

## Children's Wisconsin will not discriminate.

This includes age, race, color, national origin, ethnicity, religion, language, physical or mental disability, newborn status, military status, marital status, sex, sexual orientation, and gender identity or expression.

## Rights and Responsibilities



### To file a complaint, you may also contact:

Wisconsin Department of Health Services  
Division of Quality Assurance  
PO Box 2969, Madison, WI 53701-2060  
(800) 642-6552  
dhswebmaildqa@wisconsin.gov  
The Joint Commission  
Office of Quality Monitoring  
One Renaissance Boulevard, Oakbrook Terrace, IL 60181  
(800) 994-6610  
complaint@jointcommission.org

### If your **Community Services** complaint cannot be resolved through Patient Relations, you may also contact:

The applicable County Human Services Department or  
Division of Milwaukee Child Protective Services  
State of Wisconsin Department of Children and Families  
**dcf.wisconsin.gov/about-us/complaint**  
The Council on Accreditation (COA)  
45 Broadway, 29th Floor, New York, NY 10006  
Fax: (212) 797-1428  
**coanet.org**

### If your **discrimination** complaint cannot be resolved through Patient Relations, you may also contact the **U.S. Department of Health and Human Services.**

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue, SW  
Room 509F, HHH Building, Washington, DC 20201  
(800) 368-1019 | TDD (800) 537-7697  
Office for Civil Rights Complaint Portal:  
**ocrportal.hhs.gov/ocr/portal/lobby.jsf**  
Find complaint forms at:  
**hhs.gov/ocr/office/file/index.htm**



**Children's Wisconsin  
Patient Relations**  
PO Box 1997, MS 939  
Milwaukee, WI 53201-1997

(414) 266-7848  
**childrenswi.org**



Kids deserve the best.

## Rights of you and your child

- **To be treated with dignity and respect.** Services will be in a safe setting and free from harassment, neglect or abuse. Care will respect privacy; cultural, emotional, developmental and social needs; personal values, beliefs and preferences; and religious or other spiritual needs.
- **To get information in a way that you can understand.** We will consider age, language and ability to understand.
- **To have a free qualified sign language and spoken language interpreter** if your preferred language is not English. Let us know if you need an interpreter.
- **To get written information in the way that best meets your needs.** It may be in large print, audio or electronic.
- **To be a part of the care, treatment and services** (as allowed by law). This includes planning, treatment, medicine management and other health care services. We will explain what to expect and other options.
- **To give informed consent for care.** This is true unless treatment:
  - Is needed in an emergency to prevent serious physical harm to you or others.
  - Is ordered by a court.
- **To know who is in charge of your or your child's care.**
- **To have your privacy respected.** This is explained in our Joint Notice of Privacy Practices.
- **To receive the right care in a fair, timely and safe way.**
- **To not have restraints or seclusion used unless needed for safety.**
- **To have pain assessed and relief options offered.**

- **To get information about special services.** This includes guardianship, advocacy services or conservatorship. You can also get help from child or adult protective services.
- **To be told about filming, photos, research or teaching projects that affect your or your child's care.** You can say yes or no to being in these projects.
- **To have your primary doctor and someone you choose be told if you need to stay in the hospital.**
- **To create a visitor list when in the hospital.**

### For adults, 18 and older, receiving health care:

- **To make your own decisions about end of life care ahead of time.** Sign an advanced directive (living will) if allowed by law. Expect your health care team to follow this directive, when it's legal for them to do so.
- **To choose a person to carry out your rights.** This means you can choose someone to speak for you. This includes signing documents, even if you are able to do it.

### For children receiving mental health services:

- If you are under 14 years old, a parent or guardian must sign a form for you to get treatment.
- If you are 14 years or older:
  - You and your parent or guardian must sign a form to agree to your outpatient treatment.
  - If you want treatment and your parent or guardian does not agree, you can ask the county Mental Health Review Officer (MHRO) for a review.
  - If you do not want treatment but your parent or guardian does, the treatment director from your clinic must ask the MHRO for a review.
  - If you want more information about the MHRO, please let a staff member know.

## Responsibilities of you and your child

- **To give truthful and complete health information. This helps us provide care, treatment and services.**
- **To tell a staff member if you do not understand any part of your or your child's care.**
- **To help with your or your child's care.**
- **To follow the care plan and instructions.**
- **To follow the rules.**
- **To respect the rights of others.**
- **To only take pictures of your child. You may not take pictures of staff or other children.**
- **To not use tobacco or alcohol on our campus.**
- **To not hold or use illegal drugs on our campus.**
- **To not carry or use a weapon of any kind on our campus.**

## Have a concern?

Please talk with staff or a manager. If you do not feel your rights have been respected or if you feel you have been discriminated against, you may file a complaint.

### To file a complaint contact:

Children's Wisconsin Patient Relations  
PO Box 1997, MS 939, Milwaukee, WI 53201  
(414) 266-7848 or (800) 556-8090  
TTY (414) 266-2465 | Fax (414) 266-6669  
patientrelations@childrenswi.org

You and your family will be treated fairly. Reporting a concern will not have an impact on the care you or your family receives.