

# PATIENT RIGHTS AND RESPONSIBILITIES

# **PATIENT RIGHTS**

As a patient, parent, or legally responsible representative of a patient at Broadlawns Medical Center or Clinics, you have the following rights.

# **Notice of Rights**

You have the right to:

•Receive in writing your Patient Rights and Responsibilities. This written information will be provided to you at your first registration for services at Broadlawns Medical Center or Clinics, and at every admission thereafter. This information is also posted in various areas throughout the Medical Center and Clinics.

# Your Care

You have the right to:

- •Participate in the development and implementation of your plan of care and treatment.
- •Request or refuse treatment in accordance with law and regulation. If you refuse recommended care or treatment, you are responsible for the results of that decision.
- •Make informed decisions regarding your care and be informed of your health status. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- •Complete and current information about your health status, diagnosis, care and treatment in a manner that you can understand, including an explanation of any proposed procedure, drug or treatment.
- •Receive effective communication. This includes receiving information in your primary language (interpretation/translation), as necessary, or the provision of services or devices to communicate with hearing impaired patients.
- •Ask for and receive special arrangements for physical disability or communication needs.
- •Be informed about the outcomes of care, including unanticipated outcomes.
- •Have a family member or representative of your choice and your own provider notified as soon as reasonably possible of your admission to the hospital unless you request that this not be done.
- •Be informed of visitation rules of the hospital unit they are on, which will include any clinical restrictions. The patient may or may not give consent to receive the visitors, phone calls and mail they designate. This includes, but is not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Each patient has the right to withdraw such consent at any time. Broadlawns Medical Center will not deny the patient visitation on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
- •Be transferred to another healthcare facility at your request if medically and legally possible, and to receive an explanation of your need for care and treatment at an alternative facility and be fully informed of the transfer process.
- •Know if care involves research or experimental methods of treatment and the right to consent or refuse to participate.
- •Be involved in the discharge planning process.
- •Appropriate management of pain, treatment of uncontrollable symptoms and support for your emotional and spiritual needs even if you are dying or have a terminal illness.

- •Request a review by the medical center's Biomedical Ethics Committee regarding ethical issues involving your care.
- •Practice religious worship or cultural practices of your choice to the extent possible, and to access pastoral counseling if desired.
- •Access protective and advocacy services, as needed.
- •Contact legal representation or counsel.
- •Seek discharge from Broadlawns Medical Center.
- •Receive necessary care and treatment, to stabilize your condition, regardless of your ability to pay.

# Your Caregiver

You have the right to:

•Know the name of the provider or other practitioners and staff providing care, treatment and services to you.

•Ask for assistance in obtaining consultation with another provider regarding care. The consultation may result in additional costs to you.

## **Privacy and Confidentiality**

You have the right to:

- •Have information about your care kept confidential and not be released without your signed consent, unless required or allowed by law.
- •Personal privacy during toileting, bathing, and dressing, and during medical/nursing treatments unless contraindicated by assessed clinical needs.
- •Consent to video, photographs, or other electronic monitoring or recording methods while being examined.
- •Privacy regarding information such as your presence and location in the medical center, or the release of information such as your name, age, address, income, or health information without your prior consent. If you are admitted due to emergency circumstances the hospital will provide information to patient families or significant others if you are unable to make your wishes known.

#### **Clinical Records**

You have the right to:

•Access information in your clinical record within a reasonable time frame.

# Safety

You have the right to:

•Receive care in a safe and secure setting.

•Education about your role in helping to facilitate the safe delivery of care.

- •Be free from all forms of abuse or harassment including physical, sexual, or mental abuse and corporal punishment including the use of intimidation, force or threat.
- Be free from neglect.
- •Be free from exploitation.
- •Be free from restraint or seclusion of any form unless used to ensure your immediate physical safety or the safety of a staff member or other people. When unavoidable, to safe implementation of restraint or seclusion by trained staff and to have restraint and seclusion discontinued at the earliest possible time.
- •Be free from any procedure(s) that deny basic needs such as nutritious food, water, shelter, and essential and safe clothing, and any fear-eliciting procedure(s).

# **Charges For Your Care**

You have the right to:

•Know the charges of care, how charges will be billed and the methods of payment.

