

alternatives to the transfer, and the other facility has accepted your transfer.

### 9. CARE PROVIDED

The hospital must make every attempt to provide you with care based on the seriousness of your illness and the hospital's ability to treat you. You can also expect to be told about care alternatives when hospital care is no longer appropriate.

### 10. BUSINESS RELATIONSHIPS

You have the right to know about business relationships that may affect your treatment and care. These relationships may be among the hospital, other health care providers or insurers.

### 11. RESEARCH TREATMENT

You have the right to know about research or experimental treatment that your doctor may make available to you. You may also refuse to participate in experimental care.

### 12. HOSPITAL POLICIES

You have the right to information about the hospital's policies that affect you and about charges and payment methods. You have the right of access to and an explanation of any billing for which you are responsible. You also have the right to know about resources to help you resolve problems or questions about your care.

Sioux Center Health must inform each patient who is entitled to Medicaid benefits, in writing, at the time of admission to Swing Bed or Skilled Nursing status or when the patient becomes eligible for Medicaid, of the items and services that are included, for which the resident may not be charged, and those other items and services that the facility offers for which the patient may be charged, and the amount of charges for those services. They must inform each patient when changes are made to the items and services. The facility must inform each patient before, or at the time of admission, and periodically during the patient's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rates.

### 13. PATIENT RESPONSIBILITIES

#### Give correct and full information

- You are responsible for telling those caring for you everything you can about your symptoms, medications, previous illnesses, etc.
- You are also expected to tell your health care providers about any changes in your condition and whether you understand your plan of care.

#### Other responsibilities

- Follow your treatment plan: You are responsible for following the instructions of your health care professionals and informing them if you will have problems doing so. You are responsible for asking questions when you do not understand what you have been told about your care or what you are expected to do.
- Responsible for Your Actions: You are responsible for your own actions if you refuse treatment or don't follow your doctor's instructions. You should also recognize the impact of your lifestyle on your health.
- Advance Directives: You are responsible for making sure the hospital has a copy of your living will and/or durable power of attorney for health care.
- Payment of Bills: You are responsible for providing necessary insurance information and for working with the hospital in making arrangements for payment of your bill if necessary.
- Follow Hospital Rules: You should follow all hospital rules and regulations, as they have been made with your safety and well-being in mind.
- Consideration of Others: You are responsible for considering the privacy and rights of others when you have visitors or are using the television, radio, or telephone.

### 14. VISITATION RIGHTS

Patients have the right to choose their own visitors during a hospital stay. Each patient or his/her "support person", as applicable, shall be informed of the right to choose who may visit him/her during a hospital stay, subject to certain clinical restrictions or limitations, and of his/her right to deny or withdraw consent at any time.

A patient's support person may be a family member, spouse, a domestic partner (including a same-sex domestic partner), friend or other individual who is

there to support the patient during the course of the hospital stay.

Visitation privileges will not be prohibited based on the visitor's race, color, national origin, disability (physical or mental), age, religion, sex, sexual orientation or gender identity.

In the event the patient is incapacitated and where two or more individuals claim to be the patient's support person, written documentation to establish support person status shall be required.

All visitors are entitled to immediate access to the patient requested to be seen and to full and equal visitation privileges consistent with patient preferences.

The Sioux Center Health wishes to promote open communication regarding your hospital experience. We encourage you to call the Quality Officer at (712) 722-8415 or the Regulatory Specialist at (712) 722-8362 to voice any complaints or concerns, or to ask questions. Complaints and concerns will be reviewed and when possible, resolved. Or you may contact:

Iowa Department of Inspection & Appeals,  
Lucas State Office Building, Des Moines, IA 50319-0083  
or call 1-800-383-4920

If you are a Medicare/Medicaid patient and feel you are being discharged too soon or have questions or comments, you may contact the Medicare/Medicaid Professional Review Organization (PRO) at:

Iowa Foundation for Medical Care/Telligen  
1776 West Lakes Parkway, West Des Moines, IA 50266-7771

Disability Rights Iowa  
400 East Court Ave, Suite 300  
Des Moines, IA 50309  
Phone: 1-800-779-2502 or  
515-278-2502  
TDD: 515-278-0571  
Fax: 515-278-0539  
info@disabilityrightsiowa.org

Livanta LLC  
BFCC – Q10 Programs  
10820 Guilford Rd, Suite 202  
Annapolis Junction, MD  
20701-1262  
Phone: 888-755-5580  
TTY: 888-985-9295

Long Term Care Ombudsman  
Iowa Department on Aging  
510 East 12th St  
Jesse Parker Bldg, Suite 2  
Des Moines, IA 50319  
Phone: 866-236-1430  
www.iowaaging.gov

Iowa Department of Inspections  
& Appeals Health Facilities Division  
Lucas State Office Bldg, 3<sup>rd</sup> Floor  
Des Moines, IA 50319-0083  
Phone: 1-877-686-0027 or  
515-281-7102  
https://dia.iowa.gov  
January 2019



## PATIENT RIGHTS INFORMATION

All patients admitted to Sioux Center Health will have access to a copy of the Patient Rights information. Each patient will be offered this information at the point of registration/admission. When a patient who is not incapacitated has designated, either orally to hospital staff or in writing, another individual to be his/her representative, the representative will be provided with the notice of patients' rights in addition to the patient. When a patient is incapacitated, patient rights information will be given to the designated person/patient representative who may make healthcare decisions and sign consents.

