

# Patient Rights and Responsibilities



**Clarke County  
Hospital**

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An Affiliate of



UnityPoint Health



## **You are a full partner in your care.**

Clarke County Hospital/Clinic and our team members respect the rights, interests, and well-being of our patients. It is our policy that these rights shall be respected, and no patient—whether receiving care at a Clarke County Hospital or clinic—shall be required to waive these rights as a condition of treatment.

As a patient receiving care at a Clarke County Hospital or clinic, you have responsibilities to help make your care as effective as possible. For example, we expect you to provide correct and complete information about your health and past medical history, participate in treatment decisions, and communicate openly with our physicians and other health professionals during your planned treatment. In doing so, you are “helping us help you.”

Your rights as a patient—and your responsibilities—are described below.

## **As a patient or patient’s representative (such as the parent or legal guardian of a minor patient), you have the right to:**

### **The Right to Respect**

- Be informed of your rights before providing or stopping care, when possible, in a format or manner that is understandable.
- Be treated kindly and respectfully by Clarke County Hospital team members.
- Be treated in an environment that preserves your dignity.
- Exercise your cultural, psychosocial, and spiritual beliefs and personal values and preferences—and have those beliefs, values, and preferences respected by us. However, the exercise of those beliefs, values, and preferences cannot interfere with the well-being of others and must be legally recognized and permitted.

- Be free from restraint or seclusion (isolation) of any form that is not medically necessary or is used as a means of coercion (forcing), discipline, convenience, or retaliation (getting back at you). All patients have the right to be free from physical or mental abuse, and corporal (physical) punishment. Restraint or seclusion may only be imposed (used) by trained team members to ensure the immediate physical safety of the patient, our team members, or others and must be discontinued (stopped) at the earliest possible time.
- Receive care in a safe and secure setting.
- Be free from all forms of abuse, neglect, exploitation, or harassment.
- Expect unrestricted access to communication. If visitors, mail, telephone calls, or other forms of communication are restricted as a component of your care, you will be included in any such decision.
- Expect quality care that is consistent with sound nursing and medical practices.
- Expect inclusive care. Clarke County Hospital does not discriminate, exclude, or treat any person or groups of persons differently—and will not permit discrimination—on the basis of the individual's inability to pay; on the basis of whether payment for services would be made under Medicare, Medicaid, or CHIP; or on the basis of race, color, creed, ethnicity, culture, language, sex, national origin, age, religion, sexual orientation, gender identity and/or expression, physical or mental disability, socioeconomic status, diagnosis, source of payment for care, marital or parental status, veteran's status or any other protected class in any manner prohibited by federal or state laws.

### **The Right to Access Care**

- Receive treatment, care, and services within the capability and mission of Clarke County Hospital and in compliance with law, regulation and payment policies.
- Have language interpreters available at no cost to you. If you have vision, speech, hearing, language, or cognitive impairments, Clarke County Hospital will address those communication needs.

- Receive hospital care, treatment, and services regardless of your ability to pay in accordance with the Clarke County Hospital Financial Assistance Program.
- In the hospital setting, receive “total patient care” to the best of our ability, including spiritual and emotional support for you and your family.

## **The Right to Information**

- Receive effective communication. When written information is provided, we will strive to ensure that it is presented in a format or manner that is understandable to you.
- Know the name and professional status of the physician or other practitioners providing care, services, and treatment to you at the time of service. If you are in the hospital, you have the right to know the name of the physician or other practitioner who is primarily responsible for your care, treatment, and services.
- Have a family member (or representative of your choice) and your own physician promptly notified of your admission to a Clarke County Hospital.
- As required by law, access your information contained in your medical record within a reasonable timeframe when requested.
- As required by law, request an amendment to your medical record, and receive a listing of how certain health information was shared by Clarke County Hospital.
- Be informed of the hospital rules and regulations applicable to your conduct as a patient.
- Have access to your bill, including itemized charges, and receive an explanation of the charges regardless of the source of payment for your care. Clarke County Hospital will provide access within a reasonable period of time following receipt of a request.
- Receive information about rights as a Medicare beneficiary when admitted to a Clarke County Hospital.
- Have Clarke County Hospital support your right to access protective and advocacy services by providing a list of community resources.

