

YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT

The right to respectful, skillful, and compassionate care of your mind, spirit/body.

- You have the right, as a patient, to receive orally and in writing, in a language you understand, of all your legal rights as a patient and to be kept informed of changes in these rights.
- You will receive health care that meets professional standards with assurance of reasonable safety within the health center.
- You will receive access to treatment regardless of race, color, creed, sex, national origin, age, diagnosis, disability, sexual orientation or source of payment for care.
- You may accept or refuse visitors.
- You have the right to expect unrestricted access to communication but sometimes it may be necessary, as a component of your care, to restrict visitors, mail, telephone calls, or other forms of communication. You and your family will be included in any such decision.
- You may expect to have preservation of individual dignity and protection of personal privacy in receipt of care.
- You may have access to health center billing information pertaining to you and have it explained to you.
- You have the right to the services of a Patient Financial Advocate to assist you in determining your eligibility for financial assistance with your health center bills.
- You will have knowledge of the identity of the provider primarily responsible for your care as well as the identity and professional status of others providing services to you while you are in the health center.
- You have the right to, and need for, effective communication.

The right to prompt resolution of grievances.

You may express concerns by:

- Writing comments on patient surveys.
- Expressing concerns directly to care givers in charge of patient care or to hospital administration.
- Contacting a State or the accrediting agency directly regardless of whether or not the health center grievance system is used.
- **Joint Commission Reporting** (Updated 03/19/19 - For *"Your Rights and Responsibilities As A Patient"*; 1027)

Online:

www.jointcommission.org
In the "Action Center" section; Click on "Report a Patient Safety Event" link

Mail:

Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Fax:

Office of Quality and Patient Safety
(630) 792-5636

- Requesting formal action:

The health center Chief Executive Officer must be notified for formal action and investigation of a grievance. This may be done by writing a letter to the CEO at 312 9th Street SW, Waverly, Iowa 50677 or by calling and asking to speak to the CEO at (319) 352-4120. Upon receipt administration has the responsibility to review, investigate and respond to the initiating party. This investigation will begin within 48 hours of notification. Written notice will be sent within two weeks of the initial contact and will include the name of the health center contact person, the steps taken to investigate, the results of the grievance process, if complete, and the completion date if applicable.

The right to personal privacy, security, confidentiality and availability of records.

- You may expect that any discussion or conversation regarding your care will be discreet and professional in nature.
- You may access your information in a reasonable time frame and have it explained to you.
- You have protection from unauthorized review of your records. Confidentiality will be maintained of medical and other appropriate information.
- Consent will be obtained for recording or filming made for purpose other than the identification, diagnosis or treatment of the patient.

The right to information that will permit you to participate in development and implementation of your plan of care.

- You have the right to information regarding your care unless there is a medical reason not to share it, the right to consult with a specialist at your expense, and the right to refuse care, treatment, services or participation in experimental research in accordance with law and regulation. Informed consent will be obtained for any patient choosing to participate in experimental research.
- You may make informed decisions regarding your care; this includes choosing a personal attending provider, being informed as to your health status and prognosis, care planning, treatment, and requesting and refusing treatment.
- You may ask questions and expect honest, understandable answers allowing you to participate in and make informed decisions about your care.
- You may assist in the formulation of your health care and Advance Directives and have providers comply with these directives.
- You may request to have a consultation with the health center Ethics Committee to review any concerns you may have regarding your treatment, communication or ethical standards of health center staff. You may initiate this request by contacting Social Services.
- You may have a family member, representative or provider notified promptly of your admission to the hospital.
- You have the right to pain management.

The right to education regarding your condition, its causes and treatment.

- You may expect to receive the appropriate knowledge and skill necessary to manage your condition.
- You may expect to receive necessary and useful information which enables you to achieve a healthier lifestyle.

- You and when appropriate, your family, will be informed about the outcome of care, including unanticipated outcomes.

The right to spiritual counseling.

- You have access to confidential spiritual counseling.
- You may choose or refuse a visit by clergy or any pastoral care person.
- You may request religious observances of your choice.

The right to be free from restraints of any form that are not medically necessary.

- You have the right to be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- A restraint may only be used to improve your well being when less restrictive methods are ineffective. The restraint must be:
 1. Ordered by a provider, never as a standing or only when needed order, and followed by a consultation with the treating provider as soon as possible.
 2. In accordance with a written modification to the plan of care.
 3. Implemented in the least restrictive manner.
 4. In accordance with safe and appropriate restraining techniques.
 5. Ended at the earliest possible time
- Your condition will be continually assessed, monitored and reevaluated while restrained.

Recognizing that a spirit of cooperation must exist between yourself and those providing care to you, we affirm the following patient responsibilities:

- To provide accurate and complete information regarding your health status including past illnesses, hospital stays and medications.
- To tell the health center or provider's office if you have prepared an advance directive for healthcare. (Medical Power of Attorney or Living Will.)
- To provide the health center or provider's office with your complete identification, insurance and financial information.
- To follow recommended treatment plans.
- To abide by health center rules and regulations affecting patient care and conduct and to be considerate of the rights of other patients and health center personnel by treating them with respect and consideration.
- To sign required consents and authorizations for care and necessary release of information forms.
- To make it known if you do not understand what you have been given in education, instructions, or communication.

- To protect your valuables by sending them home with family members or having them placed in the health center locked area.
- To comply with the requirements of your health plan by understanding your benefits, obtaining proper authorization for services or completing coordination of benefits forms if your insurance requires.
- To respond promptly to requests you may receive from your health plan regarding your eligibility as a patient or circumstances surrounding your visit.
- To correct any errors in your personal or dependent information with your insurance company that prevents payment to the health center for services provided.
- To contact the health center billing office with any questions or concerns you have regarding your bill or your ability to pay it.
- To bring any co-payments or balances due at the time of your visit.
- To fulfill your financial obligations as soon as possible following discharge as per Iowa Code Chapter 135B...

Personal responsibility for services not covered by insurance:

Payment for elective services, such as cosmetic surgery, which are not covered by insurance are expected to be paid in full by you at the time of service. Since the total actual charges might not be known before your visit, you may be asked to make payment based on estimated charges, or, we may request a deposit if an estimate is not available. You may pay with cash, check, money order, or credit card.

Some medications are not covered by Medicare and some insurance plans. You will be billed for these medications.

Independent provider bills:

You will receive separate billing statements from other providers involved in your care at the health center, including radiologists, pathologists, anesthesiologists, and specialists, etc. These providers may or may not participate in all of the same insurance networks as the health center. Please talk with your insurance provider for network provider and coverage information. If you have questions regarding these bills please contact the number on the statement you receive from the other provider.

Financial Assistance:

The health center offers financial assistance to assist qualified individuals who find it difficult to pay for services provided. Any patient with out-of-pocket expenses, whether insured or uninsured, may qualify for financial assistance for *medically necessary care* even if you do not qualify for other types of assistance. Contact our Patient Financial Advocate or Social Services for information.

A variety of payment methods and plans are available should you need extra time to pay your remaining balance. Contact the Billing Office to make arrangements. Communication and timeliness are key to enabling us to provide you with the assistance you may need.

Non-Discrimination Notice:

Patient Services at Waverly Health Center are provided without regard to race, color, creed, sex, national origin, age, disability, diagnosis, sexual orientation or source of payment for care.