

Notice of My Healthcare Rights
Easy-to-Read Document
#WeAreEssential #BeTheVoice



Welcome!

This is an easy-to-read document.

We use easy-to-read documents to involve people with intellectual disabilities by using texts that are easy to read and understand.

Text that is in **bold** font is the main information.

Text this is in *italic* font gives more information.

This document will help protect you at the hospital if you need COVID-19 care.

COVID-19 is also called Corona Virus.

This is a form for you to fill out.

You can ask a friend or family member to help you fill out this form.

You will give this form to your doctor or nurse at the hospital.

You can ask a family member or friend to give this form to the doctor or nurse.

My name is

I have rights as a person with a disability. You can not violate my rights. I expect the doctors, nurses, and staff to follow the information by the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS). The document is named “Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19).” The document was made on March 28th, 2020.

I have a right to:

Put a check mark in the boxes that apply to you.

You can ask a family member or friend to help you decide which boxes to check.

- Use my mobility devices.
 - Example: Wheelchair, walker
- Use my durable medical equipment.
- Use my personal ventilator.
- Bring my service animal with me.
- Have a family member or support person with me
 - *You can ask for someone to stay with you unless they are sick.*
- Have an interpreter(s).
 - Example: ASL, Spanish

- Receive documents in ways I can understand.
 - Example: Plain Language, Easy-to-Read, Large Print, Braille
- Receive information in ways I can understand.
 - Example: Picture boards, Audio descriptions, Captioning
- Reasonable accommodations or modifications
- Religious accommodations
 - Example: Meet with clergy
- Help planning and scheduling healthcare after I am home
- Use my legal documents
 - Example: Living will, Healthcare power of attorney, DNR Order, Supported-Decision Making Agreement
- All healthcare services and equipment I need to live.

I have rights as a person with a disability. No one can violate my rights.

I have these resources to defend my rights. I will call organizations for help.

I will file a complaint.

Put a check mark in the boxes that apply to you. You can ask a family member or friend to help you decide which boxes to check. You can have a family member or friend help you call and make a complaint.

- Department of Justice, Civil Rights Division and/or Disability Rights Section
- Department of Health and Human Services, Office of Civil Rights
- Indiana Disability Rights
- Indiana Legal Services
- Indiana Statewide Independent Living Council
- Indiana Centers for Independent Living

I need to call a personal representative for help.

A personal representative is someone who can help you. This can be your family, a friend, or another person who can help you.

I might need help getting a phone or using my phone. I expect you to help me.

Put a check mark in the boxes that apply to you.

You can ask a family member or friend to help you decide which boxes to check.

- My lawyer
- My healthcare power of attorney, healthcare representative or decision-maker support representative
- My Independent Living Advocate
- _____
- _____



You can list other people you might need to call on the blank lines. This may be a family member, friend, staff, or person you feel can help you.