## **The Right to Medical Treatment and Decision Making**

- Participate in the development and implementation of your plan of care, including your inpatient treatment/care plan, outpatient treatment/care plan, discharge plan, and pain management plan.
- Be informed of your health status; be involved in care planning and treatment; be able to request or refuse treatment; and be informed of the medical consequences (effects) of such refusal. When you do not have capacity, your decision maker, as allowed by law, has the right to refuse care, treatment, and services on your behalf.
- Receive appropriate assessment and management of pain.
- Be informed about the outcomes of your care, treatment, and services, including unanticipated (unexpected) outcomes that you must be knowledgeable about to participate in current and future decisions affecting your care, treatment, and services.
- Receive complete and current information concerning your diagnosis (what disease or condition you might have), treatment, and prognosis (what to expect) in terms you can understand. When it is not medically advisable to give such information, it may be made available to another person who has the right to know your health information.
- Be given an explanation of any proposed procedure or treatment. The explanation should include a description of the nature and purpose of the treatment or procedure; the known risks or serious side effects; and treatment alternatives (other ways to provide treatment).
- Have someone who can make medical decisions for you as allowed by law, when you are not able to make decisions about your care, treatment, and services.
- Be informed by the practitioner of any continuing healthcare needs following discharge.
- Consult with an available specialist of your choosing at your request and expense if a referral is not deemed medically necessary by your attending physician.

- Have an “advance directive” (such as a living will or a healthcare power of attorney) and have your doctor and other team members who provide care to you agree to follow these directives. These documents express your choices about your future care or name someone to make health care decisions for you if you are unable. If you have a written advance directive, you should provide a copy to Clarke County Hospital, your family and your doctor. You may review and revise your advance directive. The existence or lack of an advance directive does not affect your access to care, treatment, and services at Clarke County Hospital.
- Request transfer of your care to another physician or facility. Keep in mind that your requested facility may be unable to take you at the time of transfer, so your transfer could be to a different facility. \
- Receive medical evaluation, service and/or referral as indicated by the urgency of your situation. When medically permissible, you may be transferred to another facility only after having received complete information and explanation concerning the need for, and an alternative to, such a transfer. The facility to which you will be transferred must first accept the transfer and may not be the facility of your choice.
- Be involved in decisions subject to internal review Clarke County Hospital or external review (such as by your insurance company) that results in denial (disapproval) of care, treatment, services, or payment based upon your assessed medical needs.
- If your care involves any experimental methods of treatment, you have the right to consent or refuse to participate. If you do not participate, it will not affect your access to care, treatment, and services.

### **The Right to Privacy**

- Receive care and treatment that maintains your personal privacy.
- Expect that all communications and records pertaining to your care will be treated confidentially as described in the Clarke County Hospital Notice of Privacy Practices. If you want to have a paper copy of the Clarke County Hospital Notice of Privacy Practices, please ask for one when you check in.

## **The Right to Receive Visitors at Clarke County Hospital**

- Be informed of your visitation rights, including any clinical restriction or limitation on such rights.
- Be informed of the right, subject to your consent, to receive the visitors whom you designate (choose) and your right to withdraw or deny such consent at any time.
- Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences, regardless of their race, color, creed, ethnicity, culture, language, sex, national origin, age, religion, sexual orientation, gender identity and/or expression, physical or mental disability, socioeconomic status, marital or parental status, veteran's status or any other protected class in any manner prohibited by federal or state laws.



