



# Admission Packet

## Welcome to Logansport Memorial Hospital!



On behalf of our physicians, staff and volunteers, we welcome you to Logansport Memorial Hospital. We are dedicated to providing extraordinary patient care that is the most advanced and compassionate available, with physicians and staff who are highly trained and nursing care that is skillful and focused on the needs of the whole patient.

We are pleased to have the opportunity to care for you and your family. Your experience with our hospital is extremely important to us, and we value your comments. We want to ensure we are meeting all your needs during your hospital stay.

After your discharge, you may receive a patient satisfaction phone call survey. We hope that you will take the time to share your thoughts with the surveyor.

Having peace of mind is an integral part of achieving and maintaining health. We hope the contents of this Patient Admission Packet, along with the knowledge that we are working around the clock to provide you with excellent service, will help you during your stay at Logansport Memorial Hospital.

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## First Things First...

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### Let's Eat!

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#### How do I order my meals?

Food Line: Dial 3663

**Patients must place their dinner orders before 5:30 pm any day of their stay by calling the Food Line number above.** These extended hours are listed for the reference of our visitors.

Cafe Express Hours (for visitors only)		
Monday - Friday from 6:30 am - 6 pm		
Breakfast 6:30 am - 9:30 am	Lunch 10:30 am - 1:30 pm	Dinner 4:30 pm - 6 pm
Saturday and Sunday: Cafe Express is CLOSED		

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### Need Help?

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#### How do I contact the nurse?

Always use your call button light and press it when you need assistance.

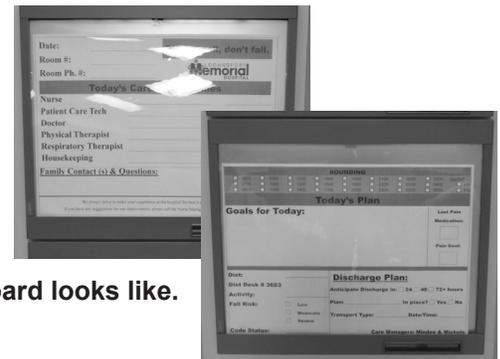


**This is the call button that you need to use.**

You can find it beside you in bed in your room.

#### How will I know why I'm here?

The message board in your room will have your plan of care listed and the names of staff who will be taking care of you. It will be updated daily with new information about your progress.



**This is what your message board looks like.**

#### What is my plan of care?

When you stay at the hospital, a team of health professionals that includes nurses and physicians will look after your care and recovery. The plan of care is a written outline on the message board that shows what steps will be taken to ensure that you fully recover in an appropriate and efficient way.

## Your Safety is our Concern

### You can help prevent errors in your care

Everyone has a role in making healthcare safe. That includes doctors, healthcare executives, nurses and healthcare technicians. As a patient, you can make your care safer by being an active, involved and informed member of your healthcare team.

- Speak up if you have questions or concerns. If you still don't understand, ask again. It's your body and you have a right to know.
- Pay attention to the care you get. Always make sure you're getting the right treatments and medicines by the right healthcare professionals. Don't assume anything.
- Educate yourself about your illness. Learn about the medical tests you get and your treatment plan.
- Ask a trusted family member or friend to be your advocate (advisor or supporter).
- Know what medicines you take and why you take them. Medicine errors are the most common healthcare mistakes.
- Participate in all decisions about your treatment. You are the center of the healthcare team.

### Hospital identification

Logansport Memorial Hospital cares about your safety. We wear hospital identification so you can know who is taking care of you. If we forget to tell you who we are and what we do, ask us. It is important that you understand what is being done to help you get well. If you don't know why you are getting tests, treatments, or medicine, ask your nurse.

If something about your care seems unusual, please ask to speak with the charge nurse. We welcome your questions.

### Smoking

For health and safety reasons, Logansport Memorial Hospital is smoke-free. This means you and your visitors cannot smoke anywhere in the building, on the grounds or on the sidewalk. If you are a patient, ask your doctor or nurse for nicotine replacement products if you need them. If you would like information or help to quit smoking, please ask a respiratory therapist or a nurse.

*See page 10 in this packet for further information about how to quit smoking.*

## Preventing Falls and VTE

### Fall Prevention

If your nurse identifies you as a “high risk” for falling, we will take additional measures to ensure your safety. We will place a yellow triangular sign on your door frame, place a yellow wrist band on your arm, and help you when you need to be out of bed.

You play a big part in helping to prevent a fall. Here are some suggestions to help avoid it:

- Use the call light for the nurse and ask for assistance in getting out of the bed or the chair.
- Wear slip-resistant socks or shoes.
- Get up slowly and make sure you are not dizzy before standing.
- If you use glasses at home, please wear them here as well because this is an unfamiliar environment.

### Preventing VTE

A venous thromboembolism (VTE) is a blood clot that breaks loose and travels in the blood. Prevention measures are taken in the hospital to help reduce the risk of this occurrence. Blood clots most commonly occur deep in the leg veins, but can break loose and travel through the blood to the lungs.

Risk factors for developing a VTE include:

- Hospitalization
- Recent surgery
- Certain medical conditions
- Immobility (not moving frequently)

Symptoms of VTE include:

- Discomfort in the affected extremity (often the leg)
- Swelling, warmth, or discoloration in the affected extremity

Prevention measures include:

- Getting out of bed and walking as soon as possible during your recovery
- Not sitting in one position for long periods of time
- Doing range-of-motion exercises and changing positions at least every two hours (if unable to get out of bed)
- Wearing intermittent pneumatic compression devices or compression stockings (if ordered by the doctor) to help improve blood flow from your veins back to your heart
- Taking medications to reduce the risk of developing a blood clot (if prescribed by the doctor)

Treatment options include:

- Elevating the affected extremity
- Wearing compression stockings
- Taking blood thinning medications to help stop the clot from growing
- In rare cases, having surgery

## Telemetry Monitoring

A telemetry transmitter will be used to monitor your heart's electrical activity. Wires from electrodes attached to your skin will be connected to a small battery-operated radio transmitter than can be worn on your gown. This transmitter sends electrical signals to a receiver in the Intensive Care Unit (ICU) by way of a radio beam.

