people of recalls of products they may be using; and
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Reporting of confirmed cases of cancer to the Indiana State Cancer Registry.

## ABOUT VICTIMS OF ABUSE

We may disclose your health information to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

## HEALTH OVERSIGHT ACTIVITIES

We may disclose your health information to a health oversight agency for activities

authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.



## JUDICIAL PURPOSES

We may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request, in which you were given an opportunity to object to the request, or to obtain an order protecting the information requested.

## LAW ENFORCEMENT

We may release health information if asked to do so by a law enforcement official, if such disclosure is:



- Required by law;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Hendricks Regional Health; or
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

## **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS**

In certain circumstances, we may disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about individuals to funeral directors as necessary to carry out their duties.

## **ORGAN AND TISSUE DONATION**

We may disclose your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

## **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use and disclose your health information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

## **MILITARY AND VETERANS**

If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

## **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES**

We may release your health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.

## **PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS**

We may disclose your health information to authorized federal officials so they can provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.

## **CUSTODIAL SITUATIONS**

If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose your health information to a correctional institution or law enforcement official.

## **WORKERS' COMPENSATION**

We may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.

## **TREATMENT ALTERNATIVES, APPOINTMENT REMINDERS AND HEALTH-RELATED BENEFITS**

We may use and disclose your health information to tell you about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you. Additionally, we may use and disclose your health information to provide appointment reminders. If you do not wish us to contact you about treatment alternatives, health-related benefits, or appointment reminders, you must notify us in writing, and state, which of those activities you wish to be excluded from.

## **FUNDRAISING ACTIVITIES**

On rare occasions, we may use your health information to contact you in an effort to raise money for Hendricks Regional Health. We may disclose health information to a foundation related to Hendricks Regional Health so that the foundation may contact you to raise money for Hendricks Regional Health. In these cases,



we would release only contact information, such as your name, address and phone number and the dates you were here. If you do not want us to contact you for fundraising efforts, you must notify in writing the person listed on the last page of this Notice.

### **FACILITY DIRECTORY**

We may include certain limited information about you in our directory. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if they do not ask for you by name. If you do not wish to be included in the facility directory please notify us at the time of admission.

### **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE**

We may release health information about you to a family member, other relative, or any other person identified by you who is involved in your health care. The Caregiver Advise, Record and Enable Act (CARE ACT) requires hospitals to collect a name and contact information from patients who wish to identify an individual who will provide care to the patient in the patient's home following discharge from the hospital. We may also give information to someone who helps pay for your care. We may contact your family, friends, personal representative or other

person responsible for your health care about your condition and inform them that you are at Hendricks Regional Health.

### **THIRD PARTIES**

We may disclose your health information to third parties with which we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement by them to safeguard your information.

### **INCIDENTAL USES AND DISCLOSURES**

We will make every physical and technical effort to safeguard your health information. However, there may be occasions where others may inadvertently see or overhear your health information.

### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your health information, you may revoke all or part of that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made under the authorization, and that we are required to retain our records of the care that we provided to you.

## YOUR HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

### RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. We will accommodate all reasonable requests. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment. We are not obligated by state or federal law to agree with all requests. All requests for restrictions must be made in writing and submitted to the address found at the end of the Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

### RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you or your responsible party about your health care in an alternative way or at a certain location. All requests for confidential communications must be made in writing and submitted to the address found at the end of the Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### RIGHT TO INSPECT AND COPY

You have the right to inspect and copy health information that may be used to make decisions about your care. To inspect and copy health information that may be used to make decisions about you, submit your request in writing to the address found at the end of the Notice. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

### RIGHT TO AMEND

You have the right to ask us to amend your health and/or billing information for as long

as the information is kept by us. All requests for amendment must be made in writing and submitted to the address found at the end of the Notice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information kept by or for us
- Is not part of the information which you would be permitted to inspect and copy or
- Is accurate and complete

### RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request a list of certain disclosures that we have made of your health information. All requests for this list of disclosures must be submitted in writing to the address found at the end of the Notice. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve-month period will be free. For additional lists, during such twelve-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our web site at [hendricks.org](http://hendricks.org). All requests for a paper copy of this Notice must be submitted to the address found at the end of the Notice.



## WHO THIS NOTICE APPLIES TO

This Notice describes Hendricks Regional Health and those of:

- Any health care professional authorized to enter information into or consult your medical record
- All departments and units of Hendricks Regional Health
- Any member of a volunteer group we allow to help you
- All employees, staff and other Hendricks Regional Health personnel
- All entities of Hendricks Regional Health and its medical staff will comply with the terms of this privacy notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment or operations purposes described in this Notice

## CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you as well as any

information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice is also available to you upon request. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, if we revise the Notice, we will provide you a copy of the current Notice in effect upon request.

