

Rights and Responsibilities as a Patient

We consider you a partner in your health care. When you are well informed, take part in your care decisions, and talk openly with your doctor and other healthcare team members, you help make your care as successful as it can be.

All patients have the right to not be discriminated against based on race, color, religion, national origin, age, gender, diagnosis or source of payment for care. Furthermore, patients have a right to mutual respect and dignity, including respect for property.

As a patient, a parent of a minor child, a legal guardian or designated health care proxy decision maker, you have the right to:

Visitors

1. Be informed of your visitation rights, including any clinical restriction or limitation on such rights.
2. Be informed of the right, subject to your consent to receive the visitors whom you designate including but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member or friend, or your right to withdraw or deny such consent at any time.
3. Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences, regardless of their race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

Respect, Dignity, Privacy and Comfort

1. Be treated kindly and respectfully by all hospital personnel
2. Have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
3. Be treated in an environment that preserves dignity and supports your positive self-image.
4. Exercise cultural and spiritual beliefs that do not interfere with the well-being of others. Certain cultural and spiritual beliefs may never-the-less interfere with the planned course of medical therapy
5. Receive care and treatment that maintains personal privacy and dignity. Discussions about care, examination and treatment are confidential and should be conducted discreetly.
6. To exclude those persons not directly involved in the care. If you desire to have private telephone conversations, you will have access to private space and telephones appropriate to your needs
7. Expect that all communications and clinical records pertaining to care will be treated confidentially.

Access to Care

1. Access to receive treatment, care services within the capability and mission of Clarke County Hospital, in compliance with law and regulation and payment policies
2. Receive safe and effective care, treatment and services regardless of ability to pay.
3. Expect quality care, and the hospital will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, sex, national origin, age, religion, sexual orientation, gender identity or any other protected class in any manner prohibited by federal or state laws.
4. Refuse medical care, treatment or services to the extent permitted by law and regulation and to be informed of the medical consequences of such refusal. When you are not legally responsible your surrogate decision-maker, as allowed by law has the right to refuse care, treatment and services on your behalf
5. Have the hospital support your right to access protective and advocacy services by providing a list of community resources.
6. Receive medical evaluation, service and/or referral as indicated by the urgency of your situation. When medically permissible, you may be transferred to another facility only after having received complete information and explanation concerning the need and alternative to such transfer. The facility to which you will be transferred must first accept the transfer.

Plan of Care

1. Be informed of health status
2. Participate in developing and implementing plan of care.
3. Make informed decisions and be involved in resolving dilemmas about care, treatment and services. With permissions and as appropriate by law, family will be involved in care, treatment and service decisions.
4. Be informed about the outcomes of your care, treatment and services, including unanticipated outcomes that he/she must be knowledgeable about to participate in current and future decisions affecting care, treatment and services.
5. Receive appropriate assessment and management of pain
7. Be involved in decisions subject to internal or external review that results in denial of care, treatment, services or payment based upon assessed medical needs.

6. Receive complete and current information concerning diagnosis, treatment and prognosis in terms he/she can understand. When it is not medically advisable to give such information, it should be made available to an appropriate person on your behalf.
7. Be given an explanation of any proposed procedure or treatment. The explanations should include a description of the nature and purpose of the treatment or procedure the how risks or serious side effects and treatment alternatives.
8. Know the name, identity and professional status of the physician or other practitioners providing care services and treatment at the time of service.
9. Know the name of the physician or other practitioner who is primarily responsible for your care, treatment and services within 24 hours after admission.
10. Be informed by the practitioner of any continuing healthcare requirements following discharge

Personal Safety

1. Be free from restraints or seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
2. Receive care in a safe and secure setting for you and your personal property.
3. Be free from all forms of abuse, neglect, exploitation or harassment.

Communication

1. Expect that a family member (or representative) and practitioner will be notified promptly of your admission to the hospital.
2. Be informed in writing of your rights before patient care is furnished or discontinued whenever possible
3. Receive information about rights as a Medicare beneficiary at admission
4. Be informed of the hospital rules and regulations applicable to your conduct as a patient
5. Receive effective communication. When written information is provided, it is appropriate to your age, understanding and language-appropriate.
6. Have language interpreters available at no cost to you. If you have vision, speech, hearing, language or cognitive impairments, the hospital will address those communication needs.
7. Expect unrestricted access to communications. If visitors, mail, telephone calls or other forms of communication are restricted as a component of your care, you will be included in any such decision.