Your heart pattern will be watched by the ICU nursing staff, but your personal care will be given by the nursing staff in your area. In order to assist with your care while you are on telemetry, please read the following guidelines for activity.

The nursing staff will be available to answer any questions you may have about these guidelines:

1. Report chest pain, shortness of breath, sweating, nausea, vomiting or dizziness to the staff immediately.
2. Be sure to take only medications administered by your nurse.
3. Stop activity and call for staff if pain develops during any activity.
4. Report loose wires to the staff.
5. Check with the staff before bathing. You will not be able to remove the transmitter to shower.
6. Avoid straining when having a bowel movement.
7. Avoid dropping, bumping or getting moisture on the telemetry transmitter.
8. When going to the bathroom, leave the door unlocked.
9. Rest after each meal and activity.

## Pediatric Care

At Logansport Memorial Hospital, we want to give you the best and safest medical care possible. We care about keeping your child safe here in the hospital. As a parent, guardian or family member, you are an important part of your child's healthcare team. You can help.

Here are some things you can do to keep your child safe.

### In the hospital

- A family-appointed individual age 18 or older needs to be with your child at all times.
- A cot is available upon your request.
- The hospital will provide breakfast, lunch and dinner for the individual designated to stay with your child. To take advantage of this service, please call extension 3663 between the hours of 6:30 am – 5:30 pm to order your meals.

- All patient rooms are private, with plenty of space for family to stay. No child wants to be sick. Pediatricians are available on-call 24 hours a day.

### Speak up for your child's safety

- Be sure your child is wearing an ID band. Staff should check your child's name before doing anything.
- Know who each staff person is and what they are there to do.
- Know the name and purpose of all of your child's medicines.
- Ask all workers who have direct contact with your child if they have washed their hands.
- Know why tests are being done on your child.
- Write down important information about your child's medical care. Blank pages are available in the back of this Admission Packet.
- Always ask questions if there is anything about your child's care you do not understand.

## Improving Patient Care

Our staff continually focuses on ways to improve patient care and safety. Two important measures help us anticipate your personal needs and monitor your well-being.

### Hourly Rounding

Purposeful hourly rounding helps us provide good care at your bedside. We get feedback from you about your condition and learn how we can meet your needs.

During these visits, our staff will:

- Check on you and your well-being.
- Monitor your comfort and pain.
- Help you move and change positions.
- Assist with trips to the bathroom for safety.
- Ensure you have access to the telephone, bedside table, water, call light, etc.

*We encourage you to evaluate the visit.*

### **Did we...**

- Greet you by name when we entered the room?
- Introduce ourselves to you?
- Keep you informed of your care plan?
- Meet your needs?
- Ask if you needed anything else?

### Message Boards

To keep you and family members aware, the message board in each room lists the important goals for the plan of care.

The message board:

- Identifies the caregivers.
- Defines the plan of care.
- Includes personal information important to you.
- Lists daily goals, such as deep breathing exercises, number of walks in the hallway, and the times of tests and procedures.

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## Pain Management

### Why do you have pain?

When you are hurt or sick, it is common to have pain or discomfort, which can have many causes. Sometimes you have pain at the place of your injury or illness. Other times, you have pain in a different area of your body.

### What is pain?

Pain is an uncomfortable feeling and is your body's way of sending a warning to your brain. Each person's pain is different.

### How is pain treated?

Both medication and non-medication treatments can help in preventing and controlling pain. You and your healthcare team will decide which ones are right for you to get the greatest relief possible.

### Medications

Your doctor may prescribe pain medications. There are many types of pain medicine. Your nurse will tell you about the specific medicine you are taking. If you have questions, be sure to ask your nurse, pharmacist or doctor.

Tell your doctor about all the medicines you are taking, including vitamins, supplements and herbs. This helps your doctor prescribe the right medicines for you to prevent drug interactions.

## Pain Management

### What is your role in pain management?

If your pain medicine does not help your pain, tell your nurse, pharmacist or doctor. Another kind of pain medicine may work better for you. If your medicine is causing you problems, let your doctor, pharmacist or nurse know. The amount you take or how often you take it may need to be changed.

Often doctors order pain medicine to be given “as needed.” This means you must tell the nurse when you need pain medicine. Try to ask for the medicine as soon as you begin to have pain. Do not wait until the pain is bad. The worse your pain gets, the harder it is to control.

### Addiction

Sometimes patients worry about becoming addicted to pain medicine. In the hospital, the nurses and doctors will watch your use of pain medicine closely. Addiction is rare when pain medicine is taken as directed and for a short time. If you are at risk for addiction or have been treated for it in the past, please tell your doctor or nurse.

### Pain Scales

Several tools are available to help measure your pain. You will be asked to rate, describe and locate your pain. You will also be asked to determine a comfort or function goal, which is the level of pain you feel is tolerable to perform your activities of daily living.



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### Other ways to treat pain

Some things other than medicine may help your pain. You may try:

- Changing positions.
- Positioning pillows for comfort.
- Exercising your arms and legs (check with your nurse or doctor before trying this).
- Walking.
- Sleeping.
- Listening to your favorite music.
- Watching TV or a movie.
- Talking with a friend.
- Using an air mattress (helps keep pressure off the bony places of your body).
- Using moist heating pads: usually for muscle pain (check with the nurse before using. Never place a heating pad directly over a medicine patch).
- Using ice packs: usually for pain with swelling (check with the nurse before using).
- Meditation.
- Massage.
- Guided imagery (mental pictures to help relaxation, concentration or pain relief).
- Dimming the lights.
- Decreasing noise.

## Preventing Infections

Infections are not caused by dirt, but by “bugs” or germs that live around us. The germs cannot be seen and sometimes live on your skin, in your mouths or in your nose. Usually, these germs don’t make you sick, but when you are in the hospital, your body is weak and may not be able to fight off the “bugs.”

Wearing foot protection when you walk in your room or the hallway is one way you can stay free from germs. Getting an infection while you are in the hospital could mean staying longer while it’s treated. We want to keep you from getting infections in the first place. Your safety really matters to us.

***Handwashing is the most important way to stop the spread of infection.***

Because our staff wants to keep you as safe and healthy as possible, we take hand hygiene very seriously. If you’re worried that we might have forgotten to wash our hands, it’s okay to remind us. We will remind you and loved ones as well.