## PRIVACY RIGHTS

If you believe your privacy rights have been violated, you may file a complaint by phone or in writing with the Secretary of the Department of Health and Human Services or with Hendricks Regional Health. You will not be penalized for filing a complaint.

### **Department of Health and Human Services**

(312) 353-5160

233 N. Michigan Ave., Suite 1300  
Chicago, IL 60601

***Hendricks Regional Health,  
Health Information Management***

(317) 745-3474

1000 E. Main Street  
Danville, IN 46122



# ADVANCE DIRECTIVES

## THE IMPORTANCE OF ADVANCE DIRECTIVES

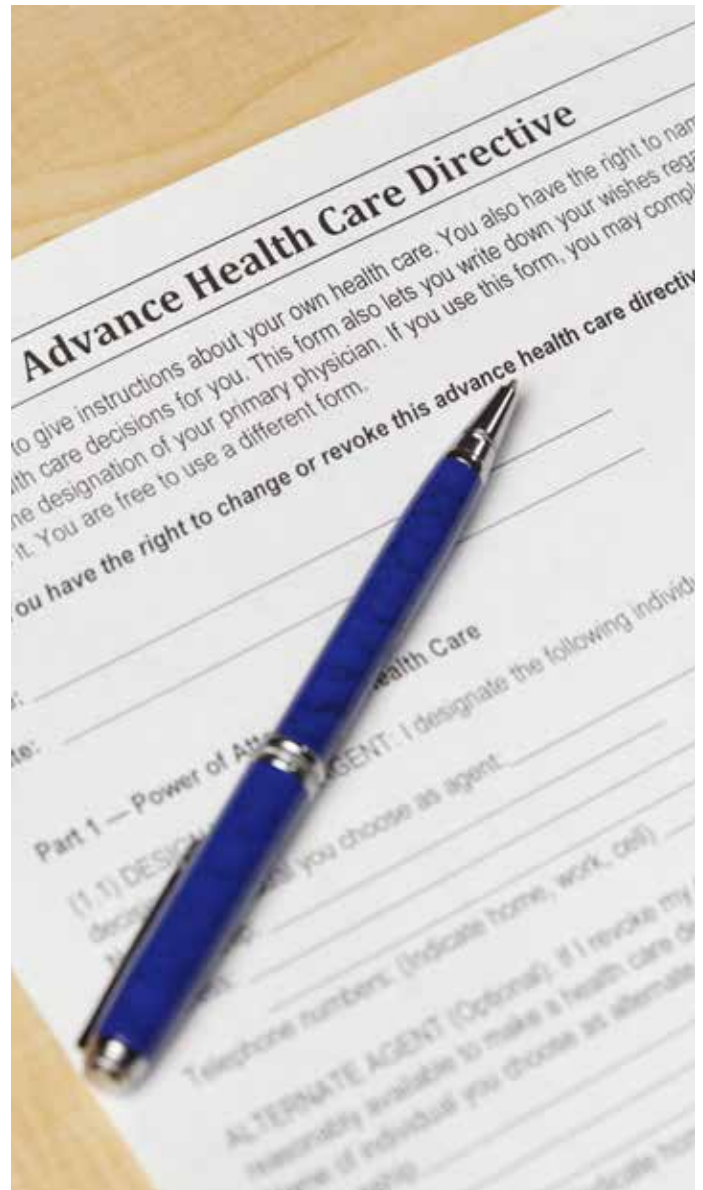
Each time you visit your physician, you make decisions regarding your personal health care. You tell your doctor (generally referred to as a “physician”) about your medical problems. Your physician makes a diagnosis and informs you about available medical treatment. You then decide what treatment to 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 03-15-16 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.

## 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.

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.

