



## Be active in your care

- Ask questions.
- Pay attention to instructions from your caregivers.
- Inform caregivers about your medicines, supplements and allergies.



## If you think something is wrong

- **Speak Up!**
- Ask to speak to a patient representative.
- The IEI will work with you to address the issue.
- File a complaint with the state agency that licenses the IEI.

## Speak Up™

The goal of Speak Up™ is to help patients, family members, and caregivers become active in their care.

Scan the code below with your phone's camera for more information about the Illinois Eye Institute.



My doctor's name is:

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My diagnosis is:

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My next visit date is:

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**IllinoisEyeInstitute.org**

3241 S Michigan Ave  
Chicago, IL 60616  
(312) 225-6200

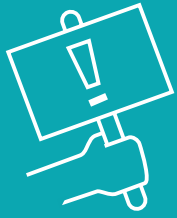
## Speak Up™

### About Your Care



ILLINOIS  
EYE  
INSTITUTE

**IllinoisEyeInstitute.org**



## As a patient, you have the right to

- Be informed about your care.
- Make decisions about your care.
- Refuse care.
- Know the names of your caregivers.
- Be treated with courtesy and respect.
- Be listened to by your caregivers.
- Have an interpreter.
- Receive information in a way that meets your needs, such as if you have impaired vision.
- Copies of your test results and medical records.
- Have a family member or caregiver with you during your care.
- Privacy of your health information.
- Ask that pictures or videos taken of you be used only to identify you or assist in your care.
- Care that is free from discrimination.

## Personal Medication Form

Bring this form with you and show it to your doctor any time you have a doctor's appointment, if you have to go to the hospital, and whenever you have a new prescription filled at your pharmacy.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Date Form Updated: \_\_\_ / \_\_\_ / \_\_\_

Allergies / Reaction: \_\_\_\_\_

<b>Medications</b>					
	Start Date/ Stop Date	Name of Medicine	Dose/Tablet Strength	How to Use/ When to Use	What is this Medicine for?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					