### **Handwashing tips for staff and visitors**

- Use soap and water to wash your hands. Scrub them for 15 seconds. Rinse and dry.
- Wash your hands after going to the bathroom.
- Wash your hands before touching the patient or the patient’s belongings.
- Wash your hands before putting on gowns, gloves and masks or other isolation items.
- Wash your hands before making or offering the patient food.
- Wash your hands after helping the patient with toileting needs or changing diapers.
- Wash your hands before leaving the patient’s room.
- Do not touch other patients or their belongings (i.e. blankets, toys or clothing). They may carry germs.

### **Respiratory**

Getting a respiratory illness can cause serious problems for patients in the hospital.

Things you can do to keep from getting a respiratory illness are:

- Cough into a tissue or your shirt sleeve. Do not cover your mouth with your bare hands.
- Wash your hands often with soap and water or alcohol-based cleaner.

### **Other safety measures**

Germs spread. To keep others from getting sick, you may be put in isolation. Certain things will be done to protect you and others. A sign will be posted outside your room. It tells people what they need to do before coming in and when leaving your room.

## Spiritual Care

Logansport Memorial Hospital is committed to meeting the spiritual needs of our patients and families. At your request, we will notify your pastor, priest, rabbi, or spiritual leader upon your admission or during your hospital stay.

### Patients and families often ask for a spiritual care provider when:

- They want to express anxiety or fear.
- They want to confide in a safe person.
- Outcomes are uncertain and life seems out of control.
- They want the comfort of prayer, traditions and sacraments.
- They feel discouraged or depressed.
- Test results, procedures or surgeries bring bad news.
- They are concerned about a religious issue.
- They have concerns about purpose, personal/spiritual issues, values or broken relationships.
- They do not have supportive friends or family nearby.
- Their own clergy wants insights about hospital procedure or practices.
- The family wants to discuss organ donation.
- They wish to prepare an advance directive and have questions other staff cannot answer.

### Ministries and services

- Notifying the patient's faith community
- Listening
- Counseling
- Presence
- Devotional material for reading

### Chapel

Logansport Memorial Hospital offers one chapel for patients and visitors who need a quiet place for contemplation or prayer. Appropriate reading material that may help during stressful situations can be found in the chapel. ***The chapel is located off of the Emergency Room waiting area.***

## Planning for Discharge

During your stay, your doctor and the staff will work with you to plan for your discharge. You and your caregiver (family member or friend) are important members of the planning team. Below you'll find information on the discharge process at Logansport Memorial Hospital. Please do not hesitate to ask us any questions regarding your discharge.

### **Beginning at admission**

Throughout your hospitalization a member of our staff will go over your care with you, talk to you about follow-up appointments, and explain the discharge procedure.

You will be provided with specific verbal and written instructions about your care regarding:

- Your discharge location - Home or another care facility (rehabilitation hospital or nursing home, for example).
- Activity - Bathing, dressing, climbing stairs, cooking, shopping, driving, etc.
- Medications - We will go over your list of medications including all prescription and non-prescription drugs, vitamins and supplements.
- Equipment - Extra equipment might you need at home (wheelchair, oxygen, hospital bed, shower chair, etc.).
- Pain management – We will discuss the best ways to manage your pain after discharge.
- Diet – We will go over any limitations to your diet.
- Follow-up care as directed by your physician.
- Home care services – Your physician or our staff can help you choose a company that can provide the required services or equipment.

If you have any questions, be sure to ask! We are happy to answer any question you may have about your discharge, the discharge process and caring for yourself at home. The more thorough our discharge process, the more likely you are to have a healthy recovery.

### **Leaving your room**

Before leaving your hospital room, please be sure that you have the following:

- Written discharge instructions.
- Prescriptions that need to be filled.
- All of your personal belongings – check all the drawers, closets, bathroom, etc.
- Any necessary supplies (gloves, lotions, pads, etc.) that may have been given to you during your stay.
- Any flowers or gifts sent to you.

For additional assistance with your discharge planning needs, contact a Case Manager at **(574) 753-1552**.

If no answer, please leave a confidential voicemail.

## After Discharge

### **Filling prescriptions**

When you are discharged, you may fill prescriptions at Community Pharmacy in the hospital lobby. Community Pharmacy is open from 8:30 am to 5:30 pm Monday through Friday. Filled prescriptions may be delivered to you in the hospital or anywhere in Logansport free of charge.

The phone number is (574) 732-0418 or (800) 793-7455.

### **When to call your doctor**

Notify your physician if you have any concerns, or if you develop any of the following:

- Any sign of infection.
- A fever greater than 101 degrees, or chilling.
- A foul odor or foul drainage from a surgical site.
- Redness or excessive swelling.
- Persistent nausea or vomiting.
- Persistent diarrhea or constipation.
- Excessive bleeding.
- Excessive pain (including severe headache).
- Respiratory problems.
- Difficulty with urination.
- Any unusual symptoms noted through education during your hospital stay and discharge.

*Should you have an emergency upon arriving home, please do not call the hospital.*

**Call 911 immediately!**

### **Tell us about your visit**

Everyone at Logansport Memorial Hospital is committed to providing the best possible care when you are a patient or visitor at our facility, and you can help us. When you receive a phone call, please take a few moments to tell us about your recent visit to the hospital. We value your feedback because we want to provide a great experience for every patient.

Your individual comments are confidential, but your response helps us improve existing services, recognize the people who are performing well, and provide new services for you and our community.

### **How to get your records**

To receive a copy of your medical record or to have your medical record forwarded to a party other than yourself, an Authorization for Disclosure of Protected Health Information is required.

Upon receipt of a signed Authorization form, Logansport Memorial Hospital will process your request and send an invoice for payment of copies. Authorizations are in the Medical Records Department.

### **Patient Portal**

Logansport Memorial Hospital offers access to your patient records through a secure patient portal.

To access your personal hospital and/or physician medical records, login in to the Patient Portal through the tab located on our website: [www.logansportmemorial.org](http://www.logansportmemorial.org). You will be directed to register in order to access your information.

