

More Than Healthcare... It's Lifecare

PACHS PALO ALTO COUNTY  
HEALTH SYSTEM

An Affiliate of **MERCYONE**™

# Patients' Rights & Responsibilities

## YOU HAVE THE RIGHT:

*A dignified existence, self-determination, and communication with, & access to, persons and services inside & outside Palo Alto County Health System (PACHS).*

### YOU HAVE THE RIGHT TO:

- Exercise your rights as a resident of PACHS and as a citizen or resident of the United States.
- Be free of interference, coercion, discrimination, and reprisal from PACHS in exercising your rights.
- If you are adjudged incompetent under the laws of the State by a court of competent jurisdiction, your rights are exercised by the person appointed under State law to act on your behalf.
- If you have not been adjudged incompetent by the State court, any legal surrogate designated in accordance with State law may exercise your rights to the extent provided by State law.
- Access to treatment regardless of age, ethnicity, religion, culture, language, sexual orientation, gender identity or expression, diagnosis, or source of payment for care.
- Preservation of individual dignity and protection of personal privacy in receipt of your care.
- Confidentiality of medical and other appropriate information.
- Assurance of reasonable safety within our hospital.
- Knowledge of the identity of the physician or other practitioner primarily responsible for your care, as well as the identity and professional status of others providing services to you while in our hospital.
- Information regarding your medical condition, unless medically contraindicated, and to consult with a specialist at your request and expense, and to refuse treatment to the extent authorized by law.
- Access to and explanation of billings.
- Process for your pursuit of grievances.

### NOTICE OF RIGHTS AND SERVICES

You will be informed both orally and in writing in a language that you understand of your rights, rules and regulations governing your conduct and responsibilities during your stay in PACHS. We will provide you with advance notice of any changes as they relate to your rights and will request your written acknowledgment. You or your legal representative has the right to:

- Upon oral or written request, access all records pertaining to you including current clinical records within 24 business hours
- After receipt of your records for inspection, you may purchase copies of any portions of the records within 2 working days of notice to us. You will be charged the prevailing rate for those copies.
- You will be fully informed in a language that you understand of your total health status, including your medical condition.

### ADVANCE DIRECTIVES

You have the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive. You may request a copy of PACHS's advance directive policies.

### If you are entitled to Medicare/Medicaid benefits we will inform you in writing, at the time of admission:

- The items and services that are included under Medicaid and for which you may not be charged.
- Those other items and services that we offer and for which you may be charged, and the amount of charges for those services.
- We will notify you when changes are made to these items and services.
- We will inform you before, or at the time of admission, and periodically during your stay, of services available in PACHS and of charges for those services, including any charges for services not covered under Medicare or by PACHS's per diem rate.

### FREE CHOICE – YOU HAVE A RIGHT TO:

- Choose a personal attending MD/DO.
- Be fully informed in advance about care and treatment and any changes in that care and treatment that may affect your well-being.
- Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.
- Personal privacy including accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups.
- Approve or refuse the release of personal and clinical records to any individual outside the facility except what is required by payers or by State or Federal regulation. This does not apply if you are transferred to another health care institution.
- Refuse to perform services for the facility. Because of the short-term nature of your stay in PACHS, employment as a patient is not available.
- Privacy in written communications including the right to promptly send and receive mail that is unopened, have access to stationery, postage, and writing implements at your expense.
- Deny or withdraw consent at any time to access and visitation by immediate family, other patients, or visitors of the facility.
- 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 other patients.
- To share a room with your spouse when you are both patients in our facility at the same time, both consent to the arrangement, and our facility can accommodate a shared room.
- Be free from any physical or chemical restraints imposed for purposes of discipline or convenience and to not treat your medical symptoms.
- Be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

## YOU HAVE THE RESPONSIBILITY:

### YOU ARE RESPONSIBLE FOR:

- You are required to provide PACHS with accurate and complete information regarding your health status.
- You are required to follow recommended treatment plans. Failure to do so may no longer qualify you to stay under your level of care in PACHS.
- You are required to abide by hospital rules and regulations which affect patient care and conduct, and be considerate of the rights of other patients and personnel.
- You are required to fulfill your financial obligations as soon as possible following discharge, including providing the hospital with accurate billing and financial information about you.

### TRANSFER AND DISCHARGE – YOU HAVE THE RIGHT TO REMAIN IN PACHS AND NOT BE TRANSFERRED OR DISCHARGED UNLESS:

- The transfer or discharge is necessary for your welfare and your needs cannot be met in PACHS.
- The transfer or discharge is appropriate because your health has improved sufficiently so you no longer need the services provided by PACHS.
- The health or safety of individuals in PACHS is endangered.
- You have failed after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) your stay at PACHS. When eligible for Medicaid, we will only charge allowable charges.
- PACHS ceases to operate.
- An MD or DO will document in your clinical record the reasons for your transfer or discharge.
- If we discharge or transfer you we will provide you with a written notice in advance that includes the reason, the effective date, the location to which you are going, information about your right to appeal our action to the State, the name, address, and telephone number of the State Ombudsman, and if you are mentally ill or have developmental disabilities, additional information about your particular rights.
- We will provide sufficient preparation and orientation to ensure safe and orderly transfer or discharge.