Medical Choices

1. Consult with a specialist of his/her choosing at his/her and expense if a referral is not deemed medically necessary by the attending practitioner.
2. Request transfer of care to another practitioner or facility.
3. Have a surrogate decision-maker, as allowed by law, identified when he/she cannot make decisions about your care, treatment and services.
4. Have an advanced directive, such as a living will or a healthcare power of attorney and to have hospital staff and practitioners who provide care in the hospital comply with these directives. These documents express choices about future care or name someone to make healthcare decisions if he/she are unable. Advanced directives should be discussed with the family and doctor, and reviewed and revised at any time. A copy of the advance directive should be presented to hospital staff when receiving hospital services. The existence or lack of an Advanced Directive does not determine access to care, treatment or services.
5. Know if care involves any experimental methods of treatment, and if so, consent or refuse to participate without compromising access to care, treatment and services.
6. Be involved in decisions subject to internal or external review that results in denial of care, treatment, services or payment based upon your assessed medical needs.

Medical Record (clinical and financial)

1. To expect confidentiality of your clinical record and such records will be released to individuals outside of the hospital only with the permission of the patient unless the patient is being transferred to another health care organization or under third party contracts as required by law.
2. Access information contained in your medical records, and request a copy of those records within a reasonable time frame. The charge for duplication shall not exceed local comparative charges.
3. Access, request amendment to, and receive an accounting or disclosure regarding your health and clinical services information as permitted by law.
4. Examine your bill and receive an explanation of your charges regardless of the source of payment for your care within a reasonable period of time following receipt of a request.

Concerns

1. Receive a response to any concern regarding your care, either while you are a patient or after being discharged. You may use the Clarke County Hospital complaint/grievance resolution process for submitting a written or verbal concern to your caregivers, your health practitioner or hospital administration. You may freely voice complaints and recommend changes without being subject of coercion, discrimination, reprisal or unreasonable interruption of care, treatment or services.
2. If you submit a complaint or grievance to Clarke County Hospital, it will be investigated. Action will be taken to resolve the concern either verbally or in writing when appropriate.
 - The telephone number for concerns or complaints is 641-342-5326.
 - The telephone number for hospital administration is 641-342-5347.
 - The email address for sending concerns directly to Clarke County Hospital: info@clarkehosp.org
 - The mailing address for sending us a concern is:
Clarke County Hospital
Director of Outcomes
800 South Fillmore
Osceola, Iowa 50213
3. Refer concerns or grievances regarding quality of care, premature discharge or beneficiary complaints to:
Iowa Department of Inspections and Appeals
Health Facilities Division
Lucas State Office Building
Des Moines, Iowa 50319
(515) 281-7102
4. Medicare patients may refer concerns to KEPRO, which is the Medicare quality improvement organization for Iowa. KEPRO may be reached at 855-408-8557.

As a patient, you have the responsibility:

Sharing Information

1. To provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health, including advanced directives.

2. To report perceived risks in your care and unexpected changes in your condition.
3. To affirm whether you clearly comprehend a contemplated course of action and what is expected.
4. To ask questions when you do not understand what you have been told about care or what you are expected to do.

Plan of Care

1. To follow treatment plan recommended by the practitioner primarily responsible for care, This may include following instructions of nurses and other healthcare professionals as they implement the practitioner's orders and enforce the applicable hospital rules and regulations
2. For your actions if you refuse treatment or if you do not follow the practitioner's instructions.

Respect and Consideration

1. To follow hospital rules and regulations affecting patient care and conduct.
2. To be considerate of the rights of other patients and hospital personnel
3. To respect and follow Clarke County Hospital's Smoke/Tobacco Free Environment. Smoking and any form of tobacco use is banned in all areas including outside on the campus grounds.
4. To assure that the financial obligations of your care are fulfilled as promptly as possible