## Patient Portal

Logansport Memorial Hospital offers an online tool that goes a step beyond simply displaying information, by helping you manage your healthcare easily and securely. We understand that your time is valuable. The Patient Portal makes time-consuming tasks simple -- with a few clicks, you're done! You can access the Patient Portal from anywhere and when it's convenient for you, using a computer, a smartphone, or tablet. Manage your health information 24x7, without waiting.

### Available at your convenience

- View discharge instructions
- View lab results (within 36 hours)
- View and edit your personal information
- View or print your Health Summary
- View allergies and conditions
- View immunizations
- View medications with instructions
- View account balances
- View Patient Education Materials
- View visit history

All of the information in the Patient Portal comes from your LMH electronic medical record. This ensures that you have access to the most accurate, up-to-date information possible.

### Self-Enrollment made easy

- Visit our website: [www.logansportmemorial.org](http://www.logansportmemorial.org)
- Click on the "Patient Portals" link along the top right of the screen. Then click "Enroll for **Hospital Patients.**"
- Enter your date-of-birth, e-mail, and the last four digits of your social security number or medical record number.
- Access your e-mail from "My Hospital Portal" and click on the link to complete enrollment.
- Enter a Log-in User ID, password, and security questions and click "Submit."
- On logged out screen, click "here" to sign in.
- Enter your log-in User ID and password.
- ***To self-enroll in the Portal, your email address must be on file with patient registration.***

For additional help using the Patient Portal for hospital patients, call **(574) 753-1390**.

## Need a Doctor or Nurse Practitioner?

Our team of physicians and allied healthcare providers at Logansport Memorial Hospital are dedicated to understanding the causes of disorders and injuries. Our doctors and staff provide the best medical and surgical care available with compassion and sensitivity to the needs of their patients.

### Find-a-Doc

Our Find-a-Doc service is for the convenience of area patients who are looking for a doctor or nurse practitioner. Simply call the number and leave a message to be placed with a physician or nurse practitioner in the Logansport Memorial Physician Network. A personal care coordinator will follow up with you shortly to determine the right provider who will be able to meet your health needs.



For a full list of all the providers in the Logansport Memorial Physician Network, pick up a brochure at the Information Desk in the lobby. You may also search our website at [www.logansportmemorial.org](http://www.logansportmemorial.org) and click on the “Find a Doctor” tab to see listings by service line or by individual name.

### Walk-in Clinic

You’re too sick to just stay home and rest, but it’s not an emergency where you need to go to the ER. Now what? ExpressMed is Logansport Memorial Hospital’s only walk-in clinic that is designed to treat minor illness and non-life threatening emergencies. The clinic is staffed by a full-time physician as medical director, with nurse practitioners who may see and treat your needs. No appointment is necessary to visit ExpressMed; simply walk-in and wait briefly to get what you need and get back to feeling your best.



ExpressMed Logansport  
3400 E. Market Street in Cass Plaza  
**(574) 722-9633**

*Open 7 days per week  
Limited hours on major holidays*

## You can quit smoking!

### Did you know?

- Cigarette smoking kills more than 430,000 Americans each year – more than the combined deaths from car crashes, fires, homicides, suicides, drugs, alcohol, AIDS.
- More than 10,300 deaths are in Indiana.
- Smoking in pregnant mothers increases risk factors for low birth weight infants, infant mortality and long-term health outcomes of surviving infants.
- Cigarette smoking increases the risk of many forms of cancer.
- Cigarette smoking increases the risk of cardiovascular death by more than 5 times.
- After one heart attack, the risk of another is 22 - 47% higher if you continue to smoke.

### **STEP 1: Get Ready to Quit Smoking**

Make a positive decision to quit. Set a target date for quitting and have realistic expectations. Expect to encounter stressful situations. Involve a friend or family member.

### **STEP 2: Change Your Habits**

Disassociate smoking from driving, eating, etc. Try cutting down on the number of cigarettes you smoke and switching to a brand that does not taste as good to you.

### **STEP 3: Do a Trial Run**

Practice going without cigarettes and clean your clothes to rid the smell of smoke.

### **STEP 4: Time to Quit!**

Throw away all your cigarettes.  
Have your teeth cleaned.  
Keep very busy.  
Remind your family friends.  
Buy yourself a treat or do something to celebrate.

### **STEP 5: Ease through the First Days**

Surround yourself with a clean, fresh, nonsmoking environment.  
Spend more time in smoke-free places.

Drink large quantities of water.

If you miss the sensation of having a cigarette in your hand, hold something else: a pencil, a toothpick or a fake cigarette.

Avoid temptation: brush your teeth after meals; take a walk.

When the craving for a cigarette is overwhelming, substitute carrots, apples, raisins or sugarless gum. Cravings will go away in 2 – 5 minutes. Find new habits and activities – swimming, jogging, playing tennis, crossword puzzles, needlework or gardening.

### What to Expect When You Quit Smoking

Your heart and lungs will begin to repair.

Your sense of taste and smell may improve.

You will breathe more easily, and your smoker's cough may begin to disappear.

### Temporary Withdrawal Symptoms

You may experience temporary symptoms such as dry mouth or sore throat, headaches, trouble sleeping, irregularity (constipation or diarrhea), fatigue, excess hunger, tenseness and irritability or a cough.

### **Call the Indiana Tobacco Quitline for help!**

You will receive one-on-one proactive telephone counseling to develop a plan to improve your chances of success. The Quit Coach will discuss medications, coping with cravings, avoiding weight gain and changing daily activities that trigger smoking. You'll have access to 24-hour web coaching and receive referrals to local services in your community.

Indiana's Tobacco Quitline is FREE, confidential and available 7 days a week between 8 am and 3 am EST in 170 languages.

**Hotline:** 800-QUIT-NOW (800-784-8669)

[www.in.gov/quitline](http://www.in.gov/quitline)

[www.quitnowindiana.com](http://www.quitnowindiana.com)

## Logansport Memorial Hospital Foundation

### Grateful Patients

Every year thousands of patients come to Logansport Memorial Hospital for treatment, but even the most remarkable success stories usually go untold. The Logansport Memorial Hospital Foundation is proud to reveal the Grateful Patients Series.

It provides an opportunity for patients, clients, families and friends to say “Thank You” to the physicians, nurses, therapists and other members of the Logansport Memorial Hospital health care team who have made a memorable contribution to their patients’ health and well-being.