## WHAT TYPES OF ADVANCE DIRECTIVES ARE AVAILABLE IN INDIANA

- Talking directly to your physician and family
- Psychiatric advance directives
- Organ and tissue donation
- Out of Hospital Do Not Resuscitate



## Declaration and Order

- Health care representative
- Living Will Declaration or Life-Prolonging Procedures Declaration
- Power of attorney
- Physician Order for Scope of Treatment (POST)

## 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.

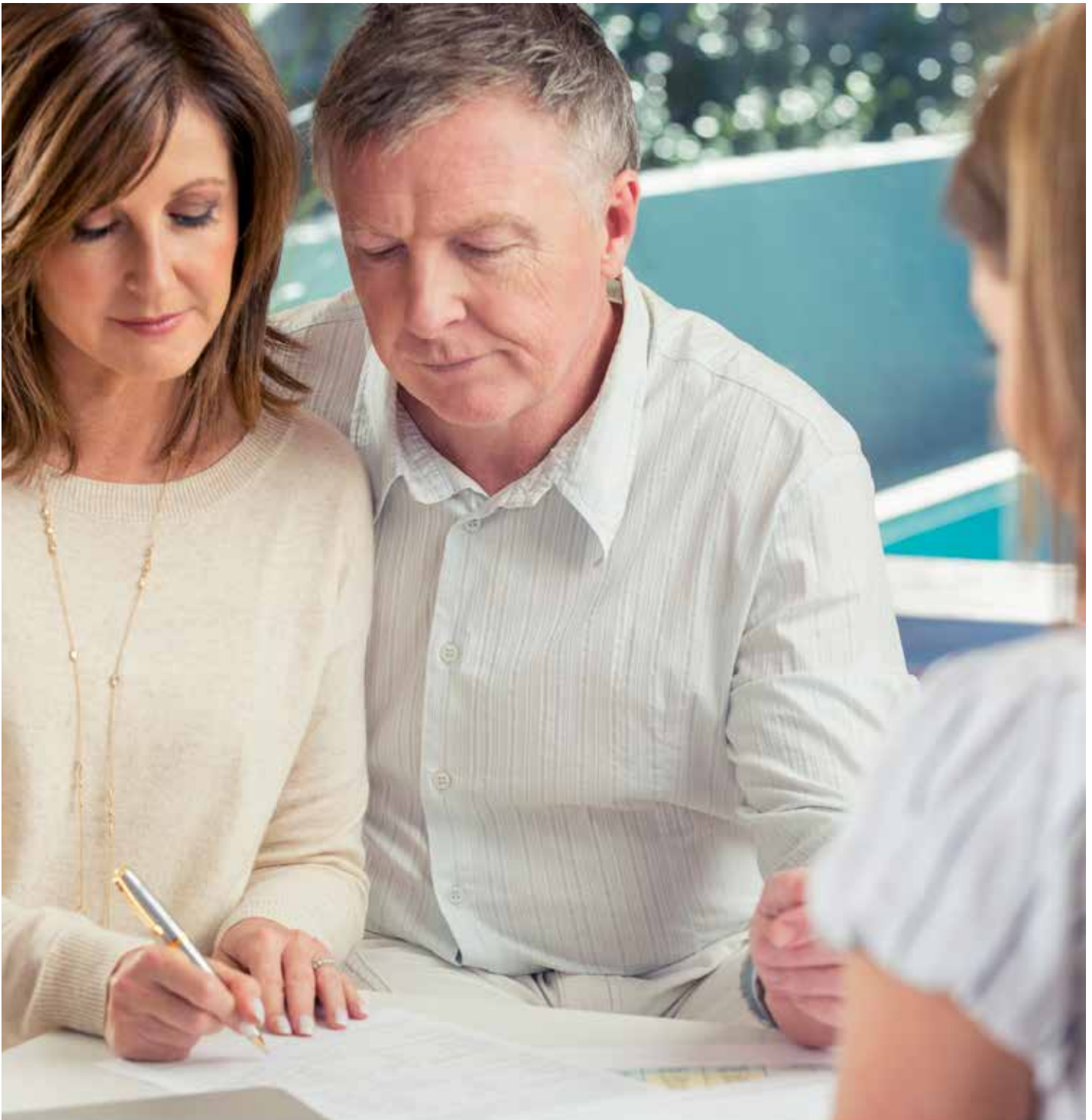
Life-Prolonging Procedures Declaration: This document is the opposite of a living will. You can use this document if you want all life-prolonging medical treatments used to extend your life. Both of these documents can be canceled orally, in writing, or by destroying the declaration yourself. The cancellation 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 or health facility setting, 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 home when an emergency occurs, there is no medical chart or physician’s order. For situations outside of a hospital or health facility, the “Out of Hospital DoNot 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 or a health facility. 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 the 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 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](http://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. A 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 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. These forms may be found on the Indiana State Department of Health (ISDH) Advance Directives Resource Center at [www.in.gov/isdh/25880.htm](http://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 Departments of Health Advanced Directives Center located at [www.in.gov/isdh/25880.htm](http://www.in.gov/isdh/25880.htm). The site includes links to state forms, 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](http://www.in.gov/isdh).

