

Welcome to Southwest Health

Thank you for choosing us for your care.

Our team is passionate about patient and resident care, and we understand it is a privilege for us to serve you.

Our team is committed to providing you with the highest level of healthcare services. “With us, it’s always personal” is not just a tagline but how we strive to treat every patient/resident. Our goal is to provide you with the best technology, the best clinicians and the best healthcare close to home. In a small community like ours, patients and residents are our friends, our neighbors and our family members, and serving you is our number one priority.

Thanks again for trusting us with your healthcare needs.

A handwritten signature in black ink that reads "Dan Rohrbach". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dan Rohrbach
President/CEO

Patient / Resident Rights

The Patient/Resident as the Center of the Health Care System

You, the patient/resident, are the focus of everything we do. We constantly strive to provide the best in both technical and personal aspects of caring. Healing involves the coordination and cooperation of many caring specialties. You, the patient/resident, are an important and integral part of a team working to provide you with the best possible care. Therefore, it is important that you be aware of your rights and responsibilities which this statement describes.

Southwest Health/Epione Pavilion/Southwest Behavioral Services respects, protects and promotes patient/resident rights.

You have the right to expect that your physician and family will be notified of your admission to the hospital/nursing home.

You shall be provided at the time of your admission, a copy of Southwest Health/Epione Pavilion/Southwest Behavioral Services' policies on patient rights and responsibilities.

You have the right to have with you a family member, friend or other person, for emotional support during the course of your stay. You have the right to have with you a support person of your choice unless the individual's presence infringes on others' rights or safety or is medically or therapeutically contraindicated. This person may or may not be your surrogate decision-maker or legally authorized representative.

Access to Care

Our doors are open to everyone. This hospital/nursing home prohibits discrimination based on age, race, color, ethnicity, handicap, creed, religion, culture, language, national origin, ancestry, physical or mental disability, socioeconomic status,

sex, sexual orientation, gender identity or expression, arrest or conviction record, marital status or source of payment.

Respect and Dignity

You have the right to our considerate, respectful care at all times and under all circumstances, with recognition of your personal dignity, contributing to a positive self-image.

You have the right to be free from the imposition of physical or psychoactive restraints of any form that are not medically necessary or that are used as a means of coercion, discipline, convenience or retaliation by staff which are not required to treat your medical symptoms.

You have the right to be free from verbal, sexual, physical and mental abuse or harassment as well as corporal punishment, involuntary seclusion, and exploitation. Our facilities have developed and implemented written policies and procedures that prohibit mistreatment, neglect, abuse, or harassment.

We recognize the importance of pain control. You have the right to appropriate assessment, reassessment, management, and treatment for pain control.

You have the right to expect appropriate education regarding effective pain management skills throughout your hospital/ nursing home stay and upon discharge.

You have the right to be involved in decisions related to your care and pain management associated with your medical condition.

Privacy and Confidentiality

You have the right, as prescribed by law, to personal and informational privacy.

You have the right to refuse to talk with or see anyone not officially connected with the hospital/nursing home, including

visitors, or persons officially connected with the hospital/ nursing home, but not directly involved in your care.

You have the right to wear appropriate clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or your treatment.

You have the right to receive or refuse to receive visitors of your choice unless there are clinical or legal reasons for visitor restrictions. In the event of clinical or legal restrictions, an explanation will be provided to the patient or representative.

You have the right to be examined and conferred with in surroundings that assure reasonable privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment, or procedure performed by a health professional of the opposite sex and the right not to remain disrobed any longer than is required for the examination or procedure(s).

You have the right to establish an Advance Directive and to request assistance of staff in its preparation.

You have the right to expect that these wishes will be carried out in the event you become incapacitated.

You have the right to expect that you will be informed of your rights in advance of furnishing or discontinuing care when possible.

You have the right to expect that any discussion of consultation involving your case will be conducted privately and that people not involved in your case will not be present without your permission.

You have the right to maintain the confidentiality of your medical record.

You have the right to have your medical record read only by individuals directly involved in your treatment or in the monitoring of its quality.

You have the right to access your medical records within a reasonable time frame.

You have the right to expect communications and other records pertaining to your care, including the source of payment for treatment, to remain confidential.

You have the right to access pastoral care and spiritual services as requested.

You have the right to request a transfer to another room if another patient/resident or visitor in the room is unreasonably disturbing you.

You have the right to request proactive measures when considered necessary for your personal safety and security.

You have the right to a quality of life that supports independent expression, choice, and decision making consistent with applicable law and regulation.

You have the right to receive care that respects your personal values, beliefs, cultural and spiritual preferences, and life-long patterns of living.

You have the right to access transportation services as appropriate to your plan of care.

You can select medical, dental, and other licensed independent practitioner care providers.

You have the right to communicate with your medical, dental, and other licensed independent practitioner care providers.

You have the right to have your cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.

Personal Safety

You have the right to expect reasonable safety with respect to hospital/nursing home practices and environment.

The hospital/nursing home provides a locked place for valuables, if you choose to use it. Should you choose not to use it, you assume responsibility for your own belongings. You are encouraged not to retain valuables in your room.

Identity

You have the right to know the identity and professional status of individuals providing service to you and to know which physician or other practitioner is primarily responsible for your care. This includes your right to know of the existence of any professional relationship among the people who are treating you, as well as the relationship to any other health care or educational institutions involved in your care. Participation by you in clinical training programs or in the gathering of data for research purposes is voluntary.