## As a patient, you have the responsibility:

- To read this patient guide or request that it be read to you and ask questions about any parts you do not understand.
- To provide accurate and complete information about your health care status, including present complaints, past illnesses, hospitalizations, medications, advance directives, and other matters relating to your health. You will report perceived risks in your care and unexpected changes in your condition, and you will affirm whether you clearly comprehend a contemplated course of action and what is expected.
- To follow the treatment plan recommended by the practitioner primarily responsible for your care. This may include following the instructions of nurses and other health care professionals as they implement the practitioner's orders and enforce the applicable hospital rules and regulations.
- For your actions if you refuse treatment or if you do not follow the practitioner's instructions.
- To assure that the financial obligations of your care are fulfilled as promptly as possible.
- To follow hospital rules and regulations affecting patient care and conduct.
- To be considerate of the rights of other patients and hospital personnel, and for assisting in the control of noise, smoking and the number of visitors in your room.
- To ask questions when you do not understand what you have been told about your care or what you are expected to do.

## Filing a Complaint

You may freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment, and services. You can file a concern either while you are a patient or after being discharged. You may use the Clarke County Hospital complaint/grievance resolution process for submitting a written or verbal concern regarding your caregivers, your health care practitioners, or hospital administration. All complaints or grievances are investigated. Action will be taken to resolve the concern either verbally or in writing when appropriate.

The telephone number for concerns/complaints is (641) 342-5253.

The telephone number for Administration is (641) 342-5347.

The email address for sending concerns is [info@clarkehosp.org](mailto:info@clarkehosp.org).

The mailing address for sending a concern is

**Clarke County Hospital**

Chief Operating Officer

800 S Fillmore

Osceola, IA 50213

You will receive a written response upon receipt of your grievance from Clark county Hospital within 7-10 calendar days.

Refer concerns or grievances regarding quality of care, premature discharge or beneficiary complaints to the Iowa Department of Inspections and Appeals and Licensing (DIAL), Health

Facilities Division, Lucas State Office Building, Des Moines, Iowa 50319. Their toll-free number is 1-877-686-0027.

In the event your complaint or grievance remains unsolved with Clarke County Clinic, you may file a complaint with our Accreditor, to the Iowa Department of Inspections and Appeals and Licensing (DIAL), Health Facilities Division, Lucas State Office Building, Des Moines, Iowa 50319. Their toll-free number is 1-877-686-0027.

## Contacts

- State Health Agencies
- Accrediting Organizations

### State Health Agencies

**Iowa** - Refer concerns or grievances regarding your hospital care (e.g., quality of care, premature discharge, or beneficiary complaints) to the **Iowa Department of Inspections Appeals and Licensing**, Health Facilities Division, 321 E 12th St., Des Moines, Iowa 50319; (515)-281-7102.

Refer concerns or grievances regarding discrimination to the **Iowa Civil Rights Commission**, 400 East 14th Street, Des Moines, Iowa 50319-0201; (515)-281-4121; (800)-457-4416 (toll free); (515)-242-5840 (fax). Use the online civil rights complaint form when mailing, faxing, or emailing your complaint.

### For Medicare Patients

**Iowa** - Refer quality of care concerns, premature discharge grievances or beneficiary complaints to **Livanta**, the external peer review organization for hospitals in Iowa. You may enter your concern online at [www.livantaqio.com/en/States/Iowa](http://www.livantaqio.com/en/States/Iowa) or send your concern in writing to Livanta LLC BFCC-QIO, 10820 Guilford Road, Suite 202, Annapolis Junction, MD 20701-1105, or use their Helpline: 888-755-5580; TTY: 888-985-9295; Fax: 955-694-2929.

### Accreditation Organizations

To submit complaints directly to the accrediting agency **DNV (Det Norske Veritas)**, patients, family members and other concerned parties should use this web form: [www.dnvhealthcareportal.com/patient-complaint-report](http://www.dnvhealthcareportal.com/patient-complaint-report).

Or you may submit a complaint about your care directly to DNV at 866-496-9647 (phone) or 281-870-4818 (fax), or by e-mail to [hospitalcomplaint@dnv.com](mailto:hospitalcomplaint@dnv.com), or by mail to DNV Healthcare USA Inc., ATTN: Hospital Complaints, 1400 Revello Dr., Katy, TX 77449.

***Thank you for choosing Clarke County  
Hospital as your health care provider.***