



It is the goal of In-School Health Services to assure that each child's healthcare needs are met by providing healthcare services, supporting the primary care provider/patient relationship, and creating a link to a primary care provider if none exists. Services are provided by a nurse practitioner and certified medical assistant. A nurse practitioner is a nurse with advanced training to provide health promotion and maintenance through the diagnosis and treatment of acute illness and chronic condition.

Services include:

- Assessment, diagnosis and treatment of minor illness and injury
- Individual and group health education
- School and sports physicals
- Immunizations
- Reproductive services
- Laboratory Testing
- Management and referrals for chronic illnesses such as asthma and diabetes

Services NOT available:

- Treatment for complex medical or psychiatric disorders
- Hospital Care
- Stitches or casting
- X-rays

Why program is offered:

- To ensure that no child is excluded from school
- To keep children in school, healthy and ready to learn
- To improve the healthcare of the community

Participation is open to each student whose parent or guardian has completed a student health history form and a consent form. All healthcare information will be shared with the child's primary care provider.

How to make an appointment:

Trewyn School

Phone: 309-676-7803

Manual Academy

Phone: 309-495-8509

Harrison School

Phone: 309-673-3174

Peoria High School

Opening in Fall 2017

PATIENT RIGHTS AND RESPONSIBILITIES

While you are a patient of the Methodist Medical Group, we will do our best to protect and promote your personal rights in accordance with all relevant state and federal laws, and Joint Commission Accreditation of Healthcare Organization standards. For additional information about your rights, you may contact our Patient Advocate at (309) 671-8209.

ACCESS TO CARE.

YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE:

1. Access to medical care regardless of race, creed, sex, disability, national origin or source of payment.
2. Have his or her cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected.
3. A medical screening examination and stabilizing care, regardless of ability to pay.
4. A consultation or second opinion from another physician as well as to change physicians.
5. Examination and receive a reasonable explanation of your medical bill.
6. Accommodation of any special needs or disabilities including provision of interpretive assistance or assistive devices.

RESPECT/DIGNITY/CONFIDENTIALITY/SAFETY.

YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE:

1. Considerate care that safeguards your dignity and respects your cultural, psychosocial, and spiritual values.
2. Confidentiality of your medical records and information.
3. Care in a safe and secure setting.
4. Protection from all forms of abuse or harassment.
5. Access protective services, including counseling or guardianship, and to reach the maximum level of independence.
6. Access to pastoral care upon request.
7. The identity and profession of all those providing patient care services.

INVOLVEMENT IN CARE/INFORMED CONSENT/RESEARCH.

YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE:

1. Access to all information concerning your medical condition, treatment, prognosis and other treatment available and to choose among these alternatives.
2. Participation in ethical questions that arise in the course of your care.
3. Making informed decisions regarding your care. This right includes being informed of your health status, being involved in care planning and treatment, and being able to request and refuse treatment and to know what may happen if you don't have this treatment.
4. To address end of life decisions with their provider upon their request and as deemed appropriate.
5. Designating a decision-maker if incapable of understanding a proposed treatment or if unable to communicate your wishes regarding care.
6. Participate in research studies after giving informed consent. To refuse to participate in research studies without such refusal affecting care.
7. Participate in the development and implementation of your plan of care.
8. Pain management support.
9. Access to your medical record or you may request a copy of your medical record.

COMPLAINT/GRIEVANCE PROCEDURE.

YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE:

1. Discussion of any concerns/dissatisfaction with the care received, which cannot be resolved by available staff, by contacting the Pride Line at (309) 671-8209 or ask any staff member to contact them on your behalf.
2. Response to Pride-Line calls on the same day that the call is received, even if further investigation of the concerns/dissatisfaction is required.
3. You may also contact the Illinois Department of Public Health's Central Complaint Registry at 1-800-252-4343 or writing them at Illinois Department of Public Health, Office of Health Care Regulation, 525 W. Jefferson Street, 5th Floor, Springfield, IL 62761-0001.
4. You may also contact, in writing, Division of Accreditation and Certification Operations, Office of Quality Monitoring, Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181; Fax: 630-792-5005; E-Mail: complaint@jointcommission.org, or call 1-800-994-6610.

COMMUNITY CARE PROGRAM

You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information, contact 1-800-845-0231.

PATIENT RESPONSIBILITIES

The patient and/or, when appropriate, family is responsible for:

1. Providing, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives and other matters relating to the patient's health.
2. Reporting unexpected changes in the patient's condition to the responsible practitioner and whether the patient clearly comprehends a contemplated course of action and what is expected of him or her.
3. Following the treatment plan developed with the practitioner. The patient should express any concerns regarding his or her ability to comply with a proposed course of treatment, and every effort should be made to adapt the treatment plan to the patient's specific needs and limitations.
4. His/her actions if he/she refuses treatment or does not follow his/her practitioner's instructions.
5. Assuring that all of their financial obligations for his/her care are fulfilled.
6. Following all Methodist Medical Group rules and regulations affecting the patient care, conduct and safety.
7. Consideration of the rights of other patients and Methodist Medical Group personnel.