With the Logansport Memorial Hospital Foundation Grateful Patient Series, those interested in sharing their stories of healing will be featured in framed shadow boxes placed throughout Logansport Memorial Hospital. Those interested in sharing their success stories are urged to contact the Logansport Memorial Hospital Foundation at (574) 753-1595.

### Donations

There are a number of ways you can give to the Logansport Memorial Hospital Foundation. Your giving goes to the area you choose and is essential to promoting good health in our communities.

- Restricted gifts are assigned to accounts consistent with donor wishes to be used by that program only.
- Unrestricted gifts are placed into the Foundation general account to be used as directed by the Foundation Board according to the strategic plan.
- Endowed gifts are placed in investment accounts. Only the interest from these accounts is used and the principal remains preserved.

### Ways to give

You may give in several ways. There are advantages to each type of gift. Take some time to consider your options. You can make an immediate impact by making a gift today:

- **Make an online gift with your credit card:**  
[www.logansportmemorial.org](http://www.logansportmemorial.org).  
Click on Donate Now.
- **Make a credit card gift by phone:**  
call (574) 753-1595.

You may also make a cash or credit card gift by mail by sending your cash gift or credit card information to:

Logansport Memorial Hospital Foundation  
1101 Michigan Avenue  
Logansport, IN 46947

*Make checks payable to the Logansport Memorial Hospital Foundation.*

### Recognition

The Tree of Life is displayed in the Medical Office Building East. Donors may purchase a leaf for \$250. The leaves are inscribed. All of the Tree of Life proceeds go to the Logansport Memorial Hospital Foundation general fund.

Recognition is applicable to individual and corporate donors. Donors who wish to remain anonymous may do so.



## Patient Financial Services

Logansport Memorial Hospital provides financial counselors who are dedicated to assisting you with your financial concerns or questions.

Our financial team can help with:

- Understanding your bills.
- Explaining what you can expect during the billing process.
- Accepting payment.
- Applying for financial assistance, if needed.
- Updating your insurance or payor information.

### **Billing Insurance**

As a courtesy to our patients, LMH submits bills to your insurance company and will do everything possible to advance your claim. However, it may become necessary for you to contact your insurance company to give more information for claims processing requirements or to speed up payment. You should remember that your policy is a contract between you and your insurance company. You have the final responsibility for payment of your hospital bill.

### **Physician Billing**

If you have been treated at LMH, you may receive several bills for medical care. Your hospital bill does not include the fees of your physician(s) or consulting physician(s). Fees for professional services rendered to you by radiologists, pathologists, surgeons, emergency room and ambulance are also not included on your hospital bill. Fees for these professional services are billed directly by the physicians or organizations providing services.

### **Financial Arrangements**

For the financial health of the hospital, financial arrangement for payment is required at the time of service. Depending on your insurance benefits, the amount collected at your visit may be based on estimated charges. We will require payment for the part of your hospital service or physician bills not covered by your insurance plan. This may include co-payments and/or co-insurance amounts.

To assist you in meeting your payment obligations, LMH has the following payment options:

- Cash, checks, money orders.
- Debit or credit cards, including VISA, Master Card, and Discover.
- To pay your bill online, visit [LogansportMemorial.org](http://LogansportMemorial.org) and click the "Pay My Bill" button in the top right corner of your screen.

### **Timely Payment**

For patients with the ability to pay their bills, it is the obligation of the patient to pay the hospital in a timely manner. LMH makes every effort to see that patient accounts are properly billed and patients may expect to receive a uniform summary statement after discharge from an inpatient stay, outpatient visit or Logansport Memorial Physician network visit. It is your responsibility to provide the correct insurance information.

If you do not have health insurance coverage and cannot afford to pay the bill in full, please contact a Financial Counselor.

## Patient Rights and Responsibilities

We want to encourage you, as a patient at Logansport Memorial Hospital, to speak openly with your health care team, participate in your treatment choice, and promote your own safety by being well informed and involved in your care. Because we want to work together with you, we want you to know your rights as well as your responsibilities during your stay with us.

**We ask you and your family to join us as active members of your care team.**

You and/or your representative have the right to:

### **Adequate, appropriate, compassionate care**

- Receive considerate, respectful and compassionate care in a safe setting regardless of your financial responsibility, age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
- Personal privacy and to receive care in a safe setting free from all forms of abuse or harassment.
- Be called by your proper name and to be in an environment that maintains dignity.

### **Staff identification**

- Be told the names and know the professional status of your doctors, nurses and all healthcare team members directing and/or providing your care and to know the reasons for any proposed change in the Professional Staff responsible for your care.
- Know the relationship(s) of the hospital to other persons or organizations participating in the provision of your care.

### **Information about your medical condition and healthcare**

- Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- Expect Memorial Hospital to respect your rights for effective communication.
- Be informed of your health status and be involved in care planning and treatment.
- Make informed decisions regarding your care, or your representative (as allowed by state law) to make decisions.
- Be told by your doctor about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes.

### **Pain management**

- Have your pain assessed and to be involved in decisions about treating your pain as effectively as possible.

### **Refusal of treatment, research or experimental procedures**

- Be able to request or refuse care, treatment and services in accordance with the law and regulations. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. If you leave the hospital against the advice of the doctor, the hospital and doctors will be not responsible for any medical consequences that may occur.
- Be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.

### **Freedom from restraints**

- Be free from restraints or seclusion of any form that are not medically necessary or used as a means of coercion, discipline, convenience or retaliation by staff.
- Be free from physical or mental abuse, and corporal punishment.
- Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

### **Medical records**

- Access information contained in your 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.
- The right to confidentiality of your clinical records.

### **Visitation**

- Be informed (or support person, where appropriate) of your visitation rights, including any clinical restriction or limitation.
- Receive (or support person, where appropriate; subject to your consent, which can be withdrawn at any time) the visitors whom you designate, including but not limited to a spouse, a domestic partner (including same-sex domestic partner), another family member or friend.
- Not be restricted, limited, or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- Know that the type and number of visitors present may be reasonably restricted or limited by staff to the extent such restriction or limitation is clinically necessary and communicated by the health care providers to the patient (or your designated representative or decision maker).
- Know the hospital will ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

### **Continuity of care**

- Participate in the development and implementation of your plan of care. You can expect to be told in a timely manner of the need for planning your discharge or transfer to another facility or level of care, within or outside the hospital, and to know the reasons why. Before your discharge, you can expect to receive information about follow-up care that you may need.

