You’ve come to the right place. Our highly-skilled colleagues are honored to take care of you and your family. Your care is the focus of everything we do.

When you come to Hartford Hospital, you aren’t just visiting one hospital — you are tapping into Connecticut’s most comprehensive health network, Hartford HealthCare.

Our team is exceptional. Their contributions make a difference in the lives of those who come to us in times of need. They don’t just apply their knowledge and experience to their jobs. They pour their hearts into their work and create special moments for patients and their loved ones each and every day.

Thank you for trusting us with your care. Although you may have chosen Hartford Hospital for our clinical expertise, we hope you remember us for our dedication, kindness and compassion.

During your stay, if we can help you with anything please contact us at 860.972.2180, Monday through Friday 7:30 am to 5 pm or our Nursing Coordinators at 860.972.5082 after hours and on weekends.
Visitors

Screening for symptoms

All persons entering the facility (visitors, patients arriving for procedures, support persons, vendors, and contractors) will be screened. If any visitor/vendor/contractor fails the screening process, they will be denied access.

If you have been approved to visit your family or friend, we want to be sure you are at low risk of unknowingly carrying the virus. We will ask you some questions and take your temperature. We will not be recording or documenting the results of the screening. As expectations around visitation continue to evolve please visit www.cdc.gov for updates regarding limitations around travel.

Interpreters, Deaf and Hard of Hearing

We provide interpretation services for deaf, hearing-impaired and limited English speaking patients and their families to help them understand and be understood.

We also provide appropriate auxiliary aids and services free of charge, including:

- Note takers
- Written materials
- Telephone handset amplifiers
- Assisted-listening devices and systems
- Closed captioning of most hospital programs

Please ask your nurse or other hospital personnel for assistance. You can also call 860.972.1400 or 21400 from any hospital phone and select option 4.

Hartford Hospital Visitor Plan

All visitors must:
- Screen negative upon arrival
- Wear a mask at all times
- Maintain social distancing while on campus

For visitors of non-COVID patients:
- Up to 2 visitors at a time
- Visiting hours are 10 a.m. to 8 p.m.
- Patients with disabilities who are in need of a support person will have caregiver access 24/7 for designated caregivers
- No visitors under the age of 16. Exceptions may be made for end of life
- Behavioral Health Network/IOL policies will vary based on location

Maternity patients:
- Two support persons allowed

COVID-positive and those patients waiting for COVID test results:
- Two people at a time for 30 minutes
Hospital Support Person Policy

Patients with disabilities who receive care at the hospital may have a designated support person(s) present with them to support their disability needs as set forth in this policy.

Procedure:
1. Patients with disabilities* may have one designated support person** with them at any time they are in the hospital for care and treatment to physically or emotionally assist them or to ensure effective communication during their stay at the hospital, provided proper precautions are taken to contain the spread of infection.

2. When the period of time any such patient with disabilities will remain in the hospital will be longer than one day, such patient or his or her family or caregiver may designate up to two support people, provided only one support person may be present at a time. This restriction must be explained to the patient and support person in plain terms, upon arrival or, ideally, prior to arriving at the hospital. Hospital staff should ensure that the patient or his or her family or caregiver fully understands this restriction, allowing the patient to decide who he or she wishes to identify as his or her support person.

3. The hospital shall determine and inform the patient and the designated support person of any policy governing the designated support person attendance including the entrance and exit policy of the hospital. Any such support person who leaves the hospital shall be screened as provided in subsection (d) above upon his or her re-entry.

4. Notwithstanding the foregoing, every effort shall be made to support the patient with disabilities employing virtual communication options whenever possible. Nothing in this order should be interpreted as altering the hospital’s obligations to provide patients with effective communication supports or other required services, regardless of the presence of a designated support person or other reasonable accommodation, consistent with applicable federal or state law and regulations.

5. Notice of the hospital’s support person policy including the requirements contained herein shall be posted at patient entry points in the hospital, on the hospital’s website and be provided to the patient at the time services are scheduled or initiated.

Definitions: * Patients with disabilities may include, but is not limited to, patients with altered mental status; physical, intellectual or cognitive disability; communication barriers or behavioral concerns, who need assistance due to the specifics of their disability.

** “Designated Support Person” means a family member, personal care assistant, similar disability service provider, or other individual knowledgeable about the management of their care.

