

## NON-DISCRIMINATION POLICY

In accordance with Title 6 of the Civil Rights Act of 1964 and its implementing regulations, Floyd Valley Healthcare does not directly or indirectly (through contractual or other arrangements), exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, national origin, color, creed, religion, sex, age, disability, veteran status, marital status, sexual orientation, gender identity, diagnosis or source of payment for care in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, including assignments or transfers within the facility and referrals to or from the facility.

Floyd Valley Healthcare also affirms its commitment to providing equal opportunities without regard to race, national origin, color, creed, religion, sex, age, disability, veteran status, marital status, sexual orientation, gender identity or expression or any other basis prohibited by federal, state or local laws.

In accordance with Section 504 of the Rehabilitation Act of 1973 and its implementing regulations, Floyd Valley Healthcare will not, directly or through contractual or other arrangements, discriminate on the basis of handicap in admissions, access, treatment or employment. The Administrator has been designated as a coordinator for implementation of this policy.

In accordance with the Age Discrimination Act of 1975 and its implementing regulations, Floyd Valley Healthcare will not, directly or through contractual or other arrangements, discriminate on the basis of age in the provision of services, unless age is a factor necessary to normal operation of the achievement or any statutory obligation.

In accordance with the Americans with Disabilities Act of 1990 and its implementing regulations, Floyd Valley Healthcare will not, directly or through contractual or other arrangements, discriminate on the basis of disabilities in the provision of services or in employment.

It is the policy of Floyd Valley Healthcare not to discriminate on the basis of disability. Any person who believes they have been subjected to discrimination on the basis of disability may file a grievance under the Hospital's "Discrimination Grievance Policy." It is against the law for Floyd Valley Healthcare to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

This policy establishes a procedure for prompt and equitable resolution of written or verbal discrimination grievance complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 USC 794) or the U.S. Dept. of Health and Human Services regulations implementing the Act. Section 504 states, in part, that "no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives the benefits from Federal financial assistance."

You may request a printed copy of Floyd Valley Healthcare's Non-Discrimination and Discrimination Grievance policies.

**A written discrimination complaint may be submitted to the Floyd Valley Healthcare Patient Relations Manager. Direct phone number is 712-546-3397.**  
**You may also contact the U.S. Office for Civil Rights at 1-800-368-1019 or TDD 1-800-537-7697.**

