

Regarding your medical care, you have the right to:

- Considerate and respectful care
- Be treated with dignity and participate fully in all aspects of your care
- Receive information about your diagnosis, medical condition, and treatment in terms you can understand
- Be given an explanation of all procedures and to be informed about the outcome of your care
- Receive information about pain and pain relief
- Receive assessment and management of your pain
- Receive a timely response from your health care team whenever you report pain or discomfort
- Request treatment
- Refuse treatment to the extent permitted by law and to be informed of the possible consequences of the refusal
- Know the names and professional titles of your caregivers
- Request a change of your health care team
- Obtain a second opinion if you choose
- Medical care without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socio-economic status, sex, sexual orientation, and gender identity or expression

Regarding decision-making and advance directives, you have the right to:

- Make informed decisions about your care or designate a representative to make decisions for you
- Receive information about advance directives including a living will and durable power of attorney for health care decision making
- Set up advance directives and have them followed

Regarding your personal needs, you have the right to:

- Personal privacy
- Prompt, reasonable, and courteous responses to any request for services within the capacity of the hospital
- Receive care in a safe and secure environment, and be free from physical or mental abuse, harassment, and corporal punishment
- Be free from restraint or seclusion except in a situation where your own safety or the safety of others must be protected
- Be free from restraint or seclusion of any form used as a means of coercion, discipline, convenience, or retaliation by staff
- Use the services of an interpreter via an interpretive device when needed (Reference Appendix A)
- Be provided with sufficient, nutritious, and palatable food, with consideration given to your personal choices, religious and medical requirements
- Meet with clergy or other spiritual advisors
- Uncensored and unobstructed communication by telephone, letter, or in person with any willing party except as provided by law
- Choose and be provided with recreational and educational activities

Patient Rights and Responsibilities



Regarding your physician, family, friends, or personal partner, you have the right to:

- Have contact with family members, friends, or personal partner
- Request that your family or a representative of your choice be notified of your admission to the hospital

Regarding visitation, you have the right to:

- Receive visitors that you designate including, but not limited to, a spouse, domestic partner, same sex partner, family member or friend
- Withdraw or deny such request at any time

Regarding your records and bill, you have the right to:

- Confidentiality regarding your clinical and personal records
- View your medical records within the limits of the law
- An explanation of all items on your bill

Regarding your discharge planning, you have the right to:

- Be involved in discharge planning from the time of admission
- Receive information about continuing health care needs and planning for care after leaving the hospital

Regarding problem resolution, you have the right to:

- Express concerns, complaints, or grievances regarding your care or service experience to the hospital staff, a member of Administration, or the Patient Relations Representative
- Request that a complaint be treated as a grievance
- Receive a written response to a grievance if requested

Regarding your medical care, you are responsible for:

- Providing accurate and complete information about all matters pertaining to your health, including medications, and past or present medical problems
- Reporting changes in your condition or symptoms, including pain, to a member of the health care team
- Asking your health care team what to expect regarding pain assessment and pain treatment options
- Informing your health care team when you are having pain and asking for pain relief measures when pain or discomfort first begins or is not relieved by prescribed treatment measures
- Following the instructions and advice of your health care team. If you refuse treatment or do not follow the instructions or advice, you must accept the consequences of your decision.
- Identifying and reporting any safety concerns that may affect your care
- Notifying a member of the health care team if you do not understand information about your care or treatment
- Informing your physician, nurse, or other health care team if you are not satisfied with any aspect of your care
- Participating in the planning of your care, including discharge planning
- Providing timely and accurate information regarding your health insurance

Regarding your medical care, you are responsible for: (cont'd)

- Paying your bills or making arrangements with Henry County Health Center to meet your financial obligations in a timely manner
- Keeping your scheduled appointments or canceling your appointments in advance, when possible

Regarding your personal behavior, you are responsible for:

- Acting in a considerate and cooperative manner
- Respecting the rights and property of others
- Following the policies and procedures Henry County Health Center affecting your care

MEETING YOUR NEEDS

Confidentiality

All patient medical information, whether stored electronically, in the medical record, or obtained by any other means, is treated as private and confidential. All Henry County Health Center staff members take precautions to assure the privacy and confidentiality of patients.

Access to Your Medical Record

If you would like access to your medical record, please talk to your health care team. The medical record is the property of Henry County Health Center. You have a right to review, on request, a copy of your medical record and/or receive a copy of your medical record for reasonable copying charges. Please put your request in writing, or ask for a Consent to Release of Information form and forward to:

Henry County Health Center
Health Information Services
407 South White St
Mount Pleasant, IA 52641

Please call 319-385- 6139 if you have any questions.

Patients may request a summary of accesses to their computerized medical record according to facility policy. This information includes the department and the name of the person who accessed the patient's record, along with the date and time the access occurred. To request a summary of computerized record access within the past month, contact the Health Information Manager at 319-385-6133.

Complaints and Grievances

It is the responsibility of all HCHC staff to listen to patient concerns and the concerns voiced by family members or visitors, to ensure a thorough review, and to provide a response that describes how the issue(s) were reviewed and actions that were taken to resolve the issues. Patients who express a concern, complaint, or grievance will not have their future access to care compromised in any way. Grievances may be submitted verbally or in writing.

Patient Rights and Responsibilities



Complaints and Grievances (cont'd)

To share a concern or complaint, we encourage you to contact any staff member or contact the Patient Relations Representative by phone at 319-385-6532 or by mail to Henry County Health Center, Attention: Patient Relations Representative, 407 S. White St. Mount Pleasant, IA 52641.

If you have a further concern about the quality of your care, a premature discharge grievance, or Medicare beneficiary complaints, you may contact KEPRO, which is the external peer review organization for hospitals in Iowa. KEPRO can be reached by phone at (855) 408-8557, or by mail at KEPRO, 5201 West Kennedy Boulevard, Suite 900, Tampa, FL 33609.

If you feel your complaint has not been adequately addressed, you may submit your complaint in writing to the Iowa Department of Inspections and Appeals, Health Facilities Division/Complaint Unit, Lucas State Office Building, 321 E. 12th Street, Des Moines, IA 50319-0083. You may also fax your complaint to 515-281-7106 or call 877- 686-0027.

If you feel your complaint related to services received at one of HCHC's Rural Health Clinics has not been adequately addressed, you may submit your complaint to The Compliance Team (TCT) at www.thecomplianceteam.org or call (215) 654-9110.

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 <https://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 at <http://www.hhs.gov/ocr/office/file/index.html>.

Patient Rights and Responsibilities



Appendix A- Iowa's top 15 Languages spoken by individuals with Limited English Proficiency (LEP)

- Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-319-385-3141.
- Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-319-385-3141.
- Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-319-385-3141.
- Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-319-385-3141.
- German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-319-385-3141.
- Arabic: ملحوظة: بالمجان لك تتوافر اللغوية المساعدة خدمات فان، اللغة اذكر تتحدث كنت إذا، ملحوظة 1-319-385-3141 برقم اتصل.
- Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 1-319-385-3141.
- Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-319-385-3141.
- Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-319-385-3141.
- French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-319-385-3141.
- Pennsylvanian Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-319-385-3141.
- Thai: ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-319-385-3141.
- Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-319-385-3141.
- Karen: ບົດຊຸມບົດຊຸມ:- ຖ້າທ່ານເວົ້າພາສາ ກາເນ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 1-319-385-3141.
- Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-319-385-3141.