## Patient Rights and Responsibilities

### Information about your hospital bill

- Examine and receive explanation of your hospital bill regardless of the source of payment.
- Access the cost, itemized when possible, of services rendered within a reasonable period of time.
- Be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care.
- Receive information regarding your financial concerns by contacting the Financial Counselor at Extension 1577 or 1371.

### Advance Directives

- Formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives. If you do not have an advance directive, we can provide you with information and help you to complete one.
- Have a surrogate (parent, legal guardian, person having medical power of attorney) exercise the patient's rights when the patient is incapable of doing so, without coercion, discrimination, or retaliation.
- Provide for the process to inform each patient, or when appropriate, the patient's representative (as allowed under state law) of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.
- To have issues related to care at the end of life addressed with sensitivity.
- Know that your family has the right of informed consent of donation of organs and tissues.

### Spiritual care

- Express spiritual beliefs, cultural practices and pastoral services as long as these do not harm others or interfere with treatment or plan of care.
- Receive physical or spiritual support during times of illness and through the dying process.

### Grievances

- Expect that you can freely voice complaints and recommend changes without being subject to coercion, discrimination reprisal, or unreasonable interruption of care, treatment or services.
- Expect prompt resolution of complaints and grievances by contacting the Patient Complaint Line at Extension 1383.
- Raise ethical issues concerning care, treatment or services with the care providers and/or with the hospital's ethics committee by contacting the Patient Complaint Line at Extension 1383.
- Access the internal grievance process by calling the Patient Complaint Line at Extension 1383. Also you have the right to access an external agency by calling (800) 246-8909, Indiana State Department of Health, 2 N. Meridian Street, Indianapolis, IN 46204.

You and/or your representative have the responsibility to:

### Provide information

- Provide complete and accurate information including your full name, address, home telephone number, date of birth, social security number, insurance carrier and employer, when it is required.
- Provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
- Provide the hospital or your doctor with a copy of your advance directive if you have one.

### Your care

- Participate in the development and implementation of your plan of care recommended by the physician and accept the consequences if you do not. You have the responsibility to keep appointments, be on time and call your health care provider if you cannot keep your appointments.
- Report unexpected changes or conditions to your physician.
- Ask questions when you do not understand information or instructions. If you believe you can't follow through with your treatment plan, you are responsible for telling your doctor. You are responsible for outcomes if you do not follow the care, treatment and services plan.
- Depend not just on your hospital care, but also on the decisions you make in your daily life. You are responsible for recognizing the effect of life-style on your personal health.

### Treat others respectfully

- Show respect of the needs and property of other patients, staff, and the hospital. Please leave valuables at home and only bring necessary items for your hospital stay.
- Treat all hospital staff, other patients and visitors with courtesy and respect; abide by all hospital rules and safety regulations; and be mindful of noise levels, privacy and number of visitors.

### Financial responsibility

- Pay your bills in a timely manner.
- Provide information for insurance claims and for working with the hospital to arrange payment.
- Contact the Financial Counselor at (574) 753-1577 or (574) 753-1371 if you have questions or need financial assistance with your medical bills.

## Discrimination is against the Law

Logansport Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Logansport Memorial Hospital does not exclude people or treat them differently because of race, color, national origin, disability, or sex.

### **Logansport Memorial Hospital:**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Switchboard for Logansport Memorial Hospital by mail at 1101 Michigan Avenue, Logansport, IN 46947, by phone at (574) 753-7541, or by email at [switchboard@logansportmemorial.org](mailto:switchboard@logansportmemorial.org).

If you believe that Logansport Memorial Hospital has failed to provide these services or discriminated in another way on the basis of race, color national origin, age, disability, or sex, you can file a grievance with: **Compliance Officer**—by mail at 1101 Michigan Avenue, Logansport, IN 46947, by phone at (574) 753-1767, by fax at (574) 753-1410, or by email at [info@logansportmemorial.org](mailto:info@logansportmemorial.org).

You can file a grievance in person or by mail, fax, or email as indicated above. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1 (800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/cor/office/file/index.html>.

## Aviso de No-Discriminacion La Discriminacion es Ilegal

El Hospital Memorial de Logansport cumple con las leyes Federales de derechos civiles que son aplicables y no discrimina en base a raza, color, nacionalidad de origen, edad, discapacidad o sexo. El Hospital Memorial de Logansport no excluye a las personas o las trata diferente a causa de su raza, color, nacionalidad de origen, edad, discapacidad o sexo.

### **El Hospital Memorial de Logansport:**

Proporciona ayudas y servicios a las personas discapacitadas para que se puedan comunicar efectivamente con nosotros, tales como:

- Intérpretes calificados para el lenguaje por señas
- Información escrita en otros formatos (letras grandes, audio, formatos electrónicos accesibles, otros formatos)

Proporciona servicios de idioma gratuitos a las personas cuya lengua primaria no es el inglés, tales como:

- Intérpretes calificados
- Información escrita en otros idiomas

Si usted necesita estos servicios, comuníquese con el Conmutador del Hospital Memorial de Logansport por correo al 1101 Michigan Avenue, Logansport, IN 46947, por teléfono al 574-753-7541 o por correo electrónico al [switchboard@logansportmemorial.org](mailto:switchboard@logansportmemorial.org).

Si usted cree que el Hospital Memorial de Logansport no le ha provisto estos servicios o lo ha discriminado en alguna otra manera en base a raza, color, nacionalidad de origen, edad, discapacidad o sexo, usted puede presentar una queja con **el Funcionario de Cumplimiento (Compliance Officer)** — por correo al 1101 Michigan Avenue, Logansport, IN 46947, por teléfono al (574) 753-1767, por fax (574) 753-1410, o por correo electrónico al [info@logansportmemorial.org](mailto:info@logansportmemorial.org).

Usted puede presentar una queja en persona, o por correo, fax o correo electrónico como se indica anteriormente. Si usted necesita ayuda para presentar una queja el Funcionario de Cumplimiento está disponible para ayudarlo.

