If you have any questions or complaints about your rights as a patient at Orange City Area Health System you may contact your nurse or care coordinator.

Iowa Department of Inspections and Appeals

Health Facilities Division Lucas State Office Building 321 East 12th Street Des Moines, IA 50319-0083 Phone: 515-281-4115 Fax: 515-242-5022

BFCC – Quality Improvement Organization

Livanta 10820 Guilford Rd Suite 202 Annapolis Junction, MD 20701 1-888-755-5580 TTY 1-888-985-9295

If you have questions about the quality of your care when using our services, or would like to file a grievance, please call:

Hospital - 712-737-5358; Director of Patient Care Services

Clinic - 712-737-5267; Director of Clinic Services

You may also talk to your nurse or care coordinator.

Your rights and responsibilities as a patient



1000 Lincoln Circle SE Orange City, Iowa 51041 712.737.4984 • ocHealthSystem.org



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Patient rights and responsibilities

Welcome to Orange City Area Health System. This brochure has been prepared to acquaint you with your rights as a patient and to inform you of your responsibilities in your medical care. We believe it is important that patients thoroughly understand their healthcare and participate in making decisions about that care. Therefore, we encourage a partnership between you and your healthcare providers. Your role as a member of this team is to actively participate in making decisions about your care, take responsibility for asking questions about things you do not understand, and to respect the rights of others.

You have a right to courteous treatment

We respect your right to:

- be treated with respect and dignity regardless of race, religion, color, national origin, age, disability, sex, type of illness, or, in emergencies, your ability to pay
- know all the healthcare professionals involved in your care; you may ask personnel to introduce themselves, state their positions, and explain what they will be doing with you

You have a responsibility to treat others with courtesy

You have a responsibility to treat others with courtesy, including other patients, their visitors, and staff members and physicians who are providing your care.

Loud voices are unnecessary in the hospital, as is inappropriate language. Please treat others with the respect and dignity you want for yourself and your family members. If you have visitors, please limit the number of people present at any one time and help to keep the visits short and quiet. Telephone, television, radio, and lights should be used in a manner agreeable to others.

You have the right to privacy

Orange City Area Health System will try to respect your privacy at all times.

You have a right to:

- be interviewed and examined in surroundings that offer reasonable privacy
- have a member of your own sex present during certain parts of a physical exam, treatment, or procedure
- close your door for privacy
- be given respect and privacy during bathing and other personal hygiene activities
- request no visitors
- request confidential status to protect your identity as a hospitalized patient

Other rights

To better participate in your healthcare you have the right:

- to have a family member or representative of your choice notified promptly of your admission to the hospital, if you so desire.
- to know of any continuing care requirement after discharge from the hospital.
- to not be transferred to another facility unless you have received a thorough explanation of the need for transfer and any alternatives to a transfer.
- to receive an itemized explanation of your total bill for services delivered in the hospital, regardless of the source of payment.
- to file a complaint about the quality of care or any violation of the rights listed in this booklet. Please contact your nurse care coordinator to address your concerns.
- to be free from restraints of any form unless medically necessary to ensure your safety.

All the rights expressed in this booklet apply to all patients regardless of race, religion, color, national origin, age, disability, sex, type of illness, existence of an advance directive, or in emergencies, your ability to pay.

For patients who are local, state, or federal prisoners, certain rights may not be applicable. State and federal policies may take precedence over patients' rights if there is a conflict.

Other responsibilities

Other responsibilities that will affect your treatment include:

- honesty in revealing your medical history. Please provide an accurate and complete history as well as an explanation of any symptoms you may be having now.
- report any unexpected changes in your status to your doctor or a staff person caring for you.
- know your medications by name and purpose.
- keep appointments for follow-up care, or give adequate notice if you must cancel.
- know your financial responsibility and make appropriate arrangements.
- follow hospital policies that may affect patient care and conduct, such as restrictions in tobacco or cigarettes, certain dietary restrictions, and respecting visitation policies.
- to inform us of any safety concerns you may have.

You have the right of freedom from maltreatment

Patients shall be free of maltreatment as defined in the Vulnerable Adults Protection Act.

You have the right to responsive service

Patients shall have the right to a prompt and reasonable response to their questions and requests.

You have the right to personal property

Patients may retain and use personal clothing and possessions as space permits and unless medically contraindicated.

You have the right to refuse to perform services for the facility

Patients shall not perform labor or services for the facility unless those activities are included for therapeutic purposes.