Information

You have the right to obtain, from your physician, complete and current information concerning your diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms you can reasonably be expected to understand and tailored to your age, language and ability to understand. When not medically advisable to give such information to you, it should be made available to a legally authorized individual. You, and when appropriate, your family, have the right to be informed about the outcomes, treatment, and services that have been provided for your care, including unanticipated outcomes.

You have the right to access protective and advocacy services.

You have the right to know that this is a non-smoking facility.

While you are an inpatient here, you have the right to have our pharmacist discuss with you your medications and your questions concerning them. You may contact pharmacy at extension 2247.

Communication

You have the right of access to people outside the hospital/nursing home through visitors and by verbal, written, and telephone communication. Any restrictions with communications are evaluated for therapeutic effectiveness and fully explained to patient/resident and family.

When you do not speak or understand the predominant language of the community, you will have access to an interpreter or translator as necessary.

If you wish that your written records be communicated to another health care facility, provider, or for yourself, you must sign a release for these records.

Consent

You have the right to give informed consent for your care.

You have the right to reasonable, informed participation in decisions involving your health care, including your participation in the development and implementation of your plan of care. To the degree possible, this should be based on a clear, concise explanation of your condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recovery, and probability of success. You should not be subjected to any non-emergent procedure without your voluntary consent. Where alternatives for care or treatment exist, you shall be so informed.

You have the right to know hospital/nursing home personnel involved in your care and responsible for performing procedures or treatment.

You or your legally declared designee shall be responsible for authorization of treatment. You shall be informed if the hospital/nursing home proposes to perform research or

educational projects affecting your care or treatment; you have the right to refuse to participate in any such activity.

You have the right to review your own records.

Consultation

You, at your own request and expense, have the right to consult with another specialist.

Refusal of Treatment

You or your legal representative may refuse or request treatment to the extent permitted by law. When refusal of treatment by you or your legal representative prevents our delivery of appropriate care in accordance with professional standards, the relationship with you may be terminated upon reasonable notice. If you feel undue pressure because of your decision, you or your legal representative may ask for a consultation with the Ethics Committee by requesting this from the nurse in charge of your care.

Transfer and Continuity of Care

Prior to being transferred to another institution, you or your legal representative will receive a complete explanation of the need for transfer, alternatives to such a transfer, risks, and your agreement, with the exception of a medical emergency.

You have the right to request a transfer of care to another physician or care provider by notifying a registered nurse that will assist you in implementing this process. This transfer will be accomplished upon acceptance of your care by the receiving physician.

You have the right to be informed, by the physician responsible for your care, of any continuing health care requirements following your discharge.

Hospital/Nursing Home Charges

Regardless of the source of payment for your care, you have the right to request and receive an itemized and detailed explanation of your total bill for services. You have the right to timely notice of any termination of payments for the cost of your care by your insurer or other third-party payer.

You have the right to be informed by a representative of the Business Office of payment expectations and time frame.

Information about Hospital's Patient Financial Assistance Program "PFAP"

At Southwest Health, we take great pride in providing excellent, compassionate health care. We provide financial assistance to those patients unable to pay in full for needed health care services. We ask that each patient who wants to take advantage of our Patient Financial Assistance Program meet the following requirements.

All other third party resources for which you are or may be eligible must be exhausted. This includes insurance plans, liability insurance, lawsuit settlements, workers compensation process, probate distributions, etc.

Prior to submitting your PFAP application, please contact your County Human/Social Services Department or go online (www.badgercareplus.org) to qualify for any applicable government programs. If you are denied please include a copy of this denial with your PFAP application.

The care you receive must be considered "essential health care." Services considered "elective" will not be eligible for PFAP.

You must fall within our eligibility guidelines that include income, assets and expenses.

Application Guidelines

Each patient (or other interested party on behalf of the patient) must return a completed financial statement as part of a Financial Assistance Application. You can find and print the application from the Patient Financial Services section of our website at www.southwesthealth.org/services/patient-financial-services. You can call our Patient Financial Services Department at 608-342-4717 to request that one be sent to you.

You must attach the following: A copy of your most recently filed federal/state tax returns. And, if applicable, your last 3 pay stubs.

Once you have completed and compiled all of the above information, you may either drop this off in person or mail your application packet to:

Southwest Health
Attn: Patient Financial Services
1400 Eastside Road
Platteville, WI 53818

Once your application is received it will be reviewed for accuracy and completeness. If any inaccuracies, inconsistencies or missing information is discovered you will be contacted either by phone or letter requesting that the information be correct or supplied.

You will be notified in writing of acceptance or denial. Based on the criteria if denied or partially awarded, you will be asked to contact the Patient Financial Services to make arrangements of the remaining balance.

If you have any questions, please contact Patient Financial Services at 608-342-4717.

Patient Rights, Client Rights and Grievance Procedure for Mental Health Services

Bill of Rights

When you receive inpatient or residential services for mental illness, alcoholism, drug abuse, or a developmental disability, you have the following rights under Wisconsin Statute 51.61(1), 51.30, Wisconsin Administrative Code DHS 92, DHS 94, and DHS 124 and 42 CFR 482.13. If you require additional information regarding these rights please see a staff member of the facility or program providing your services and it will be provided to you.

Personal Rights

You must be treated with dignity and respect, free from any verbal, physical, emotional, or sexual abuse or harassment.

You have the right to have staff make fair and reasonable decisions about your treatment and care.

You have the right to participate in religious services and social, recreational and community activities away from the living unit to the extent possible.

