

---

# Patient rights & responsibilities

---

As a patient of MercyOne Des Moines Medical Center, MercyOne West Des Moines Medical Center, MercyOne Children's Hospital, MercyOne Medical Group – Central Iowa or MercyOne Iowa Heart Center ("MercyOne Central Iowa"), you have both rights and responsibilities regarding your health and the services you receive. We value each individual patient's right to considerate, respectful care in a safe setting. It is our policy that these rights be respected, and no patient be required to waive these rights as a condition of treatment.

Your care team is committed to providing complete and current information concerning your diagnosis. We will gladly answer any questions or concerns you may have to ensure understanding. By taking an active role, you become a partner in your health care.

## PATIENT RIGHTS

As a patient, or as the parent or legal guardian of a minor or adult patient, you have the following rights.

### Respect and Nondiscrimination

You have the right to considerate, respectful and nondiscriminatory care from physicians, nurses, health care professionals and other hospital employees. MercyOne Central Iowa complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, age, disability or sex.

You have the right to:

- Receive care in a safe setting.
- Receive kind and respectful treatment from all hospital personnel.
- Receive effective communication. When written information is provided, it is appropriate to your age, understanding and language appropriate to the populations we serve.
- Have language interpreters available at no cost to you. If you have vision, speech, hearing, language, or cognitive impairments, MercyOne Central Iowa will address those communication needs.
- Exercise cultural and spiritual beliefs that do not interfere with the well-being of others or the planned course of your medical therapy.
- Be free from all forms of abuse, harassment, retaliation, humiliation, neglect, and financial or other exploitation.
- Be free from restraint or seclusion of any form that is not medically necessary or that is used as a means of coercion, discipline, convenience or retaliation by staff. Be informed at the time of admission of your right to decline being listed in the patient information registry, which is referred to as "no publicity status," "no pub status" or simply "NP status."

NP status prevents the release of a patient's protected health information (PHI) – including a condition report – to anyone. Our staff will neither confirm nor deny a patient's presence at a hospital to anyone, by phone or in person.

---

Room and telephone numbers will not be provided, and received items, such as flowers, mail and other packages, will be returned to the sender.

In addition to patient/surrogate decision maker request, there are two circumstances in which a patient may be placed on NP status – by court order, or if the patient is in custody of law enforcement who directs MercyOne Central Iowa to classify the patient as NP status.

Additionally, patients who are minors or who are unable to communicate or understand HIPAA consent forms are placed on NP status upon arrival at the hospital's emergency department.

The patient will remain on this status until he/she, a parent, guardian or designee makes the decision to change the status and signs the NP revocation.

You have the right to:

- Receive care in a safe setting.
- Know the name, identity and professional status of any person providing health care services to you, and to know who is primarily responsible for your care.
- Receive complete and current information concerning your diagnosis in terms you can understand. If it is not medically advisable for you to receive such information, it will only be shared with an appropriate person on your behalf.
- Receive an explanation of any proposed procedure or treatment, including a description of the nature and purpose of the procedure, known risks and serious side effects, and treatment alternatives – including the option of no treatment.
- Have access or referral to appropriate legal representation and self-help and advocacy support services.
- Know if your care involves any experimental methods of treatment and have the right to consent or refuse.
- Be informed about the type of pain to anticipate and pain relief measures.
- Be informed by your practitioners of any health-related concerns or instructions for you to follow upon discharge from the hospital.
- Examine your bill and receive an explanation of the charges regardless of the source of payment for your care.

## **Participation in Treatment Decisions**

You have the right to:

- Know all of your treatment options and to participate in decisions about your care. Your spouse, partner, parents, agent or other individuals you have designated may represent you if you cannot make your own decisions. You also have the right to appoint a representative to make health care decisions on your behalf, even when you are capable of doing so.
- Participate in the development and implementation of your plan of care.
- Make informed decisions about your care.
- Access information regarding your condition, unless medically contradicted.
- Consult a specialist at your request and expense.
- Accept or refuse medical care or treatment to the extent permitted by law, and to be informed of the medical consequences of such refusal.
- Have advance directives, such as a living will or a durable power of attorney for health care, and have a health care team that complies with these directives (see section, "Advance Directives" for additional information).
- Have your family and physician notified promptly of your admission to the hospital.