- •Examine the bill and receive an explanation of charges when requested.
- •Know that Broadlawns Medical Center has contracts with outside parties, including physicians, that may incur a separate charge and bill from the hospital/clinic.

#### Advance Directives

You have the right to:

•Formulate an advance directive and to have medical staff and practitioners comply with these directives. Advance directives state your choices for healthcare treatment if you are injured or become very ill and cannot communicate or make decisions.

#### **Non-Discrimination**

You have the right to:

•Receive care that is free from discrimination, regardless of your age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

#### **Complaints and Grievances**

## You have the right to:

- •Ask questions and voice suggestions and concerns related to the quality of care and services received or premature discharge.
- •Voice concerns and to expect a prompt response and attempt at resolution. Any expression of a concern will in no way compromise your care or future access to our services.

#### **Behavioral Health Inpatient**

In addition to the above rights, patients admitted to the Behavioral Health Inpatient Unit have the right to:

- •Be free from unnecessary or excessive medication or treatment intervention.
- •Unimpeded, private and uncensored communication with others by mail and telephone and with a person of the patient's choice unless therapeutic or security concerns dictate otherwise and is documented in the plan of care.
- •Request in writing early discharge from the Inpatient Psychiatric Unit. If you are a voluntary patient, you will be discharged within 24 hours of your written request, unless Broadlawns Medical Center seeks a court order to keep you here for further treatment or assessment. In this case, you will receive notice from the court of a hearing date and may attend the hearing.

# PATIENT RESPONSIBILITIES

As a patient, parent, or legally responsible representative of a patient at Broadlawns Medical Center or Clinics, it is your responsibility to.

- •Follow the hospital's or clinic's rules and regulations affecting patient care and conduct.
- •Provide, to the best of your knowledge, a complete and accurate medical history and health status when requested.
- •Inform your provider or nurse if you do not understand your treatment plan or what you are expected to do, and ask questions regarding your condition, care and treatment.
- •Follow your provider's recommended treatment plan for you.
- •Inform your provider or nurse if there is an unexpected change in your condition, or you perceive a risk, or if problems arise in treatment.
- •Support mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.
- •Acquire education about your role in helping to facilitate the safe delivery of care.
- •Fulfill your financial obligation as soon as possible following your visit or discharge.

# **REPORTING CONCERNS**

If you are concerned about the service you have received, we ask that you:

•Discuss your concerns with the person involved, including what you consider to be an acceptable solution.

•If you are not satisfied with the outcome of your discussion or prefer not to talk to this person, please ask to speak to a supervisor.

•If you remain dissatisfied, please contact the Patient Advocate. The Patient Advocate can be reached by calling (515) 282-2323.

A grievance can be filed directly with the Broadlawns Medical Center Patient Advocate. The Patient Advocate will investigate your concern, take corrective action if possible, and communicate the results of the investigation to you. A grievance will be responded to in writing within seven (7) days with a resolution. If it is not possible to resolve the issue within this time frame, you will receive a written acknowledgment of your concern and a written follow-up within (60) sixty business days. Any expression of a concern will in no way compromise your care or future access to our services.

Every effort will be made to address and resolve your reported concerns. If we are unsuccessful in resolving your concern, please feel free to contact the agencies listed below. You can contact these agencies at any time, even if your concern has already been reported to us.

Additional resources when reporting a concern about a healthcare organization:

#### The Joint Commission on Accreditation of Healthcare Organizations

•Visit www.jointcommission.org, use the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website

•By fax to 630-792-5636

•By mail to The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181

## **Disability Rights Iowa**

•Phone: (515) 278-2502

•Address: 400 East Court Avenue, Suite 300, Des Moines, IA 50309

#### State of Iowa Office of Citizens' Aide / Office of Ombudsman •Phone: 1-888-426-6283

•Address: Ola Babcock Miller Building, 1112 East Grand Avenue, Des Moines, IA 50319

#### Iowa Department of Inspections & Appeals (DIA)

•Phone: 877-686-0027 •Fax: 515-242-6863

•Address: Lucas State Office Building, 321 East 12th Street,

Des Moines, IA 50319-0083

Email: webmaster@dia.iowa.go