You may not be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid, with minor exceptions.

You may make your own decisions about things like getting married, voting and writing a will, if you are over the age of 18, and have not been found legally incompetent.

You may not be treated unfairly because of your race, national origin, sexual orientation, source of funding or marital status.

Your surroundings must be kept safe and clean.

You must be given the chance to exercise and go outside for fresh air regularly and frequently, except for health and security reasons.

You have the right to receive treatment in a safe psychologically and physically humane environment.

You may contact a family member or representative and your personal physician to notify them of your admission to the hospital, or have a staff member do so on your behalf. You may refuse to have others contacted.

Treatment and Related Rights

You must be provided prompt and adequate treatment, rehabilitation, and educational services appropriate for your condition, within the limits of available funding.

You must be allowed to participate in the planning of your treatment and care, including treatment planning.

You must be informed of your treatment and care, including alternatives and possible side effects of treatment, including who is responsible and the possible consequences of refusing treatment.

No treatment or medication may be given to you without your written, informed consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. (If you have a guardian, your guardian may consent to treatment and medications on your behalf).

You have the right to have the consequences of refusing treatment explained to you.

You may not be subject to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.

You must be informed of any costs of your care and treatment that you or relatives may have to pay.

You have a right to examine your hospital bill and receive an explanation of the bill, regardless of source of payment. Every patient shall receive, upon request, information relating to financial assistance available through the hospital.

You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the facility, within the limits of available funding.

You may not be restrained or placed in a locked room (seclusion) unless in an emergency when it is necessary to prevent physical harm to you or others.

You have a right to be informed about your illness, course of treatment, and prognosis for recovery and to have your legally authorized representative or any other person you have authorized in writing to obtain this information as well.

You have a right to formulate Advance Directives.

Communication and Privacy Rights

You may call or write to public officials or your lawyer.

Except in some situations, you may not be filmed, taped, or photographed unless you agree to it.

You may use your own money as you choose, within some limits.

You may send and receive private mail. (Staff may not read your mail unless you or your guardian asks them to do so). Staff may check your mail for contraband. They may only do so if you are watching.

You may use the telephone daily.*

You may see visitors daily.*

You may designate who may visit.*

You must have privacy when you are in the bathroom and while receiving care for personal needs.*

You may wear your own clothing.*

You must be given the opportunity to wash your clothes.*

You may use and wear your own personal articles.*

You must have access to a reasonable amount of secure storage space.*

Some of your rights may be limited or denied for reasonable treatment or safety reasons. (See the rights with a * after them). Your wishes and the wishes of your guardian should be considered. If any of your rights are limited or denied, you must be informed of the reasons for doing so. You may ask to talk with staff about it. You may also file a grievance about any limits of your rights.

Record Privacy and Access

Under Wisconsin Statute sec. 51.30 and DHS 92, Wisconsin Administrative Code:

Your treatment information must be kept private (confidential), unless the law permits disclosure.

Your records may not be released without your consent, unless the law specifically allows for it.

You may ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you may see of the rest of your records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.

After discharge, you may see your entire record, if you ask to do so. You may be charged for written copies.

If you believe something in your record is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may put your own version in the record.

Rights of Access to Courts

You may, instead of filing a grievance or at the end of the grievance process, or any time during it choose to take the matter to court to sue for damages or other court relief if you believe your rights have been violated.

If you have been placed against your will, you may ask a court to review your commitment or placement order.

Inpatient Grievance Resolution Stages

Informal Resolution Process (optional)

An informal resolution may be possible, and you are encouraged to first talk with staff about your concerns. If it is possible, the Client Rights Specialist or another staff member may utilize dispute mediation or conflict resolution processes to address your concerns, however, you do not have to do this before filing a formal grievance with your service provider.

Level I – Grievance Investigation

If you want to file a grievance, you should do so within 45 days of the time you become aware of the problem. An extension of time beyond the 45 day time limit may be granted for good cause. This time limit does not apply to your rights under DHS 124 or 42 CFR 482.13. You may file your grievance verbally or in writing. If you file verbally, you must specify that you would like it to be treated as a formal grievance.

You may file as many grievances as you want. However, they will usually only be investigated one at a time. You may be asked to rank them in order of importance.

A Client Rights Specialist will investigate your grievance and attempt to resolve it.

Unless the grievance is resolved informally, the Specialist will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.

Level II – Program Manager’s Review

The manager of the facility or the program providing your services will review the Specialist’s report. If you and that manager are in agreement with the results of the report, any recommendation in it shall be put into effect. If there are disagreements, the manager shall issue a written decision within 10 days.

You will be informed of how to appeal the program manager’s decision if you disagree with it. You will have 14 days to appeal.

County Level Review

If a county agency is paying for your services, there is an extra step available in the grievance process. You may appeal the Level II decision to the County Agency Director. The County Agency Director must issue a written decision within 30 days, with a possible extension of another 30 days.

Level III – State Grievance Examiner

If your grievance went through the County Level Review and you are dissatisfied with the decision, then you may appeal it to the State Grievance Examiner. You have 14 days to appeal.

If you are paying for your services yourself, or through insurance then you may appeal the Level II decision directly to the State Grievance Examiner, skipping the County Level Review. You have 14 days to appeal.

