

Patients Rights & Responsibilities

YOUR RIGHTS...

The right to respectful, skillful and compassionate care.

- You will receive health care that meets professional standards in a safe environment.
- You will receive care without regard to race, color, creed, sex, national origin, beliefs, age, handicap, diagnosis or ability to pay.
- Your pain will be assessed and managed.

The right to personal privacy and confidentiality of records.

- Any conversation regarding your care will be discreet and professional in nature.
- You have protection from unauthorized review of your records and unauthorized communication about your care.
- You will receive privacy in communicating with any person of your choice and the right to accept or refuse visitors.
- If it is necessary to restrict visitors, mail, or telephone calls as a component of your care, you and your family will be included in this decision.
- Your property will be treated with respect and your personal and physical privacy maintained.
- You will receive mail that is unopened and have access to stationery and postage at your own expense.
- With your permission, a family member or person of your choice will be notified of your admission.

The right to information that will enable you to participate in making appropriate decisions about your care.

- Information about your diagnosis, prognosis and treatment, including alternatives to care and risks involved will be provided in terms you and your family can understand.
- You have the right and responsibility to participate in the development and implementation of your plan of care.
- Information about Advance Directives, including a Living Will and Medical Power of Attorney, will be provided.
- You have the opportunity to formulate Advance Directives and to expect your wishes will be followed to the full extent authorized by law.
- You may refuse any treatment or procedure as permitted by law.

- Proposed research studies or human experimentation that affects your care must be fully explained to you before you give your consent or refusal.
 - Information regarding the name, titles, and qualifications of anyone providing your care will be provided at your request.
 - A Second opinion and/or consultation will be provided at your request (and at your expense) if not covered by your insurance.
 - You will be given the reason for transfer to another facility and the alternatives to such a transfer.
 - You have access to your medical and financial records in an expedient manner and may have them explained to you.
 - You will have the right to accept visitors regardless of race, creed, color, religion, sex, age, disability, national origin, marital status, veteran status, gender identity or sexual orientation.
 - You have the right to alternative communication of this notice and the information can be provided in an alternative format if requested.
 - Information will be given to you upon request regarding how to file a grievance, whom to contact.
- For Quality of Care concerns contact KEPRO toll-free at 1-855-408-8557 5201, West Kennedy Blvd, Suite 900, Tampa, FL 33609
- The Right to expect that, within its capacity, Gabrielson Clinic for Women must make a reasonable response to the request of a patient for services that are appropriate and medically indicated.

The right to be free of abuse or mistreatment of any kind including:

- Freedom from neglect, involuntary seclusion, physical, mental, sexual and verbal abuse.
- Freedom from any form of chemical or physical restraints that are not medically necessary for a specific purpose and are not ordered by a medical provider.
- Freedom from misappropriation of your personal property.

The right to education regarding your condition, causes and treatments including how to manage your health care at home.

The right to social service including:

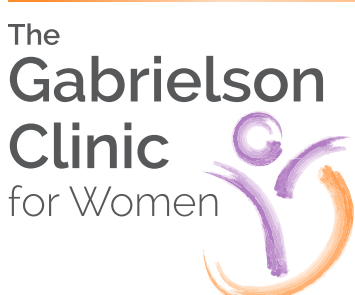
- Assistance in discharge planning.
- Contacting outside agencies for assistance.
- Obtaining medical supplies, equipment and medication.

YOUR RESPONSIBILITIES...

- To provide, to the best of your ability, complete and truthful health information including any complications or side effects from care received.
- To tell the hospital or medical staff if you have prepared an Advance Directive and to provide a copy of such directive.
- To participate in your plan of care and cooperate with your medical provider and other caregivers.
- To accept responsibility if you refuse treatment or fail to comply with instructions.
- To sign the required consents and releases for care as you agree to them.
- To provide the hospital with your financial and insurance information.
- To fulfill your financial obligation to Gabrielson Clinic for Women as soon as possible.
- To make it known if you do not understand the education and instructions provided to you.
- To protect valuables by sending them home with family members or placing them in the hospital safe.
- To be considerate of the rights of others, including hospital staff and other patients, and to respect the property of others.

If you have any questions about your rights and responsibilities as a patient, please ask your nurse. She will refer you to the appropriate person.

Gabrielson Clinic for Women is committed to providing quality and compassionate care.



GabrielsonClinic4Women.com

Locations

Clarion
1316 South Main Street
Clarion, Iowa 50525
Phone: 515-532-9287

Humboldt
1000 15th Street North
Humboldt, Iowa 50548
Phone: 515-532-9287

Belmond
403 1st Street Southeast
Belmond, Iowa 50421
Phone: 515-532-9287

Hampton
700 2nd Street Southeast
Suite 101
Hampton, Iowa 50441
Phone: 515-532-9287

Fort Dodge
1534 28th Avenue North
Fort Dodge, Iowa 50501
Phone: 515-532-9287

Clear Lake
401 South 17th Street
Clear Lake, Iowa 50428
Phone: 641-357-1800

Webster City
815 Des Moines Street
Webster City, Iowa 50595
Phone: 515-832-1200