Ethics

The ethics consultation service is as a resource for families, patients, and anyone from your healthcare team to help if needed to resolve the often difficult medical-ethical issues that may arise during your hospital stay. Your values and preferences, as well as those of your surrogate decision makers, are respected and balanced with the best medical judgments determined by your medical providers. Any colleague, patient, family member or representative of Hartford Hospital may contact the ethics consultation service to request an ethics consultation. If you or your designated healthcare decision-maker wishes to have an ethics consult, please ask a registered nurse, physician, physician assistant, or nurse practitioner who is caring for you. An anonymous request can also be made for an ethics consult by calling Patient Advocacy at 860.972.1100 or via a hospital phone by dialing 2-1100. After hours, a nursing coordinator can facilitate a family’s request for an anonymous consult.
Parking

The public parking garage is attached to Hartford Hospital’s Medical Office Building at 85 Seymour Street and is accessible 24 hours per day.

Valet parking is available at the main entrance 24 hours per day. Valet services are also available at the Jefferson Building, Monday through Friday between 5 a.m. and 7 p.m.

Weekly and monthly parking passes available. Purchase using cash, check or credit card at the hospital cashier, located on the first floor of the High Building in room 136. The cashier’s hours are Monday through Friday, 8 a.m. to 4 p.m.

For parking rates, please visit: https://hartfordhospital.org/patients-and-visitors/for-visitors/parking
During Your Stay

Your Care Team

Hartford Hospital uses color-coded uniforms for certain roles so you can identify your caregivers.

- **Registered Nurses** provide nursing care and help to plan, organize and direct all aspects of your daily care.

- **Technicians** perform a variety of services including bathing, toileting, feeding, walking and taking vital signs like blood pressure, pulse and temperature. Staff wearing green may include patient care assistants, medical and dental assistants and radiology technicians.

- **Rehabilitation** professionals like physical therapists, occupational therapists and speech language pathologists focus on your ability to move and perform functional activities.

- **Respiratory Therapists** evaluate, treat and prevent acute or chronic problems with breathing.

- **Physicians** provide medical management and consultation. They include:
  - **Attending physicians**, who are responsible for overseeing your care and supervising some members of the care team.
  - **Hospitalists**, who will see you on a daily basis, manage care during your stay, interact with your primary care physician and work on your transition from the hospital.
  - **Residents**, who are medical school graduates training in their specialty under the supervision of practicing physician teachers.

- **Nurse Practitioners (NPs)** and **Physician Assistants (PAs)** work with the physician team to oversee your medical care.

- **Unit Aides** support the routine daily needs of patient care units.

- **Technologists** operate sophisticated medical equipment to support proper diagnostics and treatment.

- **Pharmacy Technicians and Equipment Technicians** perform a wide range of tasks, including processing medications and managing equipment and supplies.

- **Laboratory** draws blood for clinical or medical testing, transfusions and research.

- **Clinical Dietitians** assist with your nutritional care and help with special or restricted diets, tube feeding and parenteral nutrition.

- **Catering Associate** is the server responsible for ensuring your nutritional needs are met throughout your stay. They will take your menu selections, deliver your meals and provide you with any additional dietary needs.

- **Patient Administrative Associates** answer patient calls for assistance and provide administrative support for the department.

- **Patient Advocates** help patients and family members with any questions, concerns, compliments or problems. To reach an Advocate, call 860.972.1100 or extension 21100, Monday through Friday between 7 a.m. and 3:30 p.m.

- **Case Coordinators** are registered nurses who follow your medical progress to ensure that you transition to the correct level of care when the time is right.

- **Environmental Service Associates** ensure a clean environment by performing routine housekeeping, replenishing supplies and caring for important equipment.

- **Clinical Social Workers** support you and your family dealing with the challenges or stress of injury, a new diagnosis, unexpected changes in health or serious illness.
Fall Prevention

There are things YOU CAN DO to avoid falling while in our care:

- Wear the double-sided grip slippers or non-skid shoes when out of bed.
- Notify our staff immediately if any fluid is spilled on the floor.
- Move slowly when getting out of bed, and wait a few moments before walking away from the bed or chair.
- Be aware of any tubes, drains, or equipment attached to your body that might cause you to trip.
- Do not use mobile objects such as IV poles, over-bed tables or unlocked wheelchairs to steady yourself. Work with our staff to assist you, especially if you feel weak, dizzy, tired, or uncertain of your ability.
- Notify our staff immediately even if you almost fall or just lose your balance a bit. We can assist you in confidently moving about.