## **Access to Emergency Services**

You have the right to receive screening and stabilizing emergency services when-ever and wherever needed if you have severe pain, symptoms or an injury that convinces you your health is in serious jeopardy. This includes the right to:

- Receive evaluation, service and/or referral as indicated by the urgency of your situation.
- Be given complete information regarding any decision to transfer you to another facility – if such a transfer is medically permissible – and understand the need for and alternatives to a transfer (the facility to which you will be transferred must first accept the transfer).

## **Pain Management Services**

You have the right to pain prevention, relief and management services. You have the right to:

- Discuss pain relief options with your physician and nurses and work with your health care team to develop a pain management plan.

- Discuss pain relief options with your physician and nurses and work with your health care team to develop a pain management plan.
- Discuss any worries you have about taking pain medications with your physician and nurses. Report pain at any time and have your pain assessed by health care professionals who respond quickly with pain management.
- Notify your physician or nurses if your pain is not relieved and request to have your pain relief medication monitored and adjusted, if needed.

### Confidentiality and Disclosure of Health Information

Your privacy is important to you, and to us. MercyOne Central Iowa is required by federal law to maintain the privacy of your medical information and give you our Notice of Privacy Practices. This Notice is available at [MercyOne.org/desmoines](http://MercyOne.org/desmoines) and in a separate booklet that will be offered to you at the time you are admitted or prior to receiving outpatient care.

You have the right to:

- Review your health care record with a health care professional.
- Request and receive a copy of your medical records.
- Request amendments to your medical records.
- Have personal privacy concerning your own medical care program. Any discussion about your care, consultation among health care professionals about your condition, examination and treatment are confidential and should be conducted discreetly. Persons not directly involved in your care must have your permission to be present.
- Expect all communications and clinical records pertaining to your care will be treated confidentially.
- Access information contained in your medical records within a reasonable time frame.

### Complaints and Appeals

You have the right to a fair, fast and objective review of any complaint you have against MercyOne or your physician, nurse, or other health care professional. This includes complaints about patient care and safety, wait times, operating hours, the conduct of MercyOne Central Iowa personnel, and the adequacy of health care facilities.

You have the right to:

- File a grievance with the Patient Advocate in person, by mail or by phone, including if you feel you have been discriminated against on the basis of race, color, national origin, age, disability or sex. The Patient Advocate will, as soon as reasonably possible, begin an investigation by contacting you, either in writing or verbally, acknowledging receipt of the patient grievance; describing the patient grievance progress; and estimating time to MercyOne's conclusion of the patient grievance process. You will be notified of the resolution by letter, ideally, within seven (7) business days, but not longer than 30 days. If the resolution process will be prolonged, the patient will be notified.

#### Patient Advocate

1111 6th Ave.

Des Moines, IA 50314

Phone: 515-643-2861

Fax: 515-247-4259

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, available at: <https://www.hhs.gov/ocr> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

- If you feel your concerns about patient care and/or safety at MercyOne have not been sufficiently addressed, you may contact The Joint Commission at 1-800-994-6610 (an information only line). The preferred method to report a concern or file a complaint is online at [www.jointcommission.org](http://www.jointcommission.org) to the area called 'contact us' then click on 'report a safety concern', by email at [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org) or by fax at 630-792-5636. You may send your concern in writing to the Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.
- Refer quality of care concerns, premature discharge grievances or beneficiary complaints to: Livanta which is 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 call the Helpline at: 888-755-5580. TTY: 888-985-9295. Fax 955-694-2929.
- File grievances regarding the quality of care you received as a dialysis or kidney transplant patient with Heartland Kidney Network, a not-for-profit corporation that serves as a liaison between end-stage renal disease health care providers and the Centers for Medicare and Medicaid Services. You may download a Patient Grievance Form from their website at [www.heartlandkidney.org](http://www.heartlandkidney.org) or call 1-800-444-9965.

Register concerns with the Health Facilities Division of the Iowa Department of Inspections and Appeals. You may submit your complaint in writing to the Iowa Department of Inspections and Appeals, Health Facilities Division/Complaint Unit, Lucas State Office Building, 321 E. 12th Street, Des Moines, IA 50319-0083. You may also fax your complaint to (515) 281-7106, call 1-877-686-0027. or e-mail [hfd\\_complaint@dia.iowa.gov](mailto:hfd_complaint@dia.iowa.gov).