### **Indiana State Department of Health**

2 North Meridian Street  
Indianapolis, IN 46204  
<http://www.in.gov/isdh>

## DO NOT RESUSCITATE (DNR)

### WHAT DOES CPR AND DNR MEAN

Cardiopulmonary resuscitation (CPR) is an emergency medical procedure that may save a person's life when breathing and heartbeat stop. CPR may include inserting a tube into the airway, doing chest compressions and giving emergency medications. It may also be necessary to deliver an electric shock to try to restore a normal heartbeat. A patient who receives CPR is not awake and does not remember the procedure.

CPR is performed, unless the doctor, patient, family or appointed decision maker decides CPR should not be attempted. Deciding not to do CPR is called Do Not Resuscitate (DNR). When this decision is made, the doctor writes a DNR order. The DNR order tells medical professionals not to attempt emergency CPR if the patient's breathing and heartbeat stop.

### DOES A DNR ORDER STOP OTHER MEDICAL TREATMENT

A DNR order does not affect any other medical treatment being provided; it is only a decision about not wanting CPR. Patients that have a DNR order continue to receive treatment for their medical conditions, pain or anxiety. Doctors and nurses will continue to provide care that promotes comfort, respect and dignity.

### WHY IS A DNR ORDER AN OPTION

When heartbeat and breathing return with CPR, its success depends on the patient's overall medical condition. Age alone does not determine if CPR will be successful. The weakness that comes with advanced age or terminal disease often makes CPR less likely to be successful. Medical studies show that less than half of patients who get CPR survive. And, of those who do survive CPR, only twelve percent continue to live on to hospital discharge. For these reasons, some patients choose to be cared for without the use of emergency procedures.

### IS A DNR ORDER LEGAL

The patient or designated decision maker has the right to refuse any kind of medical treatment including CPR. This right is

upheld by the legal system. The DNR order documents the patient's wishes in the medical record. It is very important for you to discuss a DNR order with your doctor and any new doctors who care for you.

### IS A DNR ORDER ETHICAL

Health care professionals, clergy, lawyers and others recognize that a DNR order is medically and ethically appropriate under certain circumstances. For some patients, CPR offers the potential of more harm than benefit and may be against the patient's wishes.

### HOW DO I REQUEST A DNR ORDER

As an adult able to make decisions, your consent is needed for a DNR order. You may give consent by discussing your wishes with your doctor.



## WHAT IF I CAN'T REQUEST A DNR ORDER

If your medical condition does not allow you to make a decision about a DNR order, the law allows you to appoint someone you trust to make decisions for you. The person appointed can be:

- a court appointed guardian;
- your Power of Attorney for Healthcare or Healthcare Representative;
- your spouse, parent, adult child or adult sibling (no priority of relationship).

The decision maker must base his or her decision on your spoken wishes, including consideration of your religious and moral beliefs.

If your wishes are not known, then the decision maker must decide based on what is in your best interest.

## WILL MY DNR ORDER BE HONORED

If you or your decision maker request a DNR order, your doctor must follow your wishes or:

- transfer your care to another doctor who will follow your wishes; or
- begin a process to settle the dispute.

## WHAT IF MY FAMILY MEMBERS DISAGREE

When family members disagree resources are available. Tell your doctor or nurse if you feel a hospital chaplain, your church clergy or seeking advice from the hospital's Ethics Committee would be helpful.

## WHAT IF I CHANGE MY MIND

You or your decision maker can have a DNR order removed by telling your doctor, nurse or other care providers of your most recent decision.

## WHEN WOULD A DNR ORDER NOT BE ALLOWED

A DNR order is not allowed on patients who are in the operating room for surgery or during the time it takes to wake up after surgery. In these situations if the heartbeat and breathing stop, the patient would receive CPR and other needed lifesaving procedures.





# MYCHART

MyChart offers patients of Hendricks Regional Health personalized and secure online access to their medical records. It enables you to securely use the internet to help manage and receive information about your health and medical information.

With the MyChart patient portal or through the MyChart app, you can:

- View your health summary from your electronic health record at Hendricks Regional Health and Hendricks Regional Health Medical Group
- View test results
- Request or schedule medical appointments
- Request prescription renewals
- Access trusted health information resources
- Communicate electronically and securely with your healthcare provider

Visit **MyChart.Hendricks.org** to enroll, or call **(317) 456-9060** for assistance.