### NOTICE OF TRANSFER OR DISCHARGE – IF YOU'VE BEEN HERE FOR MORE THAN 30 DAYS, WE WILL:

- Notify you and, if known, a family member or legal representative, of the transfer or discharge, and the reasons for the move in writing and in a language and manner they understand.
- Record the reasons in your clinical record.
- Provide you with at least a 30 day notice of the transfer or discharge, unless: the health or safety in PACHS would be endangered; your health improves sufficiently to allow a more immediate transfer or discharge; an immediate transfer or discharge is required by your urgent medical needs; or you have not resided in PACHS for 30 days. We will provide notice as soon as practicable.

### STAFF TREATMENT OF PATIENTS – WE WILL FOLLOW OUR POLICIES AND PROCEDURES THAT:

- Prohibit mistreatment, neglect, and abuse of our patients and misappropriation of their property.
- Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.
- Not employ individuals who have been found guilty of abusing, neglecting, or mistreating patients by a court of law or have a finding entered into the State Nurse Aide Registry concerning abuse, neglect, mistreatment of patients, or misappropriation of their property.
- Report any knowledge we have of actions by a court of law against any employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State Nurse Aide Registry or licensing authorities.
- Ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of property are reported immediately to the Administrator of PACHS and to other officials in accordance with State law including to the State Department of Inspections and Appeals.
- Maintain evidence that alleged violations are thoroughly investigated, and prevent further potential abuse while the investigation is in progress.
- Results of all investigations must be reported to our Administrator or designated representative and to other officials including the Department of Inspections and Appeals in accordance with State law within 5 working days of the incident, and if the alleged violation is verified, appropriate corrective action will be taken.

### GRIEVANCES – YOU HAVE THE RIGHT TO EXPECT PROMPT RESOLUTION OF GRIEVANCES:

You may express compliments or concerns by:

- Writing comments on inpatient or outpatient patient surveys.
- Expressing concerns directly to caregivers in charge of your care.
- Contacting a State agency directly, regardless of whether or not the hospital grievance process is used.
- Requesting formal action.

The hospital Administrator must be notified for formal action and investigation of a grievance. This may be done by writing letters to the Administrator, with PACHS's name and address, or by calling and asking to speak to the Administrator. Upon receipt of a concern, administration has the responsibility to:

- Review your concerns.
- Initiate, within 2 business days, an investigation of your concerns.
- Respond to you, within 2 weeks of receipt of your initial complaint, our decision in writing about your concerns.

### REGARDING YOUR RIGHT TO CHOOSE WHO MAY VISIT DURING HOSPITAL STAY, YOU HAVE THE RIGHT TO:

- Accept or refuse visitors
- Identify a support person to make decisions regarding the right to choose visitors in the event that you are unable to make your own decisions.
- Allow a family member, friend, or other individual to be present with you for emotional support during the course of stay.
- Have the presence of a support individual of your choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be your surrogate decision maker or legally authorized representative.
- Receive the visitors, who you or your support person designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner, another family member or a friend,) and the right to withdraw or deny such consent at anytime.
- Choose or refuse a visit by clergy or any spiritual care person.
- Palo Alto County Health Systems limits and, at times does not allow visitors in restricted areas.
- Visitors may be restricted in the facility during influenza surveillance or disease outbreaks.
- Visitor with an obvious presence of contagious disease may be prohibited.

### TO REPORT A CONCERN, CALL:

Palo Alto County Health System  
3201 First Street - Emmetsburg, IA 50535 - P: (712) 852-5500 or 1-800-293-2434

*If you cannot resolve your concerns through PACHS, you may contact any of the following to file a complaint or grievance:*

Department of Inspections and Appeals Division of Health Facilities  
Lucas State Office Building - Des Moines, Iowa 50319 - P: (515) 281-4115

Medicaid Investigations Division Iowa Department of Inspection & Appeals  
Fraud / Control Bureau Elder Affairs  
Lucas Office Building - 2nd Floor Des Moines, Iowa 50319 - P: 1-800-831-1394

Iowa Protection / Advocacy  
950 Office Park Rd. #221 - West Des Moines, Iowa 50265 - P: (515) 278-2502

OMBUDSMAN  
State Long Term Care Ombudsman  
Iowa Department on Aging  
510 E 12th St., STE 2 - Des Moines, Iowa 50319  
P: (515) 725-3333 - Complaint Hotline 866-236-1430

Quality Improvement Organization - Livanta  
BPOC 010 - 10820 Guilford Rd Ste 202 - Annapolis Junction, MD 20707-1262  
P: (888) 755-5580

ACHC Sleep Studies Accrediting Body  
139 Weston Ct. - Cary, NC 27513 - P: (919) 765-1214