



Patient/Resident Bill of Rights & Responsibilities

Keokuk County Health Center is a Health Care facility that provides outpatient and inpatient services including acute, swing bed, skilled, hospice and extended care, providing personalized quality service in the spirit of human kindness, dignity and understanding. Keokuk County Health Center recognizes the autonomy of the people we serve by respecting their right to make decisions about their medical treatment. These rights can be exercised on the patient's/resident's behalf by a designated guardian or proxy decision maker if the patient/resident lacks decision-making capacity, is legally incompetent, or is a minor.

Patient Care and Services

The patient/resident has the right to expect that, within its capacity and policies, the Health Center will make reasonable response to the request of a patient/resident for appropriate and medically indicated care and services. The Health Center must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient/resident has so requested, a patient/resident may be transferred to another facility. The institution to which the patient/resident is to be transferred must first have accepted the patient/resident for transfer. The patient/resident must also have the benefit of complete information and explanation concerning the need for risks, benefits, and alternative to such a transfer.

Right to Refuse Treatment and Research Experimentation:

The patient/resident has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient/resident who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.

Safe Care

The patient/resident has the right to considerate, dignified, and respectful care without regard to race, creed, sex, national origin, age, diagnosis or source of payment. The patient/resident will receive care in a safe setting, free from abuse or harassment. Freedom from abuse includes, but is not limited to, mental abuse, verbal abuse, corporal punishment, physical abuse, sexual abuse, domestic abuse and involuntary seclusion.

Right to know and understand condition, care being provided, and options:

The patient/resident has the right to be fully informed in language that he/she can understand of his/her total health status, including but not limited to, his/her medical condition. Except in emergencies when a patient/resident lacks decision-making capacity and the need for treatment is urgent, the patient/resident is entitled to the opportunity to discuss and request information related to specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits. The patient/resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect his/her well being.

Patient/Residents have the right to know the identity of physicians, nurses, and others who are primarily responsible in their care, such as students, residents, or other trainees. The patient/resident also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

Freedom of Choice for Health Care Provider

Patient's/Resident's have the right to choose his/her personal attending physician. Patients/Residents have the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient/resident is entitled to other appropriate care and services that the hospital provides or he/she may transfer to another hospital. The Health Center will notify patients/residents of any policy that might affect patient/resident choice within the institution.

Services Provided, Charges, Payment Expectations

The patient/resident has the right to be informed before or at the time of admission to the Health Center policies and practices that relate to patient/resident care, treatment, and responsibilities. The patient/resident has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient/resident representatives, or other mechanisms available at the institution. The patient/resident has the right to be informed of the Health Center's charges for services and available payment methods. This will include charges for services not covered by Medicare or included in the facility's daily rate. The patient/resident shall be informed in writing at the time of admission to the health center, when the patient/resident becomes eligible for Medicaid, and the items and services that are included in the health center services under the State plan and for which the patient/resident may not be charged, those other items and service that the health center offers and for which the patient/resident may be charged, and the amount of charges for those services; inform each patient/resident when changes are made. The patient/resident will be informed that the health center does not accept Medicaid for Extended Care.

Advance Directives

The patient/resident has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the Health Center will honor the intent of that directive to the extent permitted by law and Health Center policy. Health care institutions must advise patients/residents of their rights under state law and Health Center policy to make informed

medical choices, ask if the patient/resident has an advance directive, and include all information in patient/resident records.

Right to Privacy and Confidentiality

The patient/resident has the right to personal privacy and confidentiality for his/her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meeting of family and resident groups, but this does not require the facility to provide a private room for each patient/resident. The patient/resident's right to refuse the release of confidential records does not apply when the patient/resident is transferred to another health care institution; or the release of confidential record is required by law.

Right to Review Medical Records

The patient/resident has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary.

Continuity of Care

The patient/resident has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient/resident care options when hospitalization is no longer appropriate. The patient/resident has the right to receive assistance in obtaining information and/or services to continue care after being discharged from the Health Center.

Proper Notification to Family and Physician

The patient/resident has the right to expect that a family member or representative and physician will be notified promptly of the patient's/resident's admission to the hospital.

Comfort During Dying Process

To retain optimal comfort and dignity during the dying process through the identification and treatment of symptoms that can respond to treatment as desired by the patient/resident or surrogate decision maker; to have his/her pain effectively managed and to have the psychosocial and spiritual needs of the patient/resident and family acknowledged.

Freedom from Restraints

The patient/resident has the right to be free from restraints (physical and/or chemical) or seclusion

imposed as a means of coercion, discipline, convenience, or retaliation by staff and are not required to treat the patient's/resident's medical symptoms.

