| State/Facility | Licensing Agency | Accreditation Agency |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Colorado AdventHealth Avista 100 Health Park Drive Louisville, CO 80027 AdventHealth Castle Rock 2350 Meadows Boulevard Castle Rock, CO 80109 AdventHealth Littleton 7700 South Broadway Littleton, CO 80122 AdventHealth Parker 9395 Crown Crest Boulevard Parker, CO 80138 AdventHealth Porter 2525 South Downing Street Denver, CO 80210 | The Colorado Department of Public Heath and Environment 4300 Cherry Creek Drive South Denver, CO 80222-1530 303-692-2827 | Joint Commission: E-mail: complaints@ jointcommission.org Fax: Print a Quality Incident Report Form from the web site, www.jointcommission.org, and fax to the Office of Quality Monitoring, Fax: 630-792-5636 Mail: Print form as above and mail to: Office of Quality Monitoring The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181 |
| Georgia AdventHealth Gordon 1035 Red Bug Road Calhoun, GA 30701 AdventHealth Murray 707 Old Dalton Ellijay Road Chatsworth, GA 30705 AdventHealth Redmond 501 Redmond Road Rome, GA 30165 | Georgia Office of Regulatory Services Two Peachtree Street, NW Atlanta, GA 30303-3142 | |
| Illinois UChicago Medicine Adventhealth Bolingbrook 500 Remington Boulevard Bolingbrook, IL 60440 UChicago Medicine Adventhealth GlenOaks 701 Winthrop Avenue Glendale Heights, IL 60139 UChicago Medicine AdventHealth Hinsdale 120 North Oak Street Hinsdale, IL 6052 UChicago Medicine AdventHealth La Grange 5101 S Willow Springs Road La Grange, IL 60525 | Illinois Department of Public Health 122 South Michigan Avenue Suite 700 Chicago, IL 60603 800-252-4343 TTY: 800-547-0466 | |
| North Carolina AdventHealth Hendersonville 100 Hospital Drive Hendersonville, NC 28792 AdventHealth Polk 101 Hospital Drive, Columbus, NC 2872 | N.C. Division of Health Services 800-624-3004 | |
| Texas Texas Huguley ASC AdventHealth Central Texas 2201 South Clear Lake Road Killeen, TX 76549 AdventHealth Rollins Brook 608 North Key Avenue Lampasas, TX 76550 Texas Health Huguley 11801 South Freeway Burleson, TX 76028 Texas Health Mansfield 2300 Lone Star Road Mansfield, TX 76063 | Texas Department of State Health Services 1100 West 49th Street Austin, TX 78756 Office of the Ombudsman PO Box 13247 Austin, TX 78711-3247 877-787-8999 | |
| Kansas AdventHealth Ottawa 1301 Main Street Ottawa, KS 66067 AdventHealth Shawnee Mission 9100 West 74th Street Shawnee Mission, KS 66204 AdventHealth South Overland Park 7840 W 165th Street Overland Park, KS 66223 AdventHealth Lenexa 23401 Prairie Star Parkway Lenexa, KS 66227 | Kansas Division of Public Health 1000 SW Jackson, Suite 540 Topeka, KS 66612 | |
| Wisconsin AdventHealth Durand 1220 Third Avenue West Durand, WI 54736 | Wisconsin Department of Health Services 1 West Wilson Street Madison, WI 53703 | |
| Kentucky AdventHealth Manchester 210 Marie Langdon Drive Manchester, KY 40962 | Kentucky Cabinet for Health and Family Services 275 East Main Street, 5E-A, Frankfort, KY 40621 | |

Additionally, if your concern has not been resolved, you may reach out to the AdventHealth Corporate Risk Management team, 407-357-2290, 900 Hope Way, Altamonte Springs, Florida 32714. Most issues will be resolved in 30 days or less.

The following state agencies may be contacted:

