

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 Patient and Guest Relations at ext. 2524 (within the hospital) or (641) 236-2524 (outside the hospital).



UnityPoint Health® - Grinnell considers you a partner in your medical 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 - Grinnell 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 legally responsible representative 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. 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.
6. Be treated in an environment that preserves dignity and supports your positive self-image.
7. Receive personal privacy.
8. Receive safe and effective care, treatment, and services regardless of your ability to pay.
9. Participate in developing, approving and implementing your plan of care continuously throughout your hospitalization. With your permission and as appropriate by law, your family or representative has the right to make informed decisions regarding his/her care, treatment and service decisions.
10. Be informed of the hospital rules and regulations applicable to your conduct as a patient.
11. Receive complete and current information concerning your health status, 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, identified with the right to make decisions on your behalf when you cannot.
12. 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.



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13. Have an advanced directive (medical or psychiatric), such as a living will or a healthcare 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 healthcare 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 at any time. The existence or lack of an Advanced Directive does not determine your access to care, treatment and services.
 14. Expect that a family member (or representative) and his or her own physician will be notified promptly of your admission to the hospital.
 15. 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 within 24 hours of admission.
 16. Know the reasons for any proposed change in the professional staff responsible for your care.
 17. Consult with a specialist of your choosing at your request and expense if a referral is not deemed medically necessary by your attending physician.
 18. 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.
 19. Receive medical evaluation, service and/ or referral as indicated by the urgency of your situation. When medically permissible, you may be transferred either within or outside the facility only after having received complete information and explanation concerning the need for and alternative to, such a transfer.
 20. 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 representative, as allowed by law, has the right to refuse care, treatment and services on your behalf.
 21. Know the relationship of the hospital to other persons or organizations participating in the provision of his/her care.
 22. Receive appropriate assessment and management of pain.
 23. Receive care in a safe and secure setting for you and your personal property.
 24. Be free from all forms of abuse, neglect, exploitation or harassment.
 25. Expect that all communications and clinical records pertaining to your care will be treated confidentially.
 26. Access, request amendment to, and receive an accounting of disclosure regarding your health and clinical services information as permitted by law.
 27. Access information contained in your medical records within a reasonable time frame.
 28. 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.
 29. Be fully informed 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.
 30. Have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
 31. 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.
 32. 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.
 33. The patient's family has the right of informed consent for donation of organs and tissues.
 34. Be informed of your visitation rights, including any clinical restriction or limitation on such rights.
 35. 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 partner), another family member or a friend, and the right to withdraw or deny such consent at any time. The hospital may set restrictions based on a clinically based precautions, e.g. no visitors with active flu symptoms, as well as safety restrictions.
 36. 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.
 37. 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.
 38. Be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.
 39. Have the hospital support your right to access protective and advocacy services by providing a list of community resources.
 40. Be informed by the practitioner of any continuing healthcare requirements following discharge. Request a discharge planning evaluation be performed by the hospital
 41. Examine your bill and receive an itemized explanation of the charges regardless of the source of payment for your care within a reasonable period of time following receipt of a request.
 42. 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 - Grinnell Regional Medical Center complaint/grievance resolution process for submitting a written or verbal concern to your caregivers, our Patient and Guest Relations department, your healthcare 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 the Patient and Guest Relations department is (641) 236-2524.
The telephone number for Administration is (641) 236-2300.
The e-mail address for sending concerns directly to UnityPoint Health - Grinnell Regional Medical Center is webquestions@unitypoint.org.
- The mailing address for sending us a concern is:
UnityPoint Health - Grinnell
Administration
210 4th Ave.
Grinnell, IA 50112
43. Receive a written response to your grievance within seven (7) calendar days which contain the hospital contact person, steps taken to investigate the grievance, results of the investigation and date of completion.
 44. 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 Livanta, which is the Medicare quality improvement organization for Iowa. Livanta may be reached at (888) 755-5580 Monday - Friday 9 a.m. to 5 p.m. or at this address:

Livanta LLC, BFCC-Q10
10820 Guilford Rd., Ste. 202
Annapolis Junction, MD 20701-1105
 45. In the event your complaint remains unsolved with UnityPoint Health - Grinnell Walk-In, Internal Medicine, Family Practice, Obstetrics and Gynecology, Pain or Montezuma Medical clinics, you may file a complaint with our Accreditor, The Compliance Team, Inc. via their website (www.thecomplianceteam.org) or via phone (888) 291-5353.
 46. In the event your complaint remains unsolved with the UnityPoint Health - Grinnell Sleep Lab, you may file a complaint with the Accreditation Commission for Health Care (ACHC) via their website (www.achc.org) or via phone (855) 937-2242 or via mail at ACHC, 139 Weston Oaks Ct., Cary, NC 27513.

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.