### **1. PATIENT RIGHTS**

We at the Sioux Center Health are dedicated to providing you with the best possible health care. As part of this commitment to quality care we want to make sure you are treated with dignity and respect, and that you are given all the information you need to understand your condition and make decisions about your treatment. These components of care are known as your Patient Rights. In addition, there are some Patient Responsibilities you have which can help us work together to ensure you receive quality care. Please take time to read about your Patient Rights and Responsibilities, and ask any of your health care professionals if you have questions.

### **2. RESPECTFUL CARE**

All hospital staff should treat you with respect and courtesy. Your race, color, national origin, disability (physical or mental), age, religion, financial class, creed, sex, sexual orientation, gender identity or expression, genetic information, diagnosis or source of payment for care will not affect the care you receive. You have the right to care that takes into account the social, spiritual and cultural matters that have an effect on your feelings about illness.

### **3. COMPLETE INFORMATION**

Your doctor must give you complete and current information about your diagnosis, treatment, and outlook for recovery in words that you can understand. If your doctor feels you should not be given this information directly, it will be shared with an appropriate person who is close to you. You have the right to know the names and roles of the professionals taking care of you. You have the right to choose your own personal physician.

### **4. CARE DECISIONS**

You have the right to being informed of and participate in making decisions about the medical care you receive. Your family may be included in care decisions if you desire. You have the right to agree or to refuse treatment, as permitted by law, and to know the consequences of your decisions. If you refuse to recommended treatment, you will receive other care as needed. You have the right to be informed in advance of changes to the plan of care wherever possible. You have the right to consult with a specialist at your request and expense.

### **5. PAIN MANAGEMENT**

You have the right to expect information about pain and pain relief measures. You can expect staff commitment to pain prevention and management and health professionals who respond quickly to reports of pain. You are responsible to ask your doctor or nurse what to expect regarding pain and pain management. You and your doctor/nurse may discuss pain relief options. You are responsible for working with your doctor and nurse to develop a pain management plan; ask for pain relief when your pain first begins; help your doctor and nurse assess your pain and tell your doctor or nurse if your pain is not relieved.

### **6. ADVANCE DIRECTIVES**

You should give a copy of your advance directives to the hospital and your doctor. You have the right to formulate an advance directive, which may include delegation of the right to make decisions about your care to a representative as well as designation of a support person. You have the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

### **7. PATIENT NEEDS**

Confidentially: All communication and medical records related to your care must be kept confidential unless reporting is permitted by law.

Privacy: All parts of your medical care, examination, and treatment will be kept private. SCH must allow representatives of the Office of the State Long Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with state law.

Security: All care and treatment will be provided in a

safe and secure area free from abuse or harassment.

Restraints: You have the right to be free from any physical or chemical restraints or seclusion imposed as a means of coercion, discipline, convenience or retaliation by staff.

Abuse: You have the right to be free from verbal, sexual physical and mental abuse, corporal punishment, and involuntary seclusion, and neglect, misappropriation of property or exploitation.

Communication: You have the right to expect unrestricted access to communication. When it is necessary to restrict visitors, telephone calls, mail or other forms of communication as a component of your care, you can expect to be included in any such decision. You have the right to send and promptly receive mail that is unopened and have access to stationary, postage and writing implements at your expense. You can expect communication of all information to be given in a language you understand at no cost to you. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services.

Family Notification: A family member or representative will be notified promptly of your admission to the hospital.

Grievance: You have the right to access an internal grievance process and to appeal to an external agency. To voice grievances without discrimination or reprisal, you may submit a written concern/grievance at any time, or voice a concern/grievance to any Sioux Center Health staff member. Sioux Center Health staff will then complete the Patient/Non-patient Notification Report and refer it to the appropriate department supervisor following, the grievance policy process.

Voting: You have the right and freedom to exercise your rights as a patient in Sioux Center Health facilities, and as a citizen or resident of the United States, including voting.

Perform Services: You have the right to perform or refuse to perform services for Sioux Center Health facility, If you choose to perform services for a Sioux Center Health facility, the facility will document the need or desire for work in the plan of care. The plan will specify the nature of the services performed and whether the services are voluntary or paid. Compensation for services is paid at or above prevailing rates and the patient agrees to the work arrangements described in the plan of care.

Personal Possessions: You have the right to retain and use personal possessions, including some furnishings and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of you or other patients.

Married Couples: Every married patient has the right to share a room with his/her spouse when staying/living in the same facility and both spouses consent to the arrangement.

Admission, Transfer and Discharge: You have the right to remain in the facility and not be transferred or discharged unless it is necessary for your welfare, your needs cannot be met in the facility, is appropriate because your health has improved sufficiently so you no longer need the services provided by the facility, the safety of individuals in the facility are endangered, the health of individuals in the facility would otherwise be endangered, you have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility, or the facility ceases to operate. Before a facility transfers or discharges you, the facility must notify you and, if known, a family member or legal representative of you, as soon as practicable, of the transfer or discharge and the reasons for the move, in writing, and in a language and manner they understand. The provider must document the reasons for the transfer or discharge in your clinical record.

Participation in Activities: You shall have the right to participate in activities of choice that meet, in accordance with the comprehensive assessment, your interests and your physical, mental and psychosocial well-being and do not interfere with the rights of other patients.

Social Services: You shall have access to medically related social services to attain or maintain highest practicable physical mental, and psychosocial well-being.

### **8. REVIEW YOUR RECORDS**

You may review your medical records and can expect to have the information explained to you, except when restricted by law. The nurse will inform your physician if you request to review your records so that he/she may be present in case of questions. You or your legal representative have the right upon oral or written request, to access your medical records. You may transfer to another facility if your doctor decides you are able to do so, has explained to you other