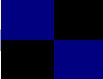


PATIENT RESPONSIBILITIES

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities are presented to the patient in the spirit of mutual trust and respect.

- ◆ Provide accurate and complete information regarding your health status.
- ◆ Follow recommended treatment plans.
- ◆ Abide by hospital rules and regulations affecting patient care and conduct and be considerate of the rights of other patients and hospital personnel.
- ◆ Fulfill your financial obligations as soon as possible after discharge.
- ◆ Make it known if you do not understand what you have been given in education, instructions or communication.
- ◆ Protect your valuables by sending them home with family members or have them placed in the hospital safe.
- ◆ Participate in your plan of care and cooperate with your physicians and caregivers.
- ◆ Tell the hospital if you have prepared an advance directive for health care and provide a copy (Medical Power of Attorney or Living Will).

Revised August 2009



Decatur County Hospital respects and protects the rights of each patient. We value your participation in making decisions about your care. We encourage you to understand your rights and responsibilities so that you can receive the best possible health care.

Your rights and responsibilities are entailed in the Federal Register Part 11 Dept. of Health and Human Services, Section 42 CFR Part 482.13 Medicare and Medicaid Programs—Hospital Conditions of Participation: Patient Rights; and 481 – IAC Chapter 51.6(135B) Patient Rights and Responsibilities of the Code of Iowa.




1405 NW Church Street
Leon IA, 50144
PH: (641) 446-4871

Decatur County Hospital



**Your Rights
and
Responsibilities
as a Patient**



*Affiliate of Mercy Health Network
Central Iowa, Des Moines*



Your Rights as a Patient

The following principles guide us in caring for our patients at Decatur County Hospital.

Regarding your medical care, you have the right to--

- Medical care without discrimination based on race, religion, national origin, gender, age, sexual orientation, or disability, diagnosis or source of payment for care.
- Considerate and respectful care at all times and under all circumstances.
- Be treated with dignity and participate fully in all aspects of your care.
- Receive information about your diagnosis, medical condition, and treatment in terms that you can understand, unless medically contraindicated.
- Be given an explanation of all procedures and to be informed about the outcome of your care.
- 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 and those authorizing and providing services to you while you are in the hospital.
- Request a change of your health care provider.
- Consult with a specialist at your request and expense.

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.
- 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, free from abuse or harassment.
- Be free from restraint or seclusion except in a situation where your own safety or the safety of others must be protected.
- Use the services of an interpreter and have access to assistive devices, when needed.
- 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.

Regarding your physician, family, friends, or spouse, you have the right to--

- Have contact with family members, friends, or spouse.
- Request that your family or a representative of your choice be notified of your admission to the hospital.
- Request that your own physician be notified of your admission to the hospital. With your consent, we will send to your physician reports concerning your diagnosis, treatment, and continuing health care requirements.

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.
- A copy of your bill and an explanation of all items on it.

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.
- Be transferred to another facility only when such action is medically appropriate and/or in your best interests. You will not be transferred to another facility unless you or the person(s) acting on your behalf, have been given an explanation of the need for transfer and alternatives to such a transfer, and unless the transfer is acceptable to the other facility.

Regarding problem resolution, you have the right to express concerns or grievances regarding your care to the hospital staff.

Our staff is available to help you and your family with questions or complaints concerning your stay and to explain hospital policies and procedures.

Patients who express a concern or complaint, or file a grievance, will not have their future access to care compromised in any way. To share a concern or complaint, please contact any staff member.

If the problem has not been resolved to your satisfaction, you may use the Hospital's Grievance Policy by contacting the Hospital's Quality Department by telephone or in writing.

To request a Grievance Policy or for more information, please contact:

**Decatur County Hospital
Quality Assurance Department
1405 NW Church Street
Leon, Iowa 50144
Phone: 641-446-4871**