Usted también puede presentar una demanda por Derechos Civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos, Oficina de Derechos Civiles, electrónicamente a través del Portal de Quejas de la Oficina de Derechos Civiles disponible en <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono al:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1 (800) 368-1019, (800) 537-7697 (TDD)

Los formularios de queja están disponibles en: <http://www.hhs.gov/ocr/office/file/index.html>.

## ACA Section 1557 Non-Discrimination Taglines

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 574-753-7541 or 1-800-243-4512.

**Español (Spanish)** - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-574-753-7541 or 1-800-243-4512

**မြန်မာစကား (Burmese)** - သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-574-753-7541 or 1-800-243-4512 သို့ ခေါ်ဆိုပါ။

**Chata' wa' (Quiche)**: We kach'aw pa K'iche', k'o jun patanib'al rech tob'anem pa le ach'ab'al jamal uwach xuquje' man tojtal taj. Chatch'aw apan pa le 1-574-753-7541 1-800-243-4512.

**ภาษาไทย (Thai)** - เรียบเรียง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-574-753-7541 or 1-800-243-4512

**Ilokano (Ilocano)** - PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Awagan ti 1-574-753-7541 or 1-800-243-4512

**ພາສາລາວ (Lao)** - ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-574-753-7541 or 1-800-243-4512

**unD (Karen)** - ymo1.ymo;= erh>uwdRAunD  
AusdmtCd<AerRM>Ausdmtw>rRpXRvXAwvXmbl.vXmphRAeDwrHRb.ohM.  
vDRIAud; 1-574-753-7541 or 1-800-243-4512

**Tagalog (Tagalog – Filipino)** - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-574-753-7541 or 1-800-243-4512

**Tiếng Việt (Vietnamese)** - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-574-753-7541 or 1-800-243-4512

**注意 (Mandarin)**: 如果您说, 那么您可以免费获取语言帮助服务。请打电话1-574-753-7541 or 1-800-243-4512

**THEIH DING (Zomi)**: Zokam na theih leh, sum piak kulloh pausin kipattahna munte ah ki kah thei hi. Hih nambat 1-574-753-7541 1-800-243-4512 sam in.

**日本語 (Japanese)**: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-574-753-7541 or 1-800-243-4512 まで、お

**한국어 (Korean)**: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-574-753-7541 or 1-800-243-4512 번으로 전화해 주십시오.

**Deutsch (Pennsylvania Dutch)**: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-574-753-7541 or 1-800-243-4512.

**Deutsch (German)**: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-574-753-7541 or 1-800-243-4512.

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## Notice of Privacy Practices

Effective Date: April 14, 2003  
Revised Date: September 23, 2013

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This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

***Please read it carefully.***

If you have any questions about this notice, please contact our Privacy/Corporate Compliance Officer at (574) 753-1767.

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*This notice describes our hospital's practices and that of any healthcare professional authorized to enter information into your hospital chart, all departments and units of the hospital, any member of a volunteer group that we allow to help you while you are in the hospital, all employees, staff, and other hospital personnel, and physician practices owned by Logansport Memorial Hospital.*

### **Your Information. Your Rights. Our Responsibility.**

#### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

##### Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. **Ask us how to do this.**

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

##### Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete.

##### **Ask us how to do this.**

We may say “no” to your request, but we’ll tell you why in writing within 60 days.

##### Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will say “yes” to all reasonable requests.

##### Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations.

##### **We are not required to agree to your request, and we may say “no” if it would affect your care.**

If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

## Your Rights (continued)

### Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly. This privacy notice is also available on our website.

### Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services.

To file a complaint with the hospital, contact our Privacy Officer by calling (574) 753-1767 or toll free at 1 (800) 780-9368, or by writing to Privacy Officer, Logansport Memorial Hospital, 1101 Michigan Avenue, Logansport, IN 46947.

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

### In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

We typically use or share your health information in the following ways.

### Treat you

We can use your health information and share it with other professionals who are treating you.

**Example:** *A doctor treating you for an injury asks another doctor about your overall health condition.*

### Run our organization

We can use and share your health information to run our organization, improve your care, and contact you when necessary.

**Example:** *We use health information about you to manage your treatment and services.*

### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** *We give information about you to your health insurance plan so it will pay for your services.*

## How else can we use or share your information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

**For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).**

### Help with public health issues and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Do research

We can use or share your information for health research.

### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Our Uses and Disclosures (continued)

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Additional Information about use and disclosure

- We do not create or maintain psychotherapy notes.
- We will never share any substance abuse treatment records without your written permission.
- You may access your health information through our Patient Portal. **Ask us how to do this.**

## Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you do change your mind.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, at registration, in our physician offices, and on our website.

Logansport Memorial Hospital Privacy Officer: (574) 753-1767 • [swildermuth@logansportmemorial.org](mailto:swildermuth@logansportmemorial.org)

### **Logansport Memorial Hospital**

1101 Michigan Avenue  
Logansport, IN 46947

**(574) 753-7541**  
**(800) 243-4512**

[www.logansportmemorial.org](http://www.logansportmemorial.org)



## Advance Directives

### What are Advance Directives?

Advance Directives are written directions that indicate the specific type of care an individual wishes to receive if they become physically or mentally unable to communicate their wishes concerning health care.

Memorial Hospital has two types of Advance Directives available on the following pages:

1. **A Living Will** – written instructions that express your wishes regarding health care should you be unable to verbally express your wishes.
2. **Power of Attorney** – A written document where you appoint someone you trust to make decisions about your medical treatment/health care and assist with your financial matters should you be unable to do so.

**Before choosing an advance directive, read the booklet in this packet entitled  
“Your Right to Decide.”**

Here are some medical terms that may be useful for you to know before completing an Advance Directive.

**CPR** – Cardiopulmonary resuscitation – a technique used to restore or maintain breathing and/or heartbeat using chest compression, artificial ventilation, electrical shock and medications.

**Mechanical Ventilator** – A machine connected by tubing in the mouth, nose, or throat that is used to assist or keep a patient breathing. It pushes oxygen into the person’s lungs.

**Artificial Nutrition** – also known as artificial feeding/feeding tube – a patient is given nutrition through a tube inserted into the nose, mouth, vein or stomach because the individual is no longer capable of eating.

