



## PATIENTS' RIGHTS AND RESPONSIBILITIES

### As a patient, you have the *right* to:

1. Receive care in a safe setting and to receive courteous, considerate and respectful care.
2. Expect that the healthcare professionals at this facility have been fully credentialed according to State, Medicare and Accreditation standards to safely perform the procedures for which they have privileges and to perform the duties necessary to fulfill their job responsibilities.
3. Obtain from your physician complete and current information concerning your diagnosis, treatment and prognosis in terms you can be reasonably expected to understand. When it is not medically advisable to give you such information, the information should be made available to an appropriate person on your behalf. You have the right to know, by name, the physician responsible for coordinating your care.
4. Receive from your physician information necessary to give informed consent prior to the start of the procedure and/or treatment. Except in emergencies, such information should include but not necessarily be limited to the diagnosis, the specific procedure(s) and/or treatment(s), the medically significant risks involved, prognosis and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or upon your request, you have the right to information concerning medical alternatives. When it is deemed medically inadvisable to give such information to the patient, this information is made available to a person so designated by the patient, or a legally authorized person.
5. Participate in decisions involving your care, except when contraindicated for health reasons, to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of your actions.
6. Every consideration of your need for privacy concerning your medical care program. Case discussion, consultation, examination, treatment and records are confidential and should be conducted discreetly. Those not directly involved in your care must have your permission to be present.
7. Be advised as to what services are available and to receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin, handicap, source of payment or sponsor. To the best of our ability and within the boundaries of patient safety, this Center will endeavor to respect your cultural and personal values, beliefs, and preferences.
8. Be informed of the support services available at the Center, including the availability of an interpreter.
9. Expect that, within its capacity, the Iowa Endoscopy Center must make a reasonable response to a request for services. The Facility must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another health care facility after he has received complete information and explanations concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
10. Obtain information as to any relationship of this facility to other health care and educational institutions, insofar as your care is concerned, and to obtain information as to the existence of any professional relationships among individuals, by name, who are involved in your treatment.
11. Be advised when the facility proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
12. Expect reasonable continuity of care and to know in advance what physicians are available and when. You have the right to expect that the facility will provide a mechanism whereby your physician, or a delegate of the physician, will be informed of your continuing health care requirements following discharge.
13. Be informed of any charges above what your insurance will pay and to receive an itemized copy of your account statement, upon request, and to be provided an explanation of your bill regardless of the source of payment.
14. Know what Facility rules and regulations apply to your conduct as a patient; e.g., the patient is responsible for providing information about his/her health, including past illnesses, hospitalizations and medication.
15. Be free from mental, physical, sexual, and verbal abuse, neglect, harassment, and/or exploitation and to expect any and all allegations, observations or suspected cases of abuse, neglect, harassment, and/or exploitation that occur in the organization will be investigated.
16. Be informed of the provisions for after-hour and emergency coverage.
17. Expect that marketing and/or advertising conducted by the facility is not misleading.
18. Know upon request and in advance of treatment whether the facility participates in the Medicare program.
19. Expect that when care, treatment, and services are subject to internal or external review that results in the denial of care, treatment, services, and/or payment, the organization makes decisions regarding the provision of ongoing care, treatment, services, or discharge based on the assessed needs of the patient.
20. Voice grievances regarding treatment or care that is or fails to be provided and recommend changes in policies and services to the Center's staff, physicians, and the governing state agencies without fear of reprisal.

21. Express complaints about the care and services provided and to have the Center investigate such complaints. The Center is responsible for providing the patient or his/her designee with a written response within 30 days, if requested by the patient, indicating the findings of the investigation. The Center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the Center's response, the patient may complain to the governing agencies.
22. To inspect and copy your record; to amend the record; to receive an accounting of the disclosures of the record; to request restrictions on certain uses and disclosures of the record; to receive confidential communications of the record; to approve or refuse the release or disclosure of the contents of his/her medical record to any health care practitioner and/or health care facility except as required by law or third - party payment contract; and to obtain a paper copy of the Privacy Notice.
23. Have an advance directive, such as a Living Will or Durable Power of Attorney. These documents express the patient's choices about their future care or name someone to make these decisions if he/she cannot speak for himself/herself. Although the Iowa Endoscopy does not honor Advanced Directives it is your right to have one present in your medical record at the Center. If you have a medical emergency requiring that you be transferred to a hospital for further evaluation and treatment, the receiving institution will make the decision about following your advance directive or living will.

If you don't have an advanced directive you can obtain information on how to procure one by contacting: Iowa Medical Society 1001 Grand Avenue, West Des Moines, IA 50265. Phone: (515) 223-1401.

Website: [Iowa Medical Society - http://www.iowamedical.org/legal/advancedirectives.cfm](http://www.iowamedical.org/legal/advancedirectives.cfm)

24. Expect that the staff who are all committed to pain prevention and management, will believe your report of pain and will respond quickly to provide information about pain relief measures.
25. To know that your physician may be an owner or have a financial interest in the Iowa Endoscopy Center. You may choose to have your procedure performed at any other facility where your physician has privileges.

### **As a patient, you are *responsible* for:**

1. Providing accurate and complete information about past illnesses, hospitalizations, medications, and other matters relating to your health and to answer all questions concerning these matters to the best of your ability.
2. Being considerate of other patients and seeing that family members are also considerate, especially in regards to smoking, noise and visitation policy.
3. Being respectful of others, their property, and the property of the facility and its personnel.
4. Promptly arranging for the payment of bills and providing necessary information for insurance processing.
5. Keeping all appointments at their scheduled time or contacting staff as early as possible if a scheduled appointment cannot be kept.
6. Following instructions and the health care plan recommended by your health care provider, to include follow-up treatment recommended, and for asking questions to seek information or clarification of things you do not understand and for advising the physician if the decision is made to stop the treatment plan.
7. Accepting the medical consequences if you refuse treatment or if you do not follow your healthcare provider's instructions.
8. Informing staff of unexpected changes in his condition.
9. Asking for pain relief when the pain first begins and for providing help in assessing such, as well as notification if the pain is not relieved as expected.
10. Inquiring as to expectations regarding pain and pain management as well as discussions regarding relief options and concerns regarding pain medication.

### ***If you have a complaint against the Iowa Endoscopy Center, you may contact:***

Iowa Endoscopy Center Clinical Manager at 515 288-3342. If you believe your concerns are not sufficiently addressed, you may also contact:

Iowa Department of Inspections and Appeals, Complaint Intake Unit, Health Facilities Division, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0083. Phone: 1-877-686-0027. Website: <http://dia.iowa.gov/page29.html>

Medicare Beneficiaries (Ombudsman Center): [www.medicare.gov/ombudsman/resources.asp](http://www.medicare.gov/ombudsman/resources.asp) Phone: 1-800-633-4227. The Medicare Beneficiary Ombudsman will ensure that Medicare beneficiaries receive the information and help needed to understand their Medicare options and to apply their Medicare rights and protections.

The Joint Commission at [www.jointcommission.org/GeneralPublic/Complaint/](http://www.jointcommission.org/GeneralPublic/Complaint/) or call 1-800-994-6610 for information on filing a complaint.

**A COPY OF THIS DOCUMENT IS POSTED ON OUR WEBSITE AND CAN BE OBTAINED AT OUR OFFICE.  
THE WEBSITE ADDRESS IS [WWW.IOWAENDOSCOPYCENTER.COM](http://WWW.IOWAENDOSCOPYCENTER.COM)**