You have the right to protection and advocacy services

Patients shall have the right of reasonable access at reasonable times to protection services.

U.S. Dept. of Health and Human Services: 1-800-377-4950 Iowa Protection and Advocacy Services, Inc: 515-278-2502

You have the right to visitation

The hospital welcomes all visitors regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression.

Patients shall have the right, subject to their consent, to receive the visitors they designate, including but not limited to a spouse, domestic partner (including a same-sex domestic partner), another family member, or a friend, and the right to withdraw or deny such consent at any time. (CMS, 2016)

You have the responsibility to respect the privacy of others

Please be considerate of other patients by allowing them privacy and maintaining a quiet atmosphere.

You have the right to confidentiality

Any discussion about your health or medical care will be conducted discreetly and only with individuals directly involved with your care or with your permission.

Your medical record will be read only by healthcare professionals directly involved in your treatment or in monitoring the quality of your treatment. Other individuals can read your medical record if you give authorization, and information from the medical record may be given to a third party payer if you so permit.

You have a responsibility to respect the confidentiality of others

Please respect the confidentiality of other patients and families. It is not appropriate to look into other patients' rooms and it is not appropriate to ask staff members for confidential information about other patients or their condition.

You have a right to information about treatment

Your medical diagnosis and proposed treatment will be explained to you. You may wish to have family members or friends included in this discussion.

You can expect your physician to explain:

- your diagnosis
- alternatives for care or treatment
- the risks and benefits of each alternative
- probable and/or adverse outcomes

It is your right to choose which method of treatment you prefer. You may choose to decline treatment.

As a patient at Orange City Area Health System you can expect:

- · information about pain and pain relief measures
- · a concerned staff committed to pain prevention and management
- · health professionals who respond quickly to reports of pain
- · health professionals who believe your reports of pain

You have a responsibility to ask for clear explanations

If you do not understand the explanation of your medical problem or if the treatment plan is not clear, please ask for the information you need.

You are responsible for asking:

- why a treatment is recommended
- what alternatives are available
- what the prognosis might be
- if the treatment is new or experimental
- how long the treatment will take
- the projected cost of treatment
- what risks or side effects are involved
- what the credentials are of the person providing treatment

Once you and your physician agree to a treatment plan, it is important that you cooperate with the plan. Partial treatment may not be beneficial. If you feel that you may not be able to follow a certain treatment plan, please notify the staff as soon as possible.

You have the right to participate in decisions about your care

We believe that if you understand and participate in your healthcare, better results will be achieved.

We respect your right:

- to informed consent: to receive a full explanation of your disease, the risks and benefits of proposed treatment and alternative treatments
- to refuse a diagnostic procedure or treatment
- to consult with a specialist at your own expense
- to participate in the development and implementation of your plan of care
- to formulate an advance directive (living will or power of attorney for healthcare) and to expect that your healthcare providers will comply with this directive
- to know of any professional relationship that may exist between your physician or Orange City Area Health System and other institutions or physicians

We may require the consent of a relative or legal guardian if you are under 18, unconscious, or too ill to give informed consent. You may be treated without consent if there is a medical emergency and immediate action must be taken. If you have special spiritual or cultural issues that may have an impact upon your care, please notify your nurse and your physician.

You have a responsibility to make informed decisions

Because you are responsible for the decisions you make about your care, we encourage you to gain as much information as you may need to make your decision.

You may be asked to sign a written consent for certain tests or procedures. Please make sure you fully understand each document that you are asked to sign. If you change your mind or refuse a treatment, please notify the staff as soon as possible and discuss your reasons with your physician.

You have the right to secure your valuables

You have a right to secure your valuables. Orange City Area Health System cannot accept responsibility for patient valuables. Upon admission, you will be asked to send valuables home with your family.

If you choose to keep you valuables with you, you have a responsibility to see that they are properly cared for. Hearing aids, dentures or partial dentures, eyeglasses, and cell phones are considered valuables and can be difficult to replace. If you do keep those items with you, please place them in a safe container in a safe place.

Do not leave them on a bedside table, meal tray, or on the bed, where they can be mistakenly disposed of. Orange City Area Health System does not accept financial responsibility if patients choose to keep such items at the bedside.

You have the right to appropriate health care

Patients shall have the right to appropriate medical and personal health care based on individual needs. This right is limited where the services are not reimbursable by public or private resources.