

## Patient 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.

**Patient Rights** - You, the patient or your representative, have the right to:

1. Be informed of these rights before patient care is furnished or discontinued whenever possible.
2. Not be discriminated against or denied care because of your race, color, age, sex, gender identity, sexual orientation, beliefs or religion, national origin, disability, diagnosis, or source of payment.
3. Be treated with respect and courtesy at all times, and to have your personal dignity and privacy preserved.
4. Expect that all communications and records concerning your care will be kept confidential.
5. Review the information in your medical records within a reasonable amount of time.
6. Expect reasonable safety as far as hospital practices and environment are concerned, including freedom from all forms of abuse or harassment.
7. 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.
8. Expect that a family member or representative of your choice and your own physician will be notified promptly of your admission to the hospital.
9. Receive or refuse to receive visitors of your choice unless there are clinical or legal reasons for visitor restrictions. All visitors may enjoy full and equal visitation privileges consistent with patient preferences. In the event of clinical or legal restrictions, an explanation will be provided to you or your representative.
10. Know the name of your primary doctor and caregiver and the name and role of all persons involved in your care and services.
11. Know your medical condition and participate in making informed decisions about your plan of care.
12. Receive an explanation for any procedure or treatment your doctor is recommending in terms you can understand. You have a right to know the medical necessity, possible risks, and any alternatives.
13. To formulate an Advance Directive and to have hospital staff and practitioners follow these directives. Advance Directives include both Living Wills and Durable Power of Attorneys for Health Care. If you have such a document you should provide a copy to the hospital.
14. Refuse treatment or care to the extent permitted by law.
15. A second opinion or to consult a specialist if you will pay the cost.
16. Be told what to do to continue your care after you leave the hospital.
17. Receive an itemized explanation of your total bill, no matter who pays for your care.
18. You have the right to a fair, objective, and timely review of any concern, complaint, or grievance you have regarding HCHC, your physician, nurse, or other health care professional. (See reverse for how to share a complaint.)

## Patient Rights and Responsibilities continued

**Patient Responsibilities** - You, the patient or your representative, are responsible:

1. To provide accurate and complete information about your present condition and past health history, to the best of your ability.
2. 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. To follow the treatment, advice, and instructions given by your doctor, nurse and other hospital caregivers.
4. For the consequences if you refuse treatment or do not follow instructions.
5. To be considerate of the rights of other patients and hospital staff, and to assist in controlling your noise and visitors.
6. To comply with hospital rules and regulations of which you have been informed.
7. To pay your bill promptly.

### **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 was reviewed and the actions taken to reach a resolution. Patients who express a concern, complaint, or grievance, will not have their future access to care compromised in any way.

To share a concern, complaint, or grievance 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 Street, Mt. 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 the Iowa Foundation for Medical Care (IFMC) which is the external peer review organization for hospitals in Iowa. IFMC can be reached by phone at (800) 752-7014, or by mail at IFMC, Attn: Case Review, 1776 West Lakes Parkway, West Des Moines, Iowa 50266.

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.

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