The address is: State Grievance Examiner, Division of Mental Health and Substance Abuse Services PO Box 785 I, Madison WI 53707-785 I

Level IV – Final State Review

Anyone directly affected by the Level III decision may request a final state review by the Administrator of the Division of Mental Health and Substance Abuse Services (DMHSAS) or designee. Any appeal to Level IV must be sent to DMHSAS Administrator, PO BOX 785 I Madison, WI 53707-785 I, within 14 days.

You may talk with staff or contact your Client Rights Specialist, if you would like to file a grievance or learn more about the grievance procedure used by the program from which you are receiving services.

Your Client Rights Specialist(s) Are:

Hospital Social Worker (608-342-4758)		SBS Social Worker (608-348-3656)
--	--	-------------------------------------

You may also communicate your concerns directly to the Wisconsin Division of Quality Assurance, PO Box 2969, Madison, WI 53701-2969. Telephone: 608-266-8481

If Medicare is paying for your services, you may also request review of your medical treatment by the peer review organization called MetaStar at 2090 Landmark Place, Madison, WI 53713

It is noted that there is not a physician on site at Southwest Behavioral Services 24 hours per day, 7 days per week.

Hospital/Nursing Home Rules and Regulations

You should be informed of the hospital/nursing home rules and regulations regarding your conduct as a patient/resident. You are entitled to information about Southwest Health's, Epione

Pavilion's/Southwest Behavioral Services' system to hear and resolve patient/resident complaints and grievances. Patient/Resident complaints should be directed to the Social Worker, House Supervisor, Department Manager, or Administrative Designee. Hospital/Nursing Home staff are educated on patient rights initially, during their employee orientation, and also during the annual employee inservices.

Grievances and Complaints

Southwest Health/Epione Pavilion/Southwest Behavioral Services hopes that your stay with us meets all of your expectations. You are encouraged throughout your stay to exercise your rights as well as voice your grievances and recommend changes in our policies, procedures and services. You can voice your grievances with respect to the operation of this facility or the care delivered (or not delivered) free from fear of restraint, coercion, retaliation, discrimination, reprisal or unreasonable interruption of care.

Southwest Health/Epione Pavilion/Southwest Behavioral Services will undertake prompt efforts to resolve any grievances that you may express, including those related to the behavior of non-staff members immediately or prior to your discharge if possible.

You also have the right, if Medicare eligible, to request a review by the PRO (Peer Review Organization) of any care concerns or concerns related to your discharge.

Southwest Health has a Social Worker who is proactive in addressing patient concerns and grievances. Our Social Worker may be contacted at extension 2258. After regular business hours, contact the House Supervisor.

In Epione Pavilion or Southwest Behavioral Services, if necessary, you may ask for a charge nurse, department head or administrative designee to address your concerns verbally.

Southwest Health/Epione Pavilion/Southwest Behavioral Services encourages patients/residents and their families to

report any concern related to care, treatment and services provided to the nurse/person providing the care or to the house supervisor immediately. Southwest Health/Epione Pavilion/Southwest Behavioral Services strives to provide the highest quality of care and services to patients and truly desires to address any concerns or issues immediately. If the concern is not resolved in this manner, the concern may be directed to the Chief Clinical Officer at Ext. 2208.

You may also contact our Chief Executive Officer:

Dan Rohrbach, CEO
Southwest Health
1400 East Side Road
Platteville, WI 53818
(608) 348-2331

You may also call or contact:

Department of Health Services
DQA/Bureau of Health Services
Acute Care Compliance Section
P.O. Box 2969
Madison, WI 53701-2969
(608) 266-8481

If your concern is not resolved at this point, you may also report concerns about safety and quality of care to The Joint Commission. Concerns may be reported online, by email, fax or regular mail.

Mail to: Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Email: Complaint@jointcommission.org

Fax: Office of Quality Monitoring at (630) 792-5636

Online: www.jointcommission.org/general_public/complaint/

Online Complaint Form

The internet form for submitting a complaint can be accessed at <http://dhfs.wisconsin.gov/bqaconsumer/healthcarecomplaints.htm>. Any individual may file a complaint regarding a (staff) person, agency, or DQA regulated facility (including clinical labs) by supplying the information requested in this online form.

Complaints: Department of Health Services
Bureau of Health Services
(608) 266-8481

Complaint Hotline: 1-800-642-6552

Patient/Resident Visitation Rights Notice

Southwest Health wants to ensure that all visitors enjoy equal visitation privileges consistent with your preferences, but subject to any Justified Clinical Restrictions. Southwest Health does promote a practice of Open Visitation for all Inpatients and Outpatients unless there is a Justified Clinical Restriction.

Visiting hours are generally unrestricted.

A Justified Clinical Restriction means any clinically necessary or reasonable restriction of limitation imposed by the hospital on a patient's visitation rights when a restriction or limitation is necessary to provide safe care to the patient or other patients.

Justified Clinical Restrictions may include but not be limited to: A court order or restraining order limiting contact, behavior presenting a direct risk or threat to the patient or hospital staff, behavior disruptive to the functioning of the patient care unit, reasonable limitations on number of visitors at any

one time, patient's risk of infection by a visitor, visitor's risk of infection by the patient, extraordinary protections due to a pandemic, patient's need for privacy or rest, and patient need to undergo a clinical intervention or procedure and the treating health care professional believes it is in the patient's best interest to limit visitation during the clinical intervention or procedure.

As a patient at Southwest Health, you or your support person have the right to consent to receive visitors you have designated, either orally or in writing, including but not limited to a spouse, a domestic partner (including a same sex partner), another family member, or a friend. You or your support person have the right to receive the visitors which you have designated, including but not limited to a spouse, a domestic partner (including a same sex partner), another family member, or a friend.

