

**AS A PATIENT OR PATIENT  
REPRESENTATIVE,  
YOU ARE RESPONSIBLE:**

- To give us your health facts so we can write your plan of care, therapy and services. Examples would be a listing of all your pills and medicine that you take, past surgeries or illnesses, doctor(s) you go to, etc.
- To tell your doctors and nurses if you think you cannot follow through with your plan of care and why.
- To accept the outcomes if you decide not to follow through with your plan of care.
- To openly report your pain or discomfort.
- To tell us your ideas for improving your care.
- To tell us your insurance details or your need to arrange a payment plan for your hospital bill.
- To respect other patients and their families. They have a right to safety, comfort, privacy and a quiet surrounding just as you do.
- To be honest.
- To follow hospital rules.
- To make every effort to know your problems by asking questions.
- To try and follow the directions and advice offered by the staff.
- To speak up and tell your nurse or the manager of the department if you feel your rights are being violated.

**CONCERNS**

Please let us know if you have any concerns about your care, treatment or safety by:

Asking to speak with the person in charge of the department involved or to call administration at 515-332-4200.

Thank you for choosing Humboldt County Memorial Hospital to receive your healthcare services. We value your feedback in our efforts to continually provide the highest quality service to you.



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## Knowing Your Rights as a Patient



Humboldt County  
Memorial Hospital

Humboldt County Memorial Hospital promotes the goal of improving care, treatment, and outcomes for patients and patient representatives by recognizing and respecting their individual rights and conducting business in an ethical manner.

**AS A PATIENT OR PATIENT REPRESENTATIVE, YOU HAVE THE RIGHT:**

- To have someone tell you your rights and responsibilities.
- To be told about your illness and your plan of care.
- To be treated with respect. It does not matter what your religion, lifestyle, cultural beliefs, race, creed, sex, color, gender identity, sexual orientation, disability, national origin, diagnosis or source of payment is, you will not be denied the care you need.
- To be told the name of your caregivers, their job title and what they will be doing for you.
- To have your questions answered.
- To have your property protected.
- To have any conflict in your care taken to a responsible group that can settle problems.
- To feel safe and secure.
- You have the right to access protective services. These services include: Guardian and Advocacy Services, Conservatorship, state agencies, the state licensure office, the Ombudsman Program, and the Iowa Foundation for Medicare.
- To have your pain or discomfort rated and managed.
- To complain about a person, your care or your surroundings without fear of being treated differently or having a break in your plan of care.
- To call administration with a complaint or suggestion at 515-332-4200.
- To file a formal complaint. Information will be given to you, upon request, regarding how to file a grievance, who to contact, and the procedure involved. You may contact a state agency (Iowa Department of Inspection and Appeals at 877-686-0027) whether or not you use the hospital grievance process.
- To move to another hospital.
- To know more about the hospital rules and to know what the hospital is able to do or not do for your current illness and injury.
- To expect good communication with your caregivers even if you have trouble seeing, hearing or understanding what is said or what is given to you in writing.
- To have your family, friend or legal agent called right away if you are admitted to the hospital.
- To ask why you are being sent home if you think it is too soon.
- Subject to your consent, to receive the visitors whom you designate, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and your right to withdraw or deny such consent at any time.
- To look at your health records according to the hospital policies.
- To know that as a teaching hospital you may have students taking part in your care.
- To have your hospital charges and insurance coverage explained to you.
- To agree or refuse a test or therapy and have the results of your choice explained to you.
- To be an active part in the choices made about your plan of care.
- To have the right to choose your caregivers if you should need health care after you go home.
- To not feel forced to do anything you do not want to do.
- To be told of the dangers and advantages of any therapy or service.
- To have spiritual care and pastoral care.
- To have your wishes honored and respected.
- To legally choose someone to speak for you if you are not able to speak for yourself. This is called an Advanced Directive.
- To accept or refuse any research that has to do with your care or health problem.
- To know that Humboldt County Memorial Hospital respects your privacy and will treat you and your health care details with security and privacy.
- To receive good care even if you don't have insurance or enough money.
- To have your caregivers know that you wish to be an organ donor.
- To be free from restraint.