

**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.*

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**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 28<sup>th</sup>, 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.*

