



Henry County Health Center Patient Bill of Rights and Responsibilities

The following statement of Patient Rights and Responsibilities is based on Henry County Health Center's Code of Conduct. Our Code of Conduct is based on the following values:

- We recognize and affirm the unique and intrinsic worth of each individual
- We treat all those we serve with compassion and kindness.
- We act with honesty, integrity, and fairness in the way we conduct our business.
- We pledge to treat all with loyalty, respect and dignity.

AS A PATIENT OF HENRY COUNTY HEALTH CENTER YOU HAVE THE FOLLOWING RIGHTS:

1. You may not be discriminated against or denied care because of your race, age, sex, beliefs or religion, national origin, disability, diagnosis, or source of payment.
2. You have the right to be treated with respect and courtesy at all times, and to have your personal dignity and privacy preserved.
3. You have the right to expect that all communications and records concerning your care will be kept confidential.
4. You have the right to review your clinical records in a reasonable amount of time.
5. You have the right to expect reasonable safety as far as hospital practices and environment are concerned, including freedom from sexual, verbal, mental, and physical abuse.
6. You have the right to be free from restraints and seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
7. You have the right to know the name of your primary doctor and caregiver.
8. You have the right of know the name and role of all persons involved in your care and services.
9. You have the right to know and participate in your medical condition and the treatment plan.
10. You have the right to receive an explanation for any procedure or treatment your doctor is recommending. You have a right to know the medical necessity, possible risks, and any alternatives.
11. You have the right to Advance Directives and to have hospital staff and practitioners follow these directives. Advance Directives include both Living Wills and Durable Power of Attorneys for Health Care.
12. You have the right to refuse treatment or care to the extent permitted by law.
13. You have the right to a second opinion or to consult a specialist if you will pay for the cost.
14. You have the right to receive an itemized explanation of your total bill, no matter who pays for your care.
15. If you have any complaints about your care or services, you have the right to discuss this with the Director of Patient Services or a member of the Case Management Department. You have a right to receive a response to your complaint in a timely manner. You also have the right to appeal to an external agency if you so desire. The external agency for Iowa hospitals is the Iowa Foundation for Medical Care. IFMC can be reached at 1-800-383-2856. The address is 6000 Westown Parkway, Suite 350E, West Des Moines, Iowa 50266.
16. You have the right be told what to do to continue your care after you leave the hospital.
17. You have a right to expect that a family member or representative and physician will be notified promptly of the your admission to the hospital.

YOUR RESPONSIBILITIES AS A PATIENT:

1. You have the responsibility, to the best of your ability, to provide accurate and complete information about your present condition and past health history.
2. You have the responsibility to report any changes in your condition, and to tell your caregiver if you do not understand any explanations or plans for your care.
3. You are responsible to follow the treatment, advice, and instructions given by your doctor, nurse and other hospital caregivers.
4. You are responsible if you refuse treatment or do not follow instructions.
5. You have a responsibility to be considerate of the rights of other patients, and hospital staff.
6. You have the responsibility to comply with hospital rules and regulations of which you have been informed.
7. You have the responsibility to pay your bill promptly.