You and your support person also have the right to withdraw or deny consent to receive visitors, either orally or in writing.

Patient Responsibilities

Patient/Resident Safety

The Safety of Health Delivery is enhanced by the involvement of the patient/resident as a partner in the health care process.

Provision of Information

You have the responsibility to provide, to the best of your knowledge, accurate and complete information about your present health, past illnesses, hospitalizations, medications, and other matters relating to your health. You have the responsibility to report unexpected changes in your condition

to the responsible physician. You are responsible for reporting whether you clearly understand a course of action or instructions and what is expected of you. You are responsible for reporting perceived risks in your care.

Refusal of Treatment

You are responsible for your actions and their consequences if you refuse treatment or do not follow the recommendations of your physician or their designee.

Hospital/Nursing Home Rules and Regulations

You are responsible for following hospital/nursing home rules and regulations affecting your care and conduct.

Compliance with Instructions

You have the right to participate in the development of your Plan of Care/Treatment, including understanding and accepting responsibility to carry through on your treatment regimen. This may include following the instructions of nurses and other health professionals as they carry out the coordinated plan of care, implementing the physician's orders, and enforcing applicable hospital rules and regulations. You must notify your physician or other health professionals of any factors which may prevent you from following through with any portion of your Plan of Care/Treatment.

Hospital/Nursing Home Charges

You or your legal representative are responsible for informing the business office of your payment source(s), and plan for payment as requested by the business office. You are responsible for assuring payment of your hospital charges as promptly as possible.

Respect and Consideration

You are responsible for being considerate of the rights of other patients/residents and hospital/nursing home personnel and for assisting in the control of noise and the number of visitors you have. You are responsible for being respectful of the property of other patients and that of Southwest Health/Epione Pavilion/Southwest Behavioral Services.

Who can answer my questions or give me additional help?

Social Worker
Southwest Health
1400 East Side Road
Platteville, WI 53818
608-348-4758

Social Worker
Epione Pavilion
808 South Washington
Cuba City, WI 53807
608-744-3958

Social Worker
Southwest Behavioral Services
1185 North Elm Street
Platteville, WI 53818
608-342-3009

Department of Justice
Medicaid Fraud Control Unit
P.O. Box 7857
Madison, WI 53707-7857
(608) 266-9222
800-488-3780

Bureau of Aging and Disability Resources
1 West Wilson, Room 551
Madison, WI 53703
(608) 266-2536

Coalition of Wisconsin Aging Groups
6320 Monona Drive / Suite # 305
Madison, WI 53716-3985
(608) 224-0606
(800) 488-2596

Center for the Study of Bio-Ethics
Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, WI 53226
(414) 456-8498

Grant County Department of Social Services
P.O. Box 447
Lancaster, WI 53813
(608) 723-2136

Advance Directive

This section will provide you with information about Wisconsin's laws on advance directives, which are legal documents outlining your choices for medical treatment or designating who should make treatment choices should you lose your decision-making capabilities. Advance directives include living wills, powers of attorney for health care and do-not-resuscitate orders.

You do not need an advance directive to receive care at Southwest Health/Epione Pavilion/Southwest Behavioral Services. This information is solely intended to inform you of your rights under the law. If you are considering making an advance directive, contact the facility social worker to assist you and your family. The staff of Southwest Health/Epione

Pavilion/Southwest Behavioral Services is committed to providing you the highest quality care possible.

Your Right to Direct Your Future Health Care

You have the right to make decisions about your medical care. This includes the right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of health care you may receive in the event you become unable to express your wishes. You can do this by making an “advance directive.”

You also have the right to receive information about advance directives at the time you are admitted to a health care facility. That is the goal of this brochure. If you are unable to evaluate information or communicate decisions at the time you are admitted, this information will be provided to your family or representatives.

What Is an Advance Directive?

An advance directive describes, in writing, your choices about the treatments you want or do not want. It may also dictate how health care decisions should be made for you if you become unable to make decisions about your medical treatment.

An advance directive expresses your personal wishes, beliefs and values. Advance directives make it possible for you to say “yes” to treatment you want, and “no” to treatment you don’t want. When you make an advance directive, you should consider issues like living as long as possible, being kept alive on machines, being independent, quality of life, and dying. Addressing these issues may be difficult, but it is necessary if you want others to follow your wishes.

Who Can Make an Advance Directive?

In Wisconsin, if you are 18 years of age or older and of “sound mind,” you can make an advance directive.

Why Should I Make an Advance Directive?

An advance directive speaks for you when you are unable to speak for yourself. It makes sure that your wishes are followed, even when you are no longer able to tell doctors what those wishes are.

How Do I Make an Advance Directive?

There are four ways to make a formal advance directive in Wisconsin. Three of these are established by state statute. You can complete a living will, a power of attorney for health care or a do-not-resuscitate order. These forms are available from your health care provider.

A fourth way to express your wishes is to have a legal document drafted by your attorney and appropriately witnessed.

What Is a Living Will?

A living will informs your physician of your preferences or wishes about life-sustaining measures to be used when you are near death or in a persistent vegetative state (commonly known as “brain death”). It is called a living will because it takes effect while you are still living. You are responsible for notifying your attending physician that you have signed a living will.

You do not need an attorney to complete living will forms. However, two persons must witness your signature. There are very specific rules regarding who may or may not be a witness. The information sheet that accompanies the statutory form describes who is eligible to be a witness.