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|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|--|
| Colorado | Facility Contact Information | | |
| AdventHealth Avista | Patient Advocate | | |
| 100 Health Park Drive, Louisville, CO 80027 | 303-661-4357 | | |
| AdventHealth Castle Rock | Patient Advocate | | |
| 2350 Meadows Boulevard, Castle Rock, CO 80109 | 720-455-2531 | | |
| AdventHealth Littleton | Patient Advocate | | |
| 7700 South Broadway, Littleton, CO 80122 | 303-738-7781 | | |
| AdventHealth Parker | Patient Advocate | | |
| 9395 Crown Crest Boulevard, Parker, CO 80138 | 303-269-4053 | | |
| AdventHealth Porter | Patient Advocate | | |
| 2525 South Downing Street, Denver, CO 80210 | 303-778-5685 | | |
| Georgia | | | |
| AdventHealth Gordon | Patient Experience | | |
| 1035 Red Bug Road, Calhoun, GA 30701 | 706-602-7800, ext. 2310 | | |
| AdventHealth Murray | Patient Experience | | |
| 707 Old Dalton Ellijay Road, Chatsworth, GA 30705 | 706-602-7800, ext. 2310 | | |
| AdventHealth Redmond | Patient Advocate | | |
| 501 Redmond Road, Rome, GA 30165 | 706-802-3898 | | |
| Illinois | | | |
| UChicago Medicine Adventhealth Bolingbrook | Patient Liaison | | |
| 500 Remington Boulevard, Bolingbrook, IL 60440 | 630-856-6010 | | |
| UChicago Medicine Adventhealth GlenOaks | Patient Liaison | | |
| 701 Winthrop Avenue, Glendale Heights, IL 60139 | 630-856-6010 | | |
| UChicago Medicine AdventHealth Hinsdale | Patient Liaison | | |
| 120 North Oak Street, Hinsdale, IL 6052 | 630-856-6010 | | |
| UChicago Medicine AdventHealth La Grange | Patient Liaison | | |
| 5101 South Willow Springs Road, La Grange, IL 60525 | 630-856-6010 | | |
| Kansas | | | |
| AdventHealth Ottawa | Chief Clinical Officer | | |
| 1301 Main Street, Ottawa, KS 66067 | 785-229-8312 | | |
| AdventHealth Shawnee Mission | Patient Advocate | | |
| 9100 West 74th Street, Shawnee Mission, KS 66204 | 913-676-2155 | | |
| AdventHealth South Overland Park | Patient Advocate | | |
| 7840 West 165th Street, Overland Park, KS 66223 | 913-676-2155 | | |
| AdventHealth Lenexa | Patient Advocate | | |
| 23401 Prairie Star Parkway, Lenexa, KS 66227 | 913-676-2155 | | |
| Kentucky | | | |
| AdventHealth Manchester | Patient Experience | | |
| 210 Marie Langdon Drive, Manchester, KY 40962 | 606-598-5104 ext. 3183 or 3185 | | |
| North Carolina | | | |
| AdventHealth Hendersonville | Patient Experience | | |
| 100 Hospital Drive, Hendersonville, NC 28792 | 828-681-2781 or 828-687-5671 | | |
| AdventHealth Polk | Risk Management | | |
| 101 Hospital Drive, Columbus, NC 28722 | 828-894-0937 | | |
| Texas | | | |
| AdventHealth Central Texas 2201 South Clear Lake Road, Killeen, TX 76549 AdventHealth Rollins Brook 608 North Key Avenue, Lampasas, TX 76550 | Patient Advocate Department 254-519-8553 OR TTY number: 877-746-4674 | | |
| Texas Health Huguley | Patient Advocate | | |
| 11801 South Freeway, Burleson, TX 76028 | 817-551-2495 | | |
| Texas Health Mansfield | Patient Advocate | | |
| 2300 Lone Star Road, Mansfield, TX 76063 | 682-341-5255 | | |
| Wisconsin | | | |
| AdventHealth Durand | Patient Experience | | |
| 1220 Third Avenue, West, Durand, WI 54736 | 715-672-4211, press 0 | | |



AdventHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente 407-303-5600.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki anba an 407-303-5600.

Effective Date: 04/2025

HEALTH CARE FACILITY PATIENT RIGHTS AND RESPONSIBILITIES

(COLORADO, GEORGIA, ILLINOIS, KANSAS, KENTUCKY, NORTH CAROLINA, TEXAS, WISCONSIN)



Federal and state law provide you certain rights and responsibilities while you are receiving healthcare services. We are committed to making every effort to protect and uphold your rights. If you have any questions or would like additional information, including a copy of the full text of your state's laws regarding your rights and responsibilities, please ask. Your rights and responsibilities include:



Quality of Care and Decision Making

You have a right to:

- An interpreter when you do not speak English and an interpreter is available:
- Be informed of the facility's policies regarding your rights during the admission pro-cess;
- Not to be discriminated against on the basis of race, color, national origin, disability, or age;
- Care and treatment, in compliance with state statute and consistent with sound and quality nursing and medical practices, that is competent and respectful, recog-nizes a person's dignity, cultural values and religious beliefs, and provides for per-sonal privacy to the extent possible during the course of treatment:
- A reasonable response to your requests and needs for treatment or service, within the hospital's capacity, its stated mission, and applicable law and regulation and to have your care, treatment, and service needs met and receive care in a safe setting;
- Be informed of your health status, including full information in laymen's terms, con-cerning your condition and diagnosis, proposed treatment and prognosis, including information about alternative treatments and possible complications;
- Participate in all decisions regarding the development and implementation of your plan of care;
- Make informed decisions regarding your care;
- Know names, professional status, and experience of the staff providing care or treatment to the patient;
- Be informed of the name, business telephone number and business address of the person supervising your services and how to contact that person;
- Choose the participating physician responsible for coordinating your care;
- Request or refuse treatment, drug, test, or procedure, and be informed of the risks and benefits of your request or refusal;
- Except for emergencies, to give informed consent prior to the start of any
 proce-dure or treatment, or both, and to have care implemented without
 unnecessary de-lay;
- Be promptly and fully informed of any changes in your plan of service;
- Be free of all forms of neglect, abuse (physical or mental), corporal punishment, or harassments;
- Be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff; and
- Formulate advance directives and to have hospital staff and practitioners who pro-vide care in the hospital comply with these directives:
- Appoint a surrogate to make health care decisions on your behalf to the extent permitted by law;
- Have a family member or representative of your choice and your own physician no-tified promptly of your admission to the hospital;
- Know whether referrals to other providers are entities in which we have a financial interest;
- Know whether the health care entity is participating in teaching programs;
- Receive an explanation of the nature and possible consequences of any research or experimental procedure before the research or experiment is conducted and provide prior informed consent and to refuse to participate;