Things that WE WILL DO to be sure your stay is safe:

- We will work with your doctors and caregivers to determine if you are at a higher risk of falling. Being in the hospital increases your risk of falling. Things that can increase your risk of falling in the hospital include: symptoms of your illness, new medications, being in a new environment and changes in your sleep pattern. Therefore, even if you do not fall outside of the hospital, we may assess that you are at risk of falling when you are a patient in the hospital. Your nurse assesses your risk of falling when you are admitted to the hospital and then throughout each day.

If you are at risk, we will provide special care and support including:

- Signage to advise caregivers and loved ones to inform them that we are paying special attention to your mobility.
- You will be given a yellow bracelet to let our caregivers know to support you wherever you are in our hospital or facilities. Even your slippers will be yellow and have a special grip pattern to keep you from slipping!
- Your bed or chair may be equipped with an audible signal to let us know you have moved away and need our assistance. Do not turn off your bed or chair notification device. And please do not sit on the edge of the bed as you may slide off or fall.
- Our caregivers will assist you with the appropriate equipment, and remain with you while you use the bathroom. Most falls happen in this situation.

And in all cases remember: CALL so you DON’T FALL!
Preventing Blood Clots While Hospitalized

Deep Venous Thrombosis (DVT) is a blood clot in a vein. The biggest danger is a clot that breaks off and travels to the lungs. This is called a Pulmonary Embolism (PE) and it can be life threatening.

While in the hospital, you may be at risk for developing a blood clot. Immobility from extended sitting and/or bed rest while in the hospital, in addition to major surgery and trauma, such as broken bones or catheters in a big vein, could increase your risk. These are in addition to certain medical conditions such as cancer, heart attack, and obesity, as well as other risk factors such as smoking, taking birth control pills and a personal or family history of previous blood clots.

Here are some things YOU CAN DO to prevent a blood clot while in the hospital:

- Know the signs of a DVT and PE and report any of these to your care team immediately. DVTs can occur in the arms or legs; pain, swelling, redness, warmth, numbness and/or tingling may occur. A blood clot in the lungs may cause you to have difficulty breathing, chest pain, and/or a fast heart rate.

- Avoid sitting or lying in one position for long periods of time. Change your position at least every two hours or the team will assist you if you are unable to do so on your own.

- Aim to walk 100 feet three times a day, but always ask for assistance before you move about.

- If you do smoke, discuss with your care team a plan to avoid using tobacco products once you are discharged.

Things that WE WILL DO to assist you in avoiding a blood clot:

Your doctors and caregivers will assess your risk of developing a blood clot when you are admitted to the hospital or at other critical times during your admission. If you are at risk, we will provide special care and treatment including:

- Medications, commonly known as “blood thinners,” may be prescribed for you during your hospitalization and may need to be continued after you are discharged. These include heparin, enoxaparin (Lovenox), or aspirin.

- You may need to wear special devices called Sequential Compression Devices (SCDs) on your legs that will increase blood flow. SCDs applied to your legs may be knee high or thigh high. Wearing these on your legs may place you at increased risk of falling, so we ask that you always call your caregivers before trying to get out of bed.
Skin Care

You may find yourself spending more time in a bed or in a chair. We encourage you to take every opportunity to exercise your body and regain your strength. Along the way, we want to be sure that you do not develop any skin injury.

Here are some things YOU CAN DO to avoid skin problems:

• While in bed, change your position at least every two hours. The team will assist you if you are unable to turn on your own.

• While sitting in a chair, shift your weight at least every hour. If you can’t move yourself, ask one of us to help you.

• Eat a balanced diet and drink fluids to maintain healthy skin and help heal any wounds.

• Exercise your body to stay as strong and flexible as possible. Ask for assistance before you attempt to move about.

• Discuss your toileting habits with your team so that we can keep your skin clean and dry.

• Sometimes, turning in bed, sitting in a chair or taking a walk can seem difficult because of discomfort or fatigue. Talk to your care team to discuss options to improve your comfort while keeping you moving.

In addition to the assistance listed above, here are some things WE CAN DO to assist you with avoiding injury:

• We may use special polyurethane preventative dressings that can be applied to your tailbone or heels.

