

Patient Rights and Responsibilities

A Note About Privacy

We are required by federal law to maintain the privacy of your medical information and give you our Notice of Privacy Practice that describes our privacy practices, our legal duties and your rights concerning your medical information. This Notice is available in a separate brochure and will be offered to you at the time you are admitted or prior to receiving outpatient care.

If you have questions about your patient rights and responsibilities or need additional information, please call the business office at (319) 524-7150.



UnityPoint Health considers you a partner in your hospital care. When you are well informed, participate in treatment decisions and communicate openly with your physician and other health professionals, you help make your care as effective as possible.

We respect each patient's personal preferences and values. UnityPoint Health promotes the rights, interests and well-being of our patients. It is our policy that these rights shall be respected and no patient shall be required to waive these rights as a condition of treatment.

As a patient, or parent or legal guardian of a patient, you have the right to:

1. Be informed in writing of your rights before patient care is furnished or discontinued whenever possible.
2. Receive effective communication. When written information is provided, it is appropriate to your age, understanding and language-appropriate to the populations we serve.
3. Have language interpreters available at no cost to you. If you have vision, speech, hearing, language, or cognitive impairments, the hospital will address those communication needs.
4. Be treated kindly and respectfully by all hospital personnel.
5. Receive complete and current information concerning your diagnosis, treatment and prognosis in terms you can understand. When it is not medically advisable to give such information, it should be made available to an appropriate person on your behalf.
6. Consult with a specialist of your choosing at your request and expense if a referral is not deemed medically necessary by your attending physician.
7. 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.
8. Know the name, identity and professional status of the physician or other practitioners providing care, services and treatment to you at the time of service.
9. Know the name of the physician or other practitioner who is primarily responsible for your care, treatment and services within 24 hours after admission.
10. Expect that a family member (or representative) and your own physician will be notified promptly of your admission to the hospital.
11. Participate in developing and implementing your plan of care.
12. Make informed decisions and be involved in resolving dilemmas about your care, treatment and services. With your permission and as appropriate by law, your family will be involved in care, treatment, and service decisions.
13. Have a surrogate decision-maker, as allowed by law, identified when you can not make decisions about your care, treatment and services.



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14. Have an advanced directive, such as a living will or a health care power of attorney, and to have hospital staff and practitioners who provide care in the hospital comply with these directives. These documents express your choices about your future care or name someone to make health care decisions if you are unable. If you have a written advanced directive, you should provide a copy to the hospital, your family and your doctor. You may review and revise your advanced directive. The existence or lack of an Advanced Directive does not determine your access to care, treatment and services.
15. Refuse medical care, treatment or services to the extent permitted by law and regulation and to be informed of the medical consequences of such refusal. When you are not legally responsible, your surrogate decision-maker, as allowed by law, has the right to refuse care, treatment and services on your behalf.
16. Access to receive treatment, care and services within the capability and mission of UnityPoint Health in compliance with law and regulation and payment policies.
17. Request transfer of your care to another physician or facility.
18. 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 alternative to such a transfer. The facility to which you will be transferred must first accept the transfer.
19. Be involved in decisions subject to internal or external review that results in denial of care, treatment, services or payment based upon your assessed medical needs.
20. Receive care and treatment that maintains your personal privacy and dignity. Discussions about your care, examination and treatment are confidential and should be conducted discreetly. You have the right to exclude those persons not directly involved in the care. If you desire to have private telephone conversations, you will have access to private space and telephones appropriate to your needs.
21. Be treated in an environment that preserves dignity and supports your positive self-image.
22. Expect that all communications and clinical records pertaining to your care will be treated confidentially.
23. Access, request amendment to, and receive an accounting of disclosure regarding your health and clinical services information as permitted by law.
24. Access information contained in your medical records within a reasonable time frame (within 30 calendar days of your request). A reasonable cost-based fee may be charged for providing the records to the patient.
25. Have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
26. Exercise cultural and spiritual beliefs that do not interfere with the well-being of others. Certain cultural and spiritual beliefs may nevertheless interfere with the planned course of your medical therapy. You may exercise your cultural and spiritual beliefs and take actions in accordance therein as are legally recognized and permissible in the State of Iowa.
27. Know if your care involves any experimental methods of treatment, and if so, you have the right to consent or refuse to participate, which will not compromise your access to care, treatment and services.
28. Be informed by the practitioner of any continuing health care requirements following discharge.
29. Examine your bill and receive an explanation of the charges regardless of the source of payment for your care within a reasonable period of time following receipt of a request.
30. Be informed of the hospital rules and regulations applicable to your conduct as a patient.
31. Receive a response to any concern regarding your care, either while you are a patient or after being discharged. You may use the UnityPoint Health complaint/grievance resolution process for submitting a written or verbal concern to your caregivers, your health care practitioners or hospital administration. You may freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services. If you submit a complaint or grievance, it will be investigated. Action will be taken to resolve the concern either verbally or in writing when appropriate.
The telephone number for Patient Representative is (319) 526-8737.
The e-mail address for sending concerns directly to UnityPoint Health is tgoss@keokukhospital.org.
The mailing address for sending us a concern is:
UnityPoint Health – Keokuk
1600 Morgan St.
Keokuk, IA 52632
32. Receive a written response upon receipt of your grievance from UnityPoint Health on average within seven (7) calendar days.
33. Refer concerns or grievances regarding quality of care, premature discharge or beneficiary complaints to the Iowa Department of Inspections and Appeals, Health Facilities Division, Lucas State Office Building, Des Moines, Iowa 50319. Their toll-free number is (877) 686-0027.

Medicare patients may also refer their concerns to KePro, which is the Medicare quality improvement organization for Iowa.

KePro may be reached at (855) 408-8557 or at this address: 5201 W. Kennedy Blvd., Suite 900, Tampa, FL 33609.

34. Be free from restraints or seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
35. Receive information about rights as a Medicare beneficiary at admission.
36. Receive care in a safe and secure setting for you and your personal property.
37. Be free from all forms of abuse, neglect, exploitation or harassment.
38. Receive appropriate assessment and management of pain.
39. 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.
40. Be informed of your health status.
41. Have the hospital support your right to access protective and advocacy services by providing a list of community resources.
42. Be informed about the outcomes of your care, treatment and services, including unanticipated outcomes that you must be knowledgeable about to participate in current and future decisions affecting your care, treatment and services.
43. Receive safe and effective care, treatment and services regardless of your ability to pay.
44. Expect quality care, and the hospital will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, sex, national origin, age, religion, sexual orientation, gender identity or any other protected class in any manner prohibited by federal or state laws.
45. Be informed of your visitation rights, including any clinical restriction or limitation on such rights, when you are informed of your other rights under this section.
46. Be informed of the right, subject to your consent, to receive the visitors whom you designate, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member or a friend, and your right to withdraw or deny such consent at any time.
47. Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences, regardless of their race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

As a patient, you have the responsibility:

1. To provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health, including advanced directives. 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.
2. 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.
3. For your actions if you refuse treatment or if you do not follow the practitioner's instructions.
4. To assure that the financial obligations of your care are fulfilled as promptly as possible.
5. To follow hospital rules and regulations affecting patient care and conduct.
6. To be considerate of the rights of other patients and hospital personnel, and for assisting in the control of noise, smoking and number of visitors in your room.
7. To ask questions when you do not understand what you have been told about your care or what you are expected to do.

For an expanded list please contact the front desk or business office at (319) 524-7150.