- Be advised when a physician is considering you as a part of a medical care research program or donor program, to give informed consent prior to actual participation in such a program, and to, at any time, refuse to continue in any such program;
- Provide informed consent prior to being included in any clinical trials relating to your care;
- · Have your property treated with respect;
- Assistance in obtaining consultation with another physician or practitioner at your request and expense;
- Not be denied the right of access to an individual or agency who is authorized to act on your behalf to assert or protect your rights;
- If you are an Illinois patient:
 - visitation by any person or persons designated by you who is eighteen
 (18) years of age or older and who is allowed rights of visitation unless:
 (i) the facility does not allow any visitation for a patient, or (ii) the facility
 or your physician determines that visitation would endanger your or your
 visitor's physical health or safety or would interfere with the operations
 of the facility; and
 - timely, prior notice of the termination of such policy or plan in the event an insurance company or health services corporation or health care plan cancels or refuses to renew an individual policy or plan or enrollee's participation in plan;
- If you are a North Carolina patient:
 - medical and nursing treatment that avoids unnecessary physical and mental discomfort and to be free from duplication of medical and nursing procedures as determined by the attending physician;
 - designate visitors who will receive the same visitation privileges as your immediate family members, regardless of whether the visitors are legally related to you;
 - not be awakened by hospital staff unless it is medically necessary;
 - when medically permissible, be transferred to another facility upon request; and
 - be informed upon discharge of your continuing health care requirements following discharge and the means for meeting them.
- If you are a Colorado patient:
 - Request an in-network healthcare provider provide services at an innetwork facility or agency, if available.

Finances

You have a right to:

- Receive, upon request and prior to initiation of care or treatment, estimated average charges for non-emergent care, including deductibles and copayments that would not be covered by a third-party payer based on the coverage information supplied by you or your representative;
- Receive our general billing procedures;
- Regardless of source of payment, to examine and to receive a reasonable explanation of your total bill for health care services rendered by your physician or other health care provider, including the itemized charges for specific health care services received; and
- If you are a Colorado or Georgia patient, receive within ten (10) business
 days of your request or thirty (30) days after your discharge or after service
 is rendered (whichever is later) an itemized bill that has a telephone
 number for billing inquiries and identifies the treatment and services by
 date that will enable you to validate the charges; and
- If you are a North Carolina patient, full information and counseling on the availability of known financial resources for your health care.

Privacy and Confidentiality

You have a right to:

- Personal privacy and confidentiality in health care (may be waived in writing);
- Confidentiality of your clinical records except as otherwise provided by law: and
- Access to information contained in your clinical records within a reasonable time frame.

Grievances

You have a right to:

- Be informed of the complaint procedures and the right to submit complaints, either orally or in writing, without fear of discrimination or retaliation and to have them investigated by your provider within a reasonable period of time;
- Be given the name, business address and telephone number of the person that will handle any complaints or questions about services being delivered to you:
- If you are a Georgia patient, receive a written notice of the address and telephone number of the Georgia licensing authority, which is charged with the responsibility of licensing our facility provider and investigating client complaints which appear to violate licensing regulations;
- If you are a Colorado patient, register complaints with us at the Colorado Health Facilities & Emergency Medical Services Division at https://docs. google.com/forms/d/e/1FAIpQLScLOLmW1TxB6ZqDcUivQkVOvtLHZc7Of XBEKDkgL-4valt22Q/viewform, or call the Colorado Department of Public Health & Environment at (303) 692-2827 or the appropriate oversight board at the Department of Regulatory Agencies (DORA); and
- Obtain a copy of our most recent completed report of licensure inspection upon written request.

Texas Minors

If you are a minor in Texas, you have a right to:

- Appropriate treatment in the least restrictive setting available;
- · Not receive unnecessary or excessive medication;
- An individualized treatment plan and to participate in the development of the plan;
- A humane treatment environment that provides reasonable protection from harm and appropriate privacy for personal needs;
- Separation from adult patients; and
- · Regular communication between you and your family.

Patient Responsibility

You have the responsibility to:

 Advise your provider of any changes in your condition or any events that affect your service needs.

Concerns or Complaints

Your satisfaction is important to us. If you have a concern or a complaint, please allow the person responsible for your care or their supervisor the opportunity to listen, review, and to assist you with an appropriate resolution. If your complaint is unresolved, please ask to speak to the department's manager, director or the house supervisor. If your concern cannot be resolved by the AdventHealth process indicated, please allow the facility the opportunity to address your grievance.