• A barrier cream or spray and special under pads may be used to protect your skin from wetness. Diapers are discouraged as they don’t support keeping your skin healthy.

• We may provide special products, such as mattresses and chair cushions that can help reduce pressure on your skin.

We are committed to keeping you and your skin healthy during your stay. Please ask us any questions you may have regarding care.
Safety, Privacy and Quality

Your Rights Concerning Medicare
As a hospital inpatient you have the right to:

• Receive Medicare-covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.

• Be involved in any decisions about your stay and know who will pay for it.

• Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO):
  - Name of QIO: Kepro
  - Telephone Number of QIO: 1.844.455.8708

Planning for your transition from the hospital:
During your hospital stay, your care team will be working with you to prepare for your safe transition and arrange for services you may need after you leave the hospital. When you no longer need inpatient care, your doctor or the hospital staff will inform you of your planned discharge. If you have concerns, talk to your doctor, a representative of your plan, your case coordinator, or any member of your care team.

Medicare appeal rights
You have the right to ask for a review of the discharge decision by the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) before you leave. A BFCC-QIO is a type of quality improvement organization (a group of doctors and other healthcare experts under contract with Medicare) that reviews complaints and quality of care for people with Medicare. Information regarding your Discharge Appeal Rights has been provided to you (Important Message From Medicare) which contains information on your BFCC-QIO. If you don’t get this notice, please ask for it. For more information, you may call Medicare toll free/24 hours a day at 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

Your right to an immediate appeal without financial risk:
If you think you are being asked to leave the hospital too soon when advised of your planned date of discharge, you have the right to appeal to your Quality Improvement Organization. The QIO is authorized by Medicare to provide a second opinion about your readiness to leave.

Patients’ Rights from the Centers for Medicare and Medicaid (CMS) Services - §482.13 Condition of participation
Hartford Hospital is committed to providing all patients with the opportunity to express dissatisfaction in accordance with §482.13(a)(2), as stated in the Conditions of Participation under Patients’ Rights from the Centers for Medicare and Medicaid Services. The law and regulations may be examined at the Office of Customer and Patient Relations, 80 Seymour Street, Hartford, CT 06102, which has been designated to coordinate the efforts of Hartford Hospital to comply with the regulations. You can reach the Office of Customer and Patient Relations at 860.972.1100 or 21100 from any hospital phone.
We are committed to providing exceptional care during your stay. If you have a complaint, we have processes in place to assist and support you.

• A complaint is an issue that is easily solved by staff present or anyone who can quickly be at the patient’s location while the patient is still in the hospital. For example, the staff may request a nursing supervisor, patient advocate or another administrative member of the staff to assist in resolving the issue.

• A grievance is a written complaint by a patient or the patient’s representative regarding the patient’s care, abuse or neglect, issues related to the hospital’s compliance with CMS’ Hospital Condition of Participation, or a Medicare beneficiary billing complaint related to rights and limitation.

A written acknowledgement of all grievances will be made to the person filing it within seven business days. If the grievance is still under investigation after seven business days, an estimated time for final response will also be communicated to the complainant with the written acknowledgement of receiving the grievance. Periodic communication will continue if the resolution takes longer than 30 days.
Preparing to Leave the Hospital

Your care team begins planning for the day you are ready to go home, or to another facility, within the first one or two days of admission. We will keep you informed about your transition date and time as your care progresses.

It is important that you fully understand your discharge plan to ensure your continued healing, safety, and comfort. You will receive these instructions in writing. Before you leave the hospital, ask questions about all of your medications, and be sure you know what medications are being prescribed, the proper dosage, how and when to take the medication, and possible side effects. Ask the care team if you do not understand any information shared with you and find out what you can do to help yourself get better.

Your case coordinator can assist you with choosing a home health agency, a skilled nursing facility, or rehabilitation hospital as determined to be necessary for your successful transition from Hartford Hospital.

Please collect all personal belongings when you leave. If you have a pink voucher that shows you have valuables stored in our hospital safe, please let a member of your care team know so that they may be retrieved. You may call the Cashier’s Office at 860.972.2119, or 22119 from any hospital phone, to check if you have anything of value in the safe.

- If your belongings are missing, please contact Lost & Found at 860.972.LOST (5678) or 25678 from any hospital phone.
- If something of value is missing, please contact Public Safety at 860.972.2147 or 22147 from any hospital phone.
- If you have any questions, please contact Guest Services at 860.972.1400 or 21400 from any hospital phone.

