

# 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.

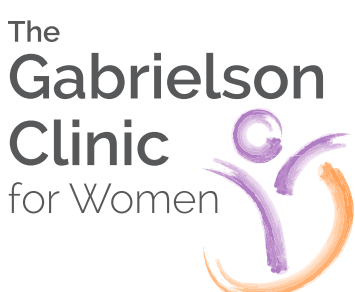
## YOUR RESPONSIBILITIES...

- 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.

Revision Date: May 11, 2022



### Locations

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

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

**Webster City**  
1924 Superior Street  
Webster City, Iowa 50595  
Phone: 515-832-1200

**Boone**  
104 South Story Street  
Boone, Iowa 50036  
Phone: 515-236-9100