The life-sustaining measures mentioned in the living will include treatments and machines that keep your heart, lungs, or kidneys functioning when they are unable to do so on their own. You may either request or decline these types of treatments in a living will.

A living will goes into effect only when two physicians, one of whom is your attending physician, agree in writing that you are either near death or are in a persistent vegetative state and are unable to understand or express your health care choices.

What Is a Power of Attorney for Health Care?

The power of attorney for health care is a document in which you appoint another person (a “health care agent”) to make health care decisions for you in the event that you are not capable of making them yourself. A health care agent can make a wide range of health care decisions for you, such as whether or not you should have an operation, receive certain medications, or be placed on a life support system. You can also include specific instructions about the type of treatments you want or do not want to receive when you complete the form.

In some areas of health care your health care agent is not allowed to make decisions for you unless you give him or her specific authority when you complete the form. These areas of health care are admission to long term care facilities, admission to mental health facilities, pregnancy care, and provision of a feeding tube.

Your health care agent will make efforts to communicate with you. However, if you are unable to understand information effectively or communicate decisions, your health care agent will make decisions for you based upon your previous directions, his or her knowledge about you and your wishes, and his or her opinion about what is best for you. Therefore, it is important to choose someone who knows you well and to discuss your treatment preferences with him or her in advance.

Witness requirements for a power of attorney for health care are similar to those for a living will. There are again strict rules about who can be a witness that are outlined in the information sheet that accompanies the statutory form.

A power of attorney for health care goes into effect only when two physicians, or a physician and a psychologist, agree

in writing that you can no longer understand your treatment options or express your health care choices to others. This is called being incapacitated. If you do become incapacitated, you will be monitored by doctors to determine whether you remain in that condition. If you regain capacity, the power of attorney for health care will no longer be effective, and you will be consulted regarding health care decisions.

What Is a Do Not Resuscitate Bracelet?

A do-not-resuscitate bracelet is a standard identification bracelet which signifies that the wearer is a qualified patient who has obtained a do-not-resuscitate order. The bracelet directs emergency medical personnel, including emergency room workers, not to attempt cardiopulmonary resuscitation (commonly known as CPR) on you. By law, do-not-resuscitate bracelet orders do not apply to other hospital or nursing home staff, so they will not be bound by the do-not-resuscitate bracelet.

A do-not-resuscitate order is not issued by you, but rather by your physician. To get a do-not-resuscitate order, you must request it from your doctor, and he or she must agree to issue it for you.

There are no witness requirements for do-not-resuscitate orders, but they may be issued only for “qualified patients.” Qualified patients are people who are over eighteen years old, and who have a serious medical condition that makes CPR efforts useless or makes them too painful for the patient.

If you qualify for a do-not-resuscitate order, you will be given a do-not-resuscitate bracelet, which will be attached to your wrist. This bracelet will tell emergency medical personnel that you do not wish to be resuscitated.

What Is The Difference Between A Living Will, A Power Of Attorney For Health Care and a Do-Not-Resuscitate Order?

A living will goes into effect only when two physicians have determined that your death is very near or you are in a persistent vegetative state and you have lost the ability to make medical decisions. It deals only with whether you want life-sustaining procedures, such as feeding tubes or heart-lung machines.

A power of attorney for health care goes into effect when you are incapacitated and can no longer make health care decisions, however, you do not have to be close to death or in a persistent vegetative state. The power of attorney for health care can also allow another person to speak and make health care decisions for you that are not limited to life-sustaining procedures. The type of decisions this person can make depends upon how you complete the form.

A do-not-resuscitate bracelet order goes into effect when you have a heart attack or stop breathing. It tells emergency personnel that you do not wish to have them attempt to restart your heart or lungs. A do-not-resuscitate bracelet order is not binding on hospital staff other than in the emergency department, or on nursing home staff.

In the hospital and nursing home setting, in some limited circumstances, a DNR order may be written by your attending physician after consultation with you or your family, when it is appropriate to do so.

Should I Have More Than One Type Of Document Or All Three?

A power of attorney for health care gives you the most flexibility in making your wishes known. However, any of the three documents may be useful in planning your future care. It is not necessary to have all three documents. If you do have

more than one document, you should make sure they do not conflict with one another.

What If I Change My Mind?

You are free to change your mind regarding any of the advance directives at any time. There are four ways to revoke an advance directive. First, you can destroy the document itself, or remove or cut the do-not-resuscitate bracelet. Second, you can express to your physician or to emergency personnel your wish to revoke the advance directive. Third, you can write, sign, and date a revocation of the document. Finally, you can cancel the advance directive by writing another, later declaration of your wishes.

Does My Health Care Provider Have To Follow My Advance Directives?

Some health care providers and physicians may have policies or religious or moral beliefs that prohibit them from honoring certain patient wishes. This is called a “conscience objection.” If a provider or physician cannot honor your advance directive, the physician or provider must provide you with three pieces of information. First, the physician or provider must tell you whether the provider itself objects, or whether only a single physician refuses to honor your advance directive. Second, the physician or provider must give the legal basis for its objection. Third, the physician or provider must describe the range of medical procedures or conditions that could be impacted by the objection.

If a physician or provider is unwilling to honor your wishes, the physician or provider must make a good faith effort to refer you to a physician or provider who will meet your needs. However, if you refuse the transfer, the physician or provider may legally refuse to honor your advance directive.

Because of the possibility that your physician or provider might have a conscience objection, it is important to discuss any potential problems with him or her ahead of time.