We are not responsible for belongings, valuables or personal items kept in your possession during admission and we are not responsible for replacing electronic devices such as cell phones, iPads or laptops.

Patient-Designated Caregivers

You are able to designate a caregiver to help you with post-discharge tasks like basic activities of daily living and support tasks like wound care, administering medications and using medical equipment.

If you choose to name a caregiver, we will place this caregiver’s name and contact information, and their relationship to you, in your medical record. We will make reasonable attempts to notify your designated caregiver of your pending discharge. Naming a caregiver does not replace your access to formal home care services, when you and your care team have identified this as being necessary for a successful transition to home. Should you need homecare services following your transition from the hospital our Hartford HealthCare at Home team can provide that for you. They can be reached at 1.800.HOMECARE.
Discrimination is Against the Law

Hartford HealthCare complies with applicable state and Federal civil rights laws and does not tolerate discrimination against any person, including patients and health care team members, on the basis of race, color, national origin, ethnicity, culture, language, disability, age, sex, religion, socioeconomic status, sexual orientation, gender identity or expression, or any other characteristic protected by law.

Hartford HealthCare:

• 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 Elizabeth Begley at 860.696.6280.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-860-972-3197 (TTY: 1-860-545-2247).


УВАГА: Якщо ви мовите по-українськи, ви маєте можливість отримати безкоштовну допомогу перекладу. Звертайтеся у 1-860-972-3197.

If you believe that Hartford HealthCare 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:

Elizabeth Begley
Civil Rights Coordinator
505 Willard Avenue
Building 2, Suite 2-A
Newington, CT 06111
P: 860.596.6280  TTY 860.545.2247
Fax 860.555.8088, or e-mail
Elizabeth.Begley@hhchealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Elizabeth Begley, Civil Rights Coordinator 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 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, 800.537.7697 (TDD)

Complaint forms are available athhs.gov/ocr/office/file/index.html

Hartford HealthCare
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At Hartford HealthCare, our patients and team members are expected to maintain a safe environment and be treated with courtesy, dignity and respect. This place of caregiving will be free of threats, violence, disrespectful communication, abuse or harassment of other patients or members of the Hartford HealthCare community. Hartford HealthCare does not tolerate discrimination against any person, including patients and team members, on the basis of race, color, national origin, ethnicity, culture, disability, age, sex, religion, socioeconomic status, sexual orientation, gender identity or expression, or any other characteristic protected by law.

Hartford HealthCare is committed to providing our patients and families with their rights and responsibilities.

As a patient you have the right to:
1. Be informed about and participate in your care and treatment plans.
2. Make informed decisions.
3. Have your physician and/or a person of your choice notified of your admission to the hospital.
4. Know the names of the healthcare providers and their role in your care.
5. Have consideration for personal privacy and confidentiality.
6. Have a reasonable response to requests.
7. Request medically appropriate and necessary treatment.
8. Refuse treatment as allowed by law.
9. Receive treatment and accommodations in an environment that is sensitive to your beliefs, values, cultures and spiritual needs.
10. Request a second opinion about your care.
11. Receive assessment and be informed of treatment methods and management of your pain or discomfort.
12. Be provided with free interpreter services as needed.
13. Create an advance directive.
14. Be free from abuse or harassment.
15. Be free from restraint of any kind that is not medically necessary or required to maintain the safety of patients or staff.
16. Be informed about the care you will need after discharge.
17. Receive and obtain copies of your medical records.
18. Receive information about an explanation of costs related to care provided.
19. Request that an autopsy be performed either here or arrange for any other institution of choice to perform.
20. The right to receive designated visitors during scheduled visiting hours and ability to withdraw consent for visitation for any or all visitors at any time.
21. Express a complaint or grievance by contacting the Office of Customer and Patient Relations.

In order to provide the best possible service to our patients, a Patient Advocate is available to assist you. Should you or family have questions about the hospital, comments about your care, suggestions on improving our services or a need for someone to listen, please contact a Patient Advocate by dialing 860.972.1100.