**Artificial Hydration** – Fluids are provided to the patient through a tube inserted into the nose, mouth, vein or stomach.

**Dialysis** – A machine that performs the functions of the kidneys when the individual’s kidneys are not working effectively. Dialysis is done several times a week and takes several hours a day.

## Living Will Directions

### Treatment decisions

Complete in order by numbered sections.

1. This section is for the time when you are involved in a life-threatening situation with a good chance of recovery (example: you are in a motor vehicle accident and you have a good chance of recovery). What would you want done? Select the choices that are listed below that statement. You may reference the explanations for those choices on the page 24. Complete all the answers unless you only want the Comfort Care Only choice. If you want that, please mark only that selection.
2. This section is for the time when your physician certifies in writing that your death will occur shortly, you have a terminal illness or putting you on machines would prolong the dying process (chances of recovery are not there). What would you want done? Select the choices that are listed below that statement. You may reference the explanations for those choices on page 1. Complete all the answers unless you only want the Comfort Care Only choice. If you want that, please make only that selection.
3. On your original copy, mark the date that you delivered a copy to the Medical Records Department so that we have a record of your wishes whenever you become a patient at Logansport Memorial Hospital.
4. If you want to be an organ/tissue/eye donor, please indicate your desire to be a donor. There is space provided if there are any limitations to your donation if you request.

### Medical decision appointee(s)

The next section is for you to appoint a person or persons to make medical decisions for you. If you choose only one person, cross off the second set of Name, Address and Phone lines and initial it.

The person or persons do not legally represent you. They speak in your behalf because they know what you want and are likely to carry out your wishes.

### Signatures

The last section at the bottom of the Living Will is for the signature of you and two witnesses.

The witnesses must be:

1. 18 years of age or older ( No one under the age of 18 is allowed to complete a living will or be a witness).
2. Unrelated to you.
3. Not entitled to any part of your estate.

These two witnesses may be neighbors, friends, clergy or whoever is available. They are merely witnessing your signature.

This form is only as good as the paper it is written on. It is a tool for you to begin your discussion with your family regarding your choices. They do not have to agree with your decision.

It is very important that you do discuss this with your family since they are likely to be the ones that will be discussing your care with your doctor. Once you have completed and discussed this information with your family, make copies of the Living Will. Whomever you distribute it to, please write that person's name on the back of your original Living Will. That way if you ever need to change your Living Will, you will know who to contact for the corrections/additions or deletions. Living Wills may be changed at any time, but should be reviewed every 5-10 years.

Should you have any questions, please feel free to contact the Case Management Director at Logansport Memorial Hospital.

### Case Management Director

574.753.1397

## Medical Directive / Living Will

Your choices on this form will help others make medical decisions for you **only** if you become unable to speak for yourself. This Medical Directive will serve you upon admission, unless otherwise stated. You can change these directions at any time, either verbally or by written instruction. Please provide copies for your family/proxy and doctor.

**A)** If I'm in a life-threatening situation with good chance for recovery, but can't speak for myself, I make these choices:

- CPR  
 Yes  
 No. This means if my heart stops beating or if I stop breathing, no medical treatment will be started or continued.
- Mechanical Ventilator:  
 Do not intubate. I will not be placed on a breathing machine.  
 For a short time with re-evaluations.  
 For the rest of my life.  
 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.
- Feeding tube:  
 For a short time with re-evaluations.  
 For the rest of my life.
- Hydration and Nutrition:  
 Yes  
 No

Other Treatments: \_\_\_\_\_

**B)** If my physician certifies that (1) I have an incurable injury, disease, or illness; (2) My death will occur within a short time; and (3) The use of life-prolonging procedures will artificially prolong the dying process, I make these choices:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	CPR
<input type="checkbox"/>	<input type="checkbox"/>	Feeding Tube
<input type="checkbox"/>	<input type="checkbox"/>	Dialysis
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Ventilator
<input type="checkbox"/>	<input type="checkbox"/>	Hydration and Nutrition
<input type="checkbox"/>	<input type="checkbox"/>	Comfort Care Only

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.

Other Treatments: \_\_\_\_\_

**C)**  I have a Directive, and it will be brought to the hospital to be put in my record.

Date received: \_\_\_\_\_

**D)**  Yes  No  
 I want to make an anatomical gift of all or part of my body, subject to the following limitations:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Person(s) appointed to make medical decisions on my behalf:**

Name: _____	Name: _____
Address: _____	Address: _____
Phone (H) _____ (W) _____	Phone (H) _____ (W) _____

I, being at least eighteen years of age, and of sound mind, willfully and voluntarily make known my desires.

If I am unable to speak for myself, I appoint \_\_\_\_\_ to carry out the directions I have stated above as my final expression of my legal right to refuse or to receive medical treatment. I ask my family and doctor to abide by my wishes. I understand the full import of this declaration.

Signed _____	Date _____
Printed _____	City/State _____
_____	Date of Birth _____
Witness _____	Witness _____

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## Power of Attorney Instructions

The Power of Attorney form is for those individuals who are requesting that someone be appointed to represent them when it comes to financial and healthcare decisions. Your attorney can also draw up a document for you that would be more specific to you and your needs/wants.

To complete this form, you are required to have a notary signature.

The blanks are completed in the following order:

- Your full name
- Your city of residence
- Your county of residence
- The person you designate to be your Power of Attorney
- The State where this person resides
- Your name – you are the Principal
- The Power of Attorney's name – the person you appointed

The last paragraph above IN WITNESS WHEREOF may be completed or left blank. If you are not planning to complete it, simply "X" it out and initial it. If you do plan to complete it, fill the blanks accordingly:

- The person you appoint as your guardian and/or conservator
- The same person as you appoint
- The person who you want in case the above person is not able to serve as your guardian (back up person)

The notary **MUST** witness your signature for it to be valid. Anyone receiving a copy of this should be listed on the back of the original. Most banking institutions as well as other businesses will want to have a copy of the original for validation purposes.

Should you have any questions, please feel free to contact one of the following people at Logansport Memorial Hospital:

**Care Manager's Office**

(574) 753-1552

**Case Management Director**

(574) 753-1397



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