What Happens If I Don't Make An Advance Directive?

You will receive medical care if you do not make an advance directive, however, there is a greater chance you will not receive the types of care and treatments you want if you have not made an advance directive.

If you cannot speak for yourself and have not made an advance directive, a physician will generally look to your family, friends, or clergy for decisions about your care. If the physician or health care facility is unsure, or if your family is in disagreement about the decision, they may ask the court to appoint a guardian who will make decisions for you.

What If I Have A Disagreement With My Provider Or Physician Over The Way My Advance Directive Is Handled?

There is a dispute resolution procedure in place at Southwest Health/Epione Pavilion/Southwest Behavioral Services, which will be used to address any problems that may arise. First, the Social Worker or his designee will attempt to address your concerns. If that person is unable to resolve the problem, the matter will be referred to Southwest Health/Epione Pavilion/Southwest Behavioral Services' Ethics Committee. In extraordinary situations, you, your family, or Southwest Health/Epione Pavilion/Southwest Behavioral Services may turn to the court system to help settle disagreements.

Any complaints regarding advance directives may be filed with the Wisconsin Department of Health Services. Contact information is on pages 19-20.

Where Should I Keep My Advance Directive?

You should keep your advance directive in a safe place where you and others can easily find it. You should make sure your family members and your attorney, if you have one, know you have made an advance directive and know where it is located. You should also ask your physician and your other health care providers to make your advance directive part of your permanent medical record.

If you wish, you may file a copy with your county register for a small fee. If you do this, only a few persons, including your health care agent and your physician, will have access to your advance directive.

I Have Some Questions. Who Can Answer Them Or Give Me Help?

Your physician or other health care providers can help you understand your health needs and the options for treating these needs. They can answer questions about advance directives.

The Social Worker or his/her designee at Southwest Health/ Epione Pavilion/Southwest Behavioral Services is also available to address questions or concerns you may have regarding advance directives.

You can also contact your attorney or the following agencies if you have questions about advance directives.

Coalition of Wisconsin Aging Groups
6320 Monona Drive / Suite # 305
Madison, WI 53716-3985
(608) 224-0606
(800) 488-2596

Wisconsin Board on Aging and Long Term Care
(Ombudsman Program)
1402 Pankratz St., Suite 111
Madison, WI 53704-4001
(608) 246-7003

Department of Health and Family Services Division of Quality Assurance Office and Address

Madison/Southern Regional Office
Division of Quality Assurance
P.O. Box 7940 Madison, WI 53707

Regional Field Operations Director (608) 266-9422

Office FAX No. (608) 266-8975 / Office No. (608) 266-7474

Southwest Health/Epione Pavilion/ Southwest Behavioral Services Advance Directive Information

You have the right to make decisions concerning your health care. This includes the right to accept or refuse medical treatment. You also have the right to plan and direct the types of health care you will receive in the future if you are unable to express your wishes. This includes the right to execute a medical advance directive.

Advance directives express in writing your choices about the treatment you want or do not want and about how health care decisions are to be made for you if you become

incapacitated. In Wisconsin, there are generally four ways to make an advance directive. You can complete a living will, a power of attorney for health care, or a do-not-resuscitate order. Also, you may have your attorney draft an advance directive for you.

It is Southwest Health/Epione Pavilion/Southwest Behavioral Services' policy to honor your decisions concerning medical care. We will make every attempt to follow your written advance directives. We have written summaries of state laws and our internal advance directive policies that you may review. In summary, our policy is:

- To discuss advance directives with all adult, competent patients and residents before admission and to make information about advance directives available to all who request it.
- To provide all adults with this summary and information on state law concerning advance directives.
- To accept your directives concerning future medical care, including powers of attorney for health care, living wills, and other acceptable evidence of your wishes within the confines of state law.
- To comply with state law concerning advance directives.
- Not to condition treatment on whether an advance directive has been completed.

For further information or assistance, contact:

Southwest Health Hospital, Platteville, WI (608) 348-2331

Epione Pavilion Nursing Home, Cuba City, WI (608) 744-2161

Southwest Behavioral Services, Platteville, WI (608) 348-3656

Notice of Privacy Practices

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

Southwest Health/Epione Pavilion/Southwest Behavioral Services must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. All of your personal health information that you designate will be available for release if you sign an authorization form, which would include information for yourself or for a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

We reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, you will receive a revised copy.

Without your written authorization, we can use your health information for the following purposes:

I. Treatment

Southwest Health/Epione Pavilion/Southwest Behavioral Services' Nursing, Ancillary and Social Services Staff, in conjunction with the Physician Medical Staff, will use your health information to determine which treatment option, such as medicine or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care.

In addition, Southwest Health/Epione Pavilion/Southwest Behavioral Services will forward results of your health care services, including (but not limited to) laboratory results, physician progress notes and X-ray results, to those physicians and other health care entities your physician feels can assist him or her with your treatment.

2. Payment

In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills.

3. Health Care Operations

In order to effectively carry out our Health Care Operations, we will include your name in our Daily Hospital Census if you are admitted as an inpatient. This document allows our Nursing, Ancillary and Medical Staff to determine who is currently in our facility and who is responsible for their treatment. We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients/residents in similar situations.

In addition, we may want to use your health information for appointment reminders. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then send you a reminder letter to help you remember the appointment. We may also look at your medical information and decide that another treatment or a new service we offer may interest you. For example, we may contact a patient with a history of a heart attack

to notify them that we have a program which could help rehabilitate them.