Office of Customer and Patient Relations
Hartford Hospital
80 Seymour Street Hartford, CT 06106
Phone: 860.972.1100  TTY: 860.545.2247
hhadvocacy@hhchealth.org

Connecticut Department of Public Health
410 Capitol Avenue Hartford, CT 06134
Phone: 860.509.7400 or 1.800.842.0038
TTY: 860.509.7191
www.ct.gov.dph

The Joint Commission
The Office of Quality and Patient Safety (OQPS)
Oakbrook Terrace, IL 60181
Phone: 1.800.994.6610 Fax: 630.792.5636
www.jointcommission.org

This Statement of Patient Responsibilities was designated to demonstrate that mutual respect and cooperation are basic to the delivery of quality healthcare.

You are responsible for:
1. Informing the medical team for any health problems or changes.
2. Providing accurate and complete information about your health.
3. Observing all hospital rules and regulations and do everything possible to ensure that your visitors do the same.
4. Being considerate of other patients and hospital staff and employees.
5. Meeting your financial commitment to Hartford HealthCare. Payment plans and financial assistance available for those who qualify.
6. Taking reasonable measures to protect your personal belongings.
Advance Directives

You have the right to make healthcare decisions about the medical care you receive.

If you do not want certain treatments, you have the right to tell your physicians you do not want them and have your wishes followed.

You also have the right to receive information from your physicians to assist you in reaching a decision about what medical care is to be provided to you.

There may come a time when you are unable to actively participate in determining your treatment due to serious illness, injury or other disability. At that time, your Health Care Representative will work with the physicians to help make decisions in your care that you would have wanted.

Advance Directives can help your family and medical team in a medical emergency.

- They are only used when you can’t speak for yourself
- All competent adults (age 18) may designate a Healthcare Representative

Advance Directives in Connecticut have two parts:

Part 1
A healthcare representative is a person whom you authorize, in writing, to make any and all healthcare decisions on your behalf if you are not able to speak for yourself. This includes the decision whether to withhold or withdraw life support systems. A healthcare representative does not act unless you are unable to make or communicate your decisions about your medical care.

Part 2
A living will is a document that states your healthcare wishes. A living will only speaks to a time in the future when you are unable to make and communicate decisions for yourself and you are approaching death and/or permanently unconscious. Your living will also help your family, friends and physicians know whether you want life support systems/machines to keep you alive or whether you do not want to receive such treatments, even if the result is your death.

Preparing Advance Directives... begins with thinking about what’s important to you

- About your healthcare
- About your life and how you want to live
- About the things that gives you joy and meaning

Preparing Advance Directives can begin at any time... prior to an illness may lessen your stress.

Tips to get started:
What are your values, wishes, beliefs about your care and specific medical procedures?

- You can start out by writing down what is important to you
- You can have a practice conversation with someone you trust

Sometimes you can start with filling in this sentence:
“What matters most to me is____________.”
- How important is living on your own and caring for yourself?
- How important is your ability to communicate?

Common Questions:

Do I need an attorney to help me with this?
No, an attorney is not required to complete advance directive forms.

What do I need to complete an advance directive?
You will need two people to witness your signature; your witnesses should not be the same as the person named as your Healthcare Representative.
Appointment of Healthcare Representative

I understand that, as a competent adult, I have the right to make decisions about my healthcare. There may come a time when I am unable, due to incapacity, to make my own healthcare decisions. In these circumstances, those caring for me will need direction and will turn to someone who knows my values and healthcare wishes. By signing this appointment of healthcare representative, I appoint a healthcare representative with legal authority to make healthcare decisions on my behalf in such case or at such time.

I appoint _______________________________________________ to be my healthcare representative. If my attending physician determines that I am unable to understand and appreciate the nature and consequences of healthcare decisions and to reach and communicate an informed decision regarding treatment, my healthcare representative is authorized to (1) accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition, except as otherwise provided by law, such as psychosurgery or shock therapy as defined in Conn. Gen. Stat. § 17a-540, and (2) make the decision to provide, withhold or withdraw life support systems.

I direct my healthcare representative to make decisions on my behalf in accordance with my wishes as stated in a living will, or as otherwise known to my healthcare representative. In the event my wishes are not clear or a situation arises that I did not anticipate, my healthcare representative may make a decision in my best interests, based upon what is known of my wishes.

If ______________________________________________________ is unwilling or unable to serve as my healthcare representative, I appoint _____________________________________________________ to be my alternative healthcare representative.

This request is made, after careful reflection, while I am of sound mind.

