

Children's Wisconsin will not discriminate. This includes age, race, color, national origin, ethnicity, immigration status, religion, language, physical or mental disability, newborn status, military status, marital status, sex, sexual orientation, gender identity or expression, intersex traits, sex stereotypes or pregnancy.

To file a complaint, you may also contact:

Division of Quality Assurance
Wisconsin Department of Health Services
PO Box 2969, Madison, WI 53701-2060
(800) 642-6552

<https://www.dhs.wisconsin.gov/misconduct/reporting.htm>

Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(800) 994-6610

<https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/>

If your community services complaint cannot be resolved through Patient Relations, you may also contact:

Wisconsin Department of Children and Families
201 West Washington Ave., PO Box 8916
Madison, WI 53703-8916
608-422-7000, Fax 608-422-7163
dcfweb@wisconsin.gov

https://dcf.wisconsin.gov/contact/submit_a_complaint

Social Current, Inc.
PO Box 3493, Sturtevant, WI 53177
(800) 221-3726

Visit "Find Accredited Organizations" on social-current.org/impact-areas/coa-accreditation/



PO Box 1997
Milwaukee, WI 53201-1997

(414) 266-7848
childrenswi.org

Rights and Responsibilities



Kids deserve the best.

Rights of you and your child

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

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

For adults 18 and older receiving health care:

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

For children receiving mental health services:

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

Responsibilities of you and your child

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

Have a concern?

Please talk with staff or a manager. You can also contact Patient Relations directly. Please know reporting a concern will not have an impact on the care you or your family receives. You and your family will be treated fairly.

To file a complaint contact:

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