Please note, we routinely send satisfaction surveys to our patients asking them to rate our level of quality in several areas of care. Southwest Health/Epione Pavilion/Southwest Behavioral Services does not consider this a marketing effort.

4. As Required Or Permitted By Law

Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or respond to a court order.

Under Wisconsin State law, certain Health Information is also supplied to the Wisconsin Bureau of Health Information on a quarterly basis. If your treatment falls within the category required by the state, your information will be submitted to the state in accordance with state law.

5. For Public Health Activities

We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.

6. For Health Oversight Activities

We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license

those who work in the health care system or for government benefit programs.

7. For Activities Related To Death

We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.

8. For Organ, Eye Or Tissue Donation

We may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.

9. For Research

Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.

10. To Avoid A Serious Threat To Health Or Safety

As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.

11. For Military, National Security, or Incarceration/Law Enforcement Custody

If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

12. For Workers' Compensation

We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

13. Southwest Health/Epione Pavilion/ Southwest Behavioral Services

Unless you object, we may use your health information, such as your name, location in our facility, your general health condition (e.g., "good", "fair", "serious", or "critical"), and your religious affiliation for our directory. It is our duty to give you enough information so you can decide whether or not to object to the release of this information for our directory. The information about you contained in our directory may be released to people who ask for you by name, including the media. However, the information about your religious affiliation will only be disclosed to clergy. We may allow you to agree or disagree orally regarding the use of your health information for directory purposes.

14. To Those Involved With Your Care Or Payment Of Your Care

If people, such as family members, relatives, or close personal friends, are helping care for you or helping you pay medical bills, we may release important health information about you to those people. The information released to these people may include your location within our facility, your general condition, or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. We may allow you to agree or disagree orally to such release, unless there is an emergency. It is our duty to give you enough information so you can decide whether or not to object to the release of your health information to others involved with your care.

Note: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the HIPAA Privacy Officer. Specifically, you have the right to:

1. Inspect and Copy Your Health Information

With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information

gathered for judicial proceedings. In addition, we may charge you a reasonable fee if you want a copy of your health information.

2. Request To Correct or Amend Your Health Information

If you believe your health information is incorrect, you may ask us to correct or amend the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. If we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

3. Request Restrictions on Certain Uses and Disclosures

You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. You may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. We are not required to agree in all circumstances to your requested restriction.

If you receive certain medical devices (for example, life-supporting devices used outside our facility), you may refuse to release your name, address, telephone number, social security number or other identifying information for purpose of tracking the medical device.

4. As Applicable, Receive Confidential Communication of Health Information

You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

5. Receive a Record of Disclosures of Your Health Information

You have the right to ask for a list of the disclosures of your health information. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such a list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, our directory, national security, law enforcement/corrections, and certain health oversight activities.

6. Obtain a Paper Copy of This Notice

Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. This information is also posted on our website, www.southwesthealth.org.

7. Concerns

If you believe your privacy rights have been violated, you may file a complaint with us and with the federal Department of

Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact The HIPAA Privacy Officer, who will provide you with the necessary assistance and paperwork, or you may contact them in writing at the following address:

Region V, Office for Civil Rights
Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
312-886-2359 / TDD – 312-353-5693
FAX – 312-886-1807

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact our HIPAA Privacy Officer at (608) 342-4798.

This Notice of Medical Information Privacy is Effective 4-14-2003.

© Copyright 2002 HIPAA COW

Patient/Resident Safety

Speak Up

Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.

Pay Attention

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals. Do not assume anything.

Educate Yourself

Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.

Ask

Ask a trusted family member or friend to be your advocate.

Know

Know what medications you take and why you take them. Knowing your medications can help prevent errors.

Participate

Participate in all decisions about your treatment. You are the center of the health care team.

Take Preventive Measures

Avoiding contagious diseases is important to everyone. Here are three easy things you can do to fight the spread of infection.

1. Clean your hands often
2. Cover your mouth and nose when sneezing or coughing
3. Avoid close contact with other patients and visitors

Nondiscrimination Statement

Our doors are open to everyone.

Southwest Health complies with applicable Federal civil rights laws and does not discriminate based on age, race, color, ethnicity, national origin, handicap, creed, religion, culture, language, ancestry, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, arrest or conviction record, marital status or source of payment.

Southwest Health does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, or gender identity or expression. Southwest Health:

- 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 hospital Social Worker/ Case Manager (1400 Eastside Road, Phone: 608-342-4758)

If you believe Southwest Health 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: the hospital Social Worker, 1400 Eastside Road, Platteville, Wisconsin 53818 or phone 608-342-4758.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the hospital Social Worker 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 <https://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, (TDD: 800-537-7697)

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

English: ATTENTION: Language assistance services, free of charge, are available to you.

Call 1-608-348-2331.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-348-2331.

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-608-348-2331.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-608-348-2331。

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-608-348-2331.

عربي (Arabic): لكل رفوتت امك، ان اجم، غللا قدع اسملا تامدخ: هي بنت
1-608-348-2331 قوعد.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-608-348-2331.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-608-348-2331 번으로 전화해 주십시오.

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 1-608-348-2331.

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 1-608-348-2331.

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີອ້ອມໃຫ້ທ່ານ. ໂທ 1-608-348-2331.

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-608-348-2331.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-608-348-2331.

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-608-348-2331 पर कॉल करें।

Shqip (Albanian): KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-608-348-2331.

Tagalog (Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-608-348-2331.

