

# Patient Rights and Responsibilities Statement

**Blessing Health Keokuk, its Board and medical staff, jointly affirm and recognize the following rights and responsibilities of patients.**

## **Every Patient Has The Right To:**

- Reasonable access to care regardless of race, age, religion, sex, sexual orientation, gender identity, gender expression, disability, language, national origin, personal or cultural beliefs, values, preferences or payment sources.
- Care consistent with sound nursing and medical practices within Blessing Health Keokuk's capacity and applicable laws and regulations.
- Effective communication by receiving information about their care in a language they can understand and access to a language interpreter and auxiliary aids/services when needed.
- Receive from their physician and caregivers detailed and understandable information concerning their diagnosis, treatment and prognosis.
- Participate in the development, implementation, and review of their plan of care, as well as ask questions or voice concerns regarding their plan of care.
- Make informed decisions regarding their care, consent to treatment and being able to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of any refusal.
- Formulate advance directives concerning their health care decisions or designate a decision maker with the expectation we will honor the directive to the extent permitted by law and hospital policy.
- Have a family member or representative of their choice and their personal physician notified upon their admission to Blessing Health Keokuk.
- Personal privacy.
- Receive visitors who they designate, including but not limited to a spouse, a domestic partner, another family member or a friend, and the right to withdraw or deny such consent at any time.
- Have all visitors receive same privileges regardless of race, age, religion, sex, sexual orientation, gender identity, gender expression, disability, language, national origin, personal or cultural beliefs, values, preferences or payment sources.
- Have a support individual of their choosing, unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated.
- Be treated with respect and dignity.
- Receive care in a safe environment and be protected from abuse, neglect and harassment.
- Access protective and advocacy services, such as guardianship, child or adult protective services, etc.
- Appropriate assessment and management of pain.
- Confidentiality of their medical records, except as otherwise provided by law.
- Obtain information contained in their medical records within a reasonable time period.
- Be free from any form of restraints and seclusion that are not medically necessary or needed to prevent harm to self or others. A restraint or seclusion can only be used to ensure the immediate physical safety of the patient or others, and when less restrictive alternatives have been determined to be ineffective.
- Know the names and roles of individuals providing care.
- Receive an itemized invoice and upon request, receive a reasonable explanation of their bill.
- Receive quality end of life care and have issues related to care at the end of life addressed with sensitivity.
- Have access to religious and other spiritual services.
- Receive information regarding involvement in any experimental, research or investigational studies and clinical trials and the right to consent to or refuse to participate.
- Participate in discharge planning and receive information about what to do after the patient leaves the hospital.
- Expect reasonable continuity of care and be informed of realistic options when hospital care is no longer appropriate.
- Give or withhold consent for the use of recordings or other images for purposes other than their care.
- Ask and be informed of business relationships among payors, health care providers, educational institutions, or others that may influence the patient's care.
- Voice concerns regarding the care received without retaliation and to have those concerns promptly reviewed and resolved when possible. To be informed of Blessing Health System's grievance procedure and/or how to access a state or regulatory agency.

- Be allowed to access, request amendment to, and obtain information on disclosures of their health information, in accordance with law and regulation.
- Rights of women; pregnancy and childbirth. The right to:
  - Receive health care before, during, and after pregnancy and childbirth.
  - Receive care for her and her infant that is consistent with generally accepted medical standards.
  - Choose her maternity care professional.
  - Choose her birth setting from the full range of birthing options available in her community.
  - Leave her maternity care professional and select another if she becomes dissatisfied with her care, except as otherwise provided by law.
  - Receive information concerning her condition and proposed treatment, including methods of relieving pain.
  - Be informed if her caregivers wish to enroll her or her infant in a research study in accordance with Section 3.1 of the Medical Patient Rights Act.
  - Receive emotional and physical support during labor and birth.
  - Freedom of movement during labor and to give birth in the position of her choice, within generally accepted medical standards.
  - Contact with her newborn, except where necessary care must be provided to the mother or infant.
  - Receive information about breastfeeding.
  - Decide collaboratively with caregivers when she and her baby will leave the birth site for home, based on their conditions and circumstances.
  - Be treated with respect at all times before, during, and after pregnancy by her health care professionals.

### **Every Patient Has The Responsibility To:**

- Provide, to the best of their knowledge, accurate and complete information relating to their medical condition, including present complaints, past health problems and hospitalizations, use of medications (prescription, over-the-counter, herbal, illegal substance or recreational substances), and any other relative information.
- Ask questions when they do not understand their care, treatment and services or what they are expected to do. Express any concerns about their ability to follow the proposed plan of care, treatment and services.
- Follow the agreed upon treatment plan and report any changes in condition, medications or symptoms to their doctor.
- Accept responsibility if they refuse treatment or do not follow the care plan.
- Follow Blessing Health Keokuk's rules, regulations and policies.
- Respect the property, privacy, dignity and confidentiality of other patients; help control noise.
- Be considerate of hospital staff and others. Any verbal aggression towards staff will not be tolerated, and any physical assault will be reported to law enforcement.
- Provide correct and complete information about Advance Directives and provide a current copy if they have one.
- Provide correct and complete demographic information and information about their financial situation and promptly assume their financial obligations for services received.
- Adhere to the Blessing Health System No Smoking policy.
- Protect personal items brought into the hospital as the hospital cannot assume responsibility for loss, theft or damage of these items.
- Cooperate in the discharge planning process.

**Complaint Procedure-** If you have a complaint about your care or treatment at Blessing Health Keokuk, we are available at any time to discuss your concerns. You may share complaints with your nurse, charge nurse, department manager, or if after hours, the house supervisor. For formal complaints and grievances or discrimination concerns, contact the Risk Management and Patient Relations Specialist at 217-223-1200, extension 7214, P.O. Box 7005, Quincy, IL 62305.

You may contact the Illinois Department of Public Health, Division of Health Care Facilities and Programs at 800-252-4343 (TTY, hearing impaired use 800-547-0466), 525 W. Jefferson St., Springfield, IL 62761-0001 or DNV GL-Healthcare at 1-866-496-9647 or write to 400 Techne Center Drive, Suite 100, Milford, OH 45150 or email [hospitalcomplaint@dnvgl.com](mailto:hospitalcomplaint@dnvgl.com). For discrimination, a patient may also contact the Illinois Department of Human Rights.

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, or by phone at 1-800-368-1019, 800-537-7697 (TDD).



Keokuk