---

## PATIENT BILL OF RIGHTS

- RESPECTFUL CARE:** You have the right to be treated with dignity, concern and respect. You have the right to care that takes into account the social, spiritual and cultural matters that have an effect on your illness. You will be treated with respect regardless of your age, race, ethnicity, national origin, culture, color, religion, language, physical and/or mental status, sex, sexual orientation, gender identity or expression, or your ability to pay.
- COMPLETE INFORMATION:** You have the right to and are encouraged to obtain from your doctor complete and current information about your diagnosis, treatment and treatment outcomes in words you can understand. You have the right to know the names and roles of the professionals taking care of you. You have the right to know when something goes wrong with your care.
- CARE DECISIONS:** You have the right to participate in making decisions about the medical care you receive. Others may be included in care decisions, but you have the right to agree to or refuse treatment as permitted by law and hospital policy, and to know the risks and benefits of your actions. If you refuse a suggested treatment, you will receive other care and services as needed. The hospital will make every attempt to provide you with care based on the seriousness of your illness and the hospital's ability to treat you. You can expect to be told about care alternatives when hospital care is no longer appropriate. When medically proper and legally permitted, or on your request, you may be transferred to another facility. Upon your request, you have the right to have a family member or representative and your own doctor notified promptly on your admission to the hospital.
- RESTRAINTS:** You have the right to be treated in the least restricting way that preserves your safety and that of other patients and staff. This means that you will be free from physical restraints and excessive medications unless necessary for the protection of your health or safety.
- PAIN MANAGEMENT:** You have the right to receive information about pain and pain relief measures. You can expect staff commitment to pain management and health professionals who respond to your reports of pain. You can expect that your reports of pain will be believed and that pain management will be provided.
- ADVANCE DIRECTIVE:** You have the right to have an advance directive such as a living will, health care proxy or durable power of attorney for health care. You have the right to have hospital staff and other health care providers in the hospital act in accordance with these directives. These documents state your wishes about treatment or name someone to decide for you if you are unable to do so.
- PATIENT NEEDS:** *Privacy:* You have the right to every consideration of privacy. All parts of your medical care, examination and treatment will be conducted so as to protect your privacy. *Confidentiality:* You have the right to expect that all communications and records related to your care will be treated as confidential by the hospital, except when reporting is permitted or required by law. *Security:* You have the right to have all care and treatments provided to you in a safe and secure area, free from neglect and abuse. *Communication:* You have the right to expect unrestricted access to communication. When it is necessary to restrict visitors, mail, telephone calls or other forms of communication as a part of your care, you have the right to be included in any such decision. You have the right to expect any communication to be given in a language you can understand.
- REVIEW RECORDS:** You have the right to review the records related to your medical care and to have the information explained or interpreted as necessary, except when restricted by law. You have the right to access this information within a reasonable time frame. You have the right to request amendments or corrections to your medical record.
- BUSINESS RELATIONSHIPS:** You have the right to ask about, and be informed of, the existence of business relationships among the hospital, educational institutions, other health care providers or payers that may influence your treatment and care.
- RESEARCH TREATMENT:** You have the right to know about research or experimental treatment that your doctor may make available. You have the right to consent to or refuse to participate in proposed research studies or experimental care. You have the right to know about research or experimental treatment that your doctor may make available. You have the right to consent to or refuse to participate in proposed research studies or experimental care.
- HOSPITAL POLICIES:** You have the right to be informed of hospital policies and practices that relate to patient care treatment and responsibilities. You have the right to be informed of available resources for resolving problems or questions about quality of care, such as ethics committees or patient representatives. You have the right to expect a timely response to your problem or question. You have a right to be informed of the hospital's charges for services and available payment methods.
- VISITATION:** You (or support person) have the right, subject to your consent, to receive the visitors you designate, including but not limited to a spouse, a domestic partner (including a same-sex domestic partner), or another family member, or a friend; and you have the right to withdraw or deny such consent at any time. Visitation privileges will not be restricted, limited, or otherwise denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. Some patient care units may have clinically necessary or reasonable restriction of visitation because of patient's condition. You will be advised of specific visitation policies upon arrival to the patient care unit, if applicable.

---

## PATIENT RESPONSIBILITIES

- CORRECT AND FULL INFORMATION:** You are responsible for providing information to health care providers about symptoms, past illnesses, hospitalizations, medications or other pertinent information. You are responsible for informing your health care providers about any changes in your condition.
- RESPONSIBILITY FOR YOUR ACTIONS:** To participate effectively in decision-making, you are encouraged to take responsibility for asking questions about your care. You are responsible for following the care, service or treatment plan developed for you. You should express any concerns you have about your ability to follow and comply with the proposed care plan or course of treatment. You are responsible for understanding the consequences of the treatment alternatives and not following the proposed plan. You are responsible for the outcomes if you do not follow the care, service or treatment plan.
- PAIN MANAGEMENT:** You are responsible for expressing your expectations regarding pain and pain management and discussing pain relief options with your doctors and nurses. Please work with them to appropriately assess your pain and develop a pain management plan. Ask for pain relief when your pain first begins and tell your doctor or nurse if your pain is not relieved.
- ADVANCE DIRECTIVE:** You are responsible for making sure that the hospital has a copy of your living will and/or durable power of attorney for health care if you have one.
- FOLLOWING RULES AND REGULATIONS:** You are responsible for following the hospital's rules and regulations concerning patient care and conduct. Please also consider the privacy and rights of others when you have visitors or are using the television, radio or telephone.
- PAYMENT OF BILLS:** You are responsible for providing necessary insurance information and for working with the hospital to make payment arrangements when necessary.

UPDATED 02/2021



**Report your concern/grievance to the Floyd Valley Healthcare Patient Relations Manager at (712) 546-3397.**  
**You may also report your grievance to the State of Iowa at 1-877-686-0027.**