Patient's/Resident's Responsibilities

- The patient/resident shall provide accurate and complete information regarding his/her health status;
- The patient/resident shall understand the need to follow recommended treatment plans;
- The patient/resident shall abide by hospital rules and regulations affecting his/her care and his/her conduct shall be considerate of the rights of other patients and Health Center personnel; and
- The patient/resident has the obligation to fulfill his/her financial obligations as soon as possible following discharge.

Work

The patient/resident has the right to refuse to perform services for the facility;

- The patient/resident may perform services for the facility, if he/she chooses, when the facility has documented the need or desire for work in the plan of care;
- The plan of care specifies the nature of the services performed and whether the services are voluntary or paid;
- Compensation for paid services is at or above prevailing rates; and
- The patient/resident agrees to the work arrangement described in the plan of care.

Mail

- The patient/resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened; and
- Have access to stationery, postage, and writing implements at the patient's/resident's own expense.

Personal Property

- The patient/resident has 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 of health and safety of other patients/residents.

Access and Visitation Rights

The patient/resident has the right and the facility must provide immediate access to any resident by the following:

- Inform each patient/resident of his or her visitation

rights, including any clinical restriction or limitation on such rights, in advance of furnishing patient care whenever possible.

- Inform each patient/resident (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
- Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

Admission, Transfer, and Discharge

- The Health Center must permit each patient/resident to remain in the facility, and not transfer or discharge the patient/resident from the Health Center unless the transfer or discharge is necessary for the residents welfare and the patient's/resident's needs cannot be met in the facility;
- The transfer or discharge is appropriate because the patient's/resident's health has improved sufficiently so the patient/resident needs cannot be met in the facility;
- The transfer or discharge is appropriate because the patient's/resident's health has improved sufficiently so the patient/resident no longer needs the services provided by the facility;
- The health and safety of individuals in the facility is endangered, notice will be made as soon as practicable.
- The patient/resident has failed after reasonable and appropriate notice, to pay for his/her stay at the Health Center; (or to have paid under Medicare or Medicaid) a stay at the facility. For a patient/resident who becomes eligible for Medicaid after admission to the facility, the facility may charge a patient/resident only allowable charges under Medicaid or;
- The facility ceases to operate.

Married Couples

- The patient/resident has the right to share a room with his/her spouse when married patients/residents live in the same facility and both spouses consent to the arrangement.

Documentation of Transfer

- When the facility transfers or discharges a patient/resident under this category the patient's/resident's clinical record must be documented. The documentation will be made by the patient's/resident's physician when transfer or discharge is necessary when patient's/resident's needs cannot be met in the facility, or when the facility ceases to operate.

Notice Before Transfer

- Before the Health Center transfers or discharges a patient/resident, the facility must notify the patient/resident, and, if known, a member or legal representative of the patient/resident of the transfer or discharge and the reasons for the move will be in writing and in a language and manner they understand.
- Record the reason (s) for transfer in the patient's/resident's medical record. The Health Center must provide preparation and orientation to patients/residents to ensure safe and orderly transfer and/or discharge from the facility and include in the writing the contents of the section in Contents of Notice.

Timing of the Notice

- Notice of transfer or discharge must be made by the health center to the patient/resident at least 30 days before the transfer/discharge, except when the safety of individuals in the facility would be endangered.

Contents of the Notice

- The written notice of transfer /discharge must include the following:
Reason for transfer or discharge; Effective date of transfer or discharge; Location to which the resident is transferred or discharged; A statement that the resident has the right to appeal the action to the State; The name, address and telephone number of the State long term care ombudsman; For residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for the residents who are mentally ill, the mailing address and telephone number of the

agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for mentally ill Individuals Act.

Social Services

- The Health Center must provide medically-related social services to attain the highest practicable physical, mental, and psychosocial well-being of each patient/resident.

Activities

- The Health Center must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each patient's/resident's quality of life;
- The Health Center shall provide activities that shall be directed by a qualified professional.

Grievance Procedure

The patient/resident has the right to access an internal grievance process and also to appeal to an external agency. For internal grievance, submit your concern in writing to:

Wendy Stuhr, Director of Nursing
23019 Highway 149
Sigourney, Iowa 52591

Or call (641) 622 2720.

If you feel your concerns have not been addressed to your satisfaction you may contact the Department of Inspection and Appeals at (515) 281-3790 or you may contact the State Long Term Care Ombudsman, Dept. of Elder Affairs at 1-800-532-3212.

Keokuk County Health Center provides emergency services and treatment 24 hours a day. You may be seen by a physician assistant or nurse practitioner in our facility to meet your medical needs. Keokuk County Health Center does not have a doctor of medicine or a doctor of osteopathy present 24 hours per day, 7 days a week. Any patient or individual presenting or developing an emergency medical condition will have an emergency medical screening and stabilizing treatment performed by the emergency room provider on-call.