## PATIENT RESPONSIBILITIES

As a patient, or as the parent or legal guardian of a minor or adult patient, it is your responsibility to:

- Provide accurate and complete information about your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health – including advance directives – and report whether or not you clearly understand the contemplated course of action and its anticipated effects.
- 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 your practitioner's orders and enforce the applicable hospital rules and regulations.
- Accept the medical consequences if you refuse treatment or if you do not follow your practitioner's instructions. In the unlikely event you choose to leave the hospital against medical/physician advice, please inform your nurse, who will provide you with a release to sign.
- Follow hospital rules and regulations regarding patient care and conduct.
- Be considerate of the rights of other patients and staff, and assist in the control of noise and the number of visitors in your room.
- Ensure photos, videos and audiotapes of staff are not recorded without consent.
- Assure the financial obligations of your care are fulfilled as promptly as possible.

### Information Disclosure

You have the right to receive accurate and easily understood information about your health, treatment plan, health care team and facilities.

If you speak a language other than English, have a physical/mental disability or simply do not understand something, assistance will be provided so you can make informed decisions about your care.

You have the right to:

- Be informed of your rights before patient care is provided or discontinued, whenever possible.
- Receive information about your rights as a Medicare beneficiary upon admission.
- Be informed of the hospital rules and regulations regarding your conduct as a patient.
- Expect a family member or representative (with your permission) and your physician will be notified promptly upon your admission to the hospital.

## VISITING PATIENTS

Visitation privileges will not be restricted, limited or otherwise denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. MercyOne Central Iowa will ensure all visitors enjoy full and equal visitation privileges consistent with patient preference and medical safety.

It is our responsibility to maintain a healing environment that encourages recovery. Visitors are reminded that disruptive behavior can impact patient's care and recovery. Visitors will be asked to leave the patient's room and/or hospital if they are disturbing this healing environment.

Visitation privileges include the following:

- Receive visitors whom you choose, including, but not limited to, your spouse or domestic partner, another family member or a friend. You have the right to withdraw or deny consent at any time for any visitor
- Identify a person who may be present for emotional support during your stay, unless the individual's presence interferes with others' rights or safety or is not in your best interest medically, therapeutically or legally. Your support person can make visitation decisions in the event you are unable to do so. (This support person may or may not be your surrogate decision maker or legally authorized representative. Unless you indicate otherwise, the person you identified for emergency notification during admission will be your designated support person.)

- 
- You will not be required to prove the relationship between yourself and a visitor, nor to have visitors prove their relationship to you, unless you are unable to communicate your wishes and a disagreement occurs between two or more people over whether a particular individual should be allowed to visit.

For other records, contact your specific clinic for medical information related to care provided.

A copy of these patient rights and responsibilities is also available at [MercyOne.org/desmoines](http://MercyOne.org/desmoines).

The hospital may develop clinically appropriate visitation restrictions under the following conditions:

- The patient is undergoing care interventions.
- There are infection control issues and/or isolation limitations.
- When visiting may interfere with care of other patients
- The patient needs for rest or privacy.
- Limitations on the number of visitors are required for clinical reasons or during a specific period of time.
- Inpatient substance abuse treatment programs with protocol limit visitation.

Other non-clinical circumstances which may affect visiting include:

- Court orders restricting contact with a patient.
- The patient is in police custody.
- Disruptive, threatening or violent behavior of any kind.
- Unit specific age requirements for child visitors.
- Public safety procedures.

Individual departments may have unit specific guidelines and/or restrictions specific to their patient population and services provided. These unit specific guidelines will address:

- Number of visitors at a given time.
- Visitors staying in patient rooms overnight. (Children are not allowed to stay in a patient's room overnight unless accompanied by an adult other than the patient or the patient is able to assume total responsibility for care of the child.)

## QUESTIONS/CONCERNS

If you have questions or concerns about your care, please speak to your nurse, the unit charge nurse or the unit nursing director.

To access or release information in your MercyOne Des Moines Medical Center or MercyOne West Des Moines Medical Center hospital medical record, please call 515-247-4147.