- Have visitors without restriction to race, color, national origin, religion, sex, gender identity, sexual orientation or disability as designated by patient preference unless clinically necessary.

- Examine your bill and receive an explanation of the charges, regardless of the payment source for your care.

- Receive information about rights as a Medicare Beneficiary at Admission. We will refer, at your request, beneficiary complaints to the Iowa Foundation for medical care at 1.800.383.2856.

- Refer quality of care concerns or premature discharge grievances to the Iowa Foundation for Medical Care, which is the external peer review organization for Iowa at 1.800.383.2856.

- Use the Marshalltown Medical & Surgical Center complaint process for submitting a written or verbal complaint to a Patient Representative (641.754.5287), our healthcare practitioners or our administrative team. You can expect to receive a response within 7 days regarding your complaint from the Patient Representative or a member of the management/administrative team.

- File a grievance with the Iowa Department of Inspections and Appeals, Lucas State Office Building, 321 E. 12th St., Des Moines, IA 50319, (877.686.0027), regardless of whether MMSC's grievance policy was used.

***For further information, available on request, MMSC Administrative Policy #225, *Patient Bill of Rights and Responsibilities*.

The Patient is Responsible:

- To provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health, including advance directives, and reporting whether you clearly comprehend a contemplated course or action and what is expected.

- 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.

- For your actions if you refuse treatment or if you do not follow the practitioner's instructions.

- To assure that the financial obligations for your care are fulfilled as promptly as possible.

- To follow hospital rules and regulations affecting patient care and conduct and be considerate of the rights of other patients and hospital personnel by assisting in the control of noise and the number of visitors in your room.

We consider you a partner in your healthcare.

When you are well-informed, participate in treatment decisions and communicate openly with your physicians and other health professionals, you can help make your care as effective as possible. We respect each patient's personal preferences and values.

*****In compliance with the Iowa Smoke Free Air Act, MMSC's indoor and outdoor campuses are all designated as "Tobacco Free." We are dedicated to providing a smoke-free environment for all patients, employees, visitors and staff.*****

Patient Rights & Responsibilities

Marshalltown Medical & Surgical Center
3 South 4th Ave.
Marshalltown, Iowa 50158
641.754.5151

www.everydaychampions.org

December 2010

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

- Have access to medical services provided by this medical center, regardless of race, creed, sex, national origin, religion or sources of payment for care.

- Be informed of your rights before patient care is furnished or discontinued whenever possible and of any hospital rules and regulations applicable to your conduct as a patient.

- Expect that a family member or representative and physician will be notified promptly of your admission to the hospital.

- Be treated kindly and respectfully by all hospital personnel, be free of all forms of abuse or harassment and receive care in a safe setting.

- Know who is primarily responsible for your care and the name, identity and professional status of all persons providing your services.

- Receive complete and current information concerning your diagnosis, treatment and prognosis in terms and a language you can understand. When it is not medically advisable to give such information, it will be made available to an appropriate person on your behalf.

- Be informed by the practitioner about any continuing healthcare requirements following discharge from the hospital.

- Make informed decisions about your care. An explanation of any proposed procedure or treatment should include a description of or purpose of the treatment or procedure, known risks or serious side effects and treatment alternatives.

- To accept medical care or refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.

- Participate in developing and implementing your plan of care, including discharge planning and any ethical issues that arise in the provision of your care.

- Receive the best pain management that can be safely achieved. This includes education about pertinent pain management principles, options, risks and benefits.

- Be free from restraints or seclusion of any form that are not medically necessary or that are based as a means of coercion, discipline, convenience or retaliation by staff.

- Exercise cultural and spiritual beliefs that do not interfere with the well being of others or the planned course for your medical therapy.

- Know if your care involves any experimental methods of treatment. If so, you have the right to consent or refuse to participate.

- Have an advance directive, such as a living will or healthcare power of attorney, and to have 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 advance directive, please provide a copy to the hospital, your doctor and your family or designated representative. We can also provide assistance with advance directives.

- Receive 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 alternatives to such a transfer. The facility to which you will be transferred must first accept the transfer.

- Have personal privacy concerning your own medical care program. Care discussions, consultations, examinations and treatments are confidential and should be conducted discreetly. Those persons not directly involved in care must have your permission to be present.

- Expect that all communications and clinical records pertaining to your care will be treated confidentially and that you can access information contained in your medical records within a reasonable time frame.