______ / ______ / ______ (Date)    X

Witnesses’ Statements

This document was signed in our presence by ____________________________________________ the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of healthcare decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed this document in the author’s presence and at the author’s request and in the presence of each other.

_____________________________________________________________________________________

(Witness)  (Witness)

(Number and Street)  (Number and Street)

(City, State, Zip Code)  (City, State, Zip Code)
Living Will or Healthcare Instructions

If the time comes when I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician as to my own medical care, I wish this statement to stand as a statement of my wishes.

I, ________________________________, the author of this document, request that, if my condition is deemed terminal or if I am determined to be permanently unconscious, I be allowed to die and not be kept alive through life support systems.

By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment.

Specific Instructions
Listed below are my instructions regarding particular types of life support systems. This list is not all-inclusive. My general statement that I not be kept alive through life support systems provided to me is limited only where I have indicated that I desire a particular treatment to be provided.

- Cardiopulmonary Resuscitation: [ ] Provide [ ] Withhold
- Artificial Respiration (including a respirator): [ ] Provide [ ] Withhold
- Artificial means of providing nutrition and hydration: [ ] Provide [ ] Withhold

Other specific requests: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I do want sufficient pain medication to maintain my physical comfort. I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged.

This request is made, after careful reflection, while I am of sound mind.

_____ / _____ / _____ (Date)    X ___________________________________________________

Witnesses’ Statements
This document was signed in our presence by _________________________________ the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of healthcare decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed this document in the author’s presence and at the author’s request and in the presence of each other.

(Witness) (Witness)

(Number and Street) (Number and Street)

(City, State, Zip Code) (City, State, Zip Code)
Important Phone Numbers & Television Channels

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone number</th>
<th>Extension from any hospital phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact a Patient</td>
<td>860.972.2711</td>
<td>22711</td>
</tr>
<tr>
<td>Food and Nutrition Services</td>
<td>860.972.3663</td>
<td>23663</td>
</tr>
<tr>
<td>Public Safety</td>
<td>860.972.2147</td>
<td>22147</td>
</tr>
<tr>
<td>Patient Advocates</td>
<td>860.972.1400</td>
<td>21400</td>
</tr>
<tr>
<td>Integrative Medicine</td>
<td>860.972.4444</td>
<td>24444</td>
</tr>
<tr>
<td>Lost and Found</td>
<td>860.972.5678</td>
<td>25678</td>
</tr>
<tr>
<td>Social Work</td>
<td>860.972.2966</td>
<td>22966</td>
</tr>
<tr>
<td>Spiritual Care</td>
<td>860.972.2251</td>
<td>22251</td>
</tr>
<tr>
<td>Environmental Services</td>
<td>860.972.2855</td>
<td>22855</td>
</tr>
</tbody>
</table>

To contact any department not listed here, call **860.972.5000** or **25000** from any hospital phone.

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**Television**

For television related questions or issues, call **860.972.1999** or **21999** from any hospital phone.

| Channel            | Guide Channel | Fox Business | ESPN | ESPN2 | ESPNU | EWTN | Discovery | Food Network | History | TruTV | TLC | A&E | TBS | TNT | USA | SYFY | AMC | WE | E! | Lifetime | MTV | CMT | VH1 | Comedy | Nick | Disney | Disney-W | Cartoon Network | TV Land |
|--------------------|---------------|--------------|------|-------|-------|------|----------|-------------|---------|-------|-----|-----|-----|-----|-----|-----|------|-----|-----|----|--------|-----|-----|------|--------|------|-------|
| Chapel             | 17            | 116          | 120  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 133 |
| Guide Channel      | 100           | 117          | 118  | 120   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 134 |
| ABC                | 101           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 135 |
| CBS                | 102           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 136 |
| NBC                | 103           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 137 |
| FOX                | 104           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 138 |
| CW                 | 105           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 139 |
| THIS-TV            | 106           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 140 |
| PBS                | 107           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 141 |
| COZI               | 108           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 142 |
| FOX-SP1            | 109           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 143 |
| UNIVISION          | 110           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 144 |
| Galavision         | 111           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 145 |
| CNBC               | 112           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 146 |
| CNN                | 113           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 147 |
| Headline News      | 114           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 148 |
| Fox News           | 115           | 119          | 119  | 121   | 122   | 123  | 125      | 127         | 128     | 129   | 130  | 131  | 132  | 149 |