

# **GUNDERSEN**

## **PALMER LUTHERAN HOSPITAL AND CLINICS**

112 Jefferson Street, West Union, IA 52175 (563) 422-3811 [www.gundersenhealth.org/palmer](http://www.gundersenhealth.org/palmer)

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## **Notice of Information/Privacy Practices**

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### **Protected Information**

Much of your health information is stored electronically, rather than being in paper form. When we use or disclose your protected health information (PHI) in the ways described in this notice, we may do so by providing printed copies of your health information or by allowing the authorized person or persons to access the electronic record. However, whether your health information is in paper or electronic form, we will handle it in compliance with the provisions of this notice.

While receiving care from our facility, information regarding your medical history, treatment and payment for your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your medical care or your payment for medical care is protected by state and federal law (“Protected Information”).

This notice also applies to other health care providers that come to Gundersen Palmer Lutheran Hospital and Clinics to care for patients, such as physicians, physician assistants, allied health professionals, emergency service providers, medical transportation companies, medical equipment suppliers and other health care providers that are not employed by the organization. These health care providers may follow different practices at their own offices or facilities.

### **Your Rights**

Federal law grants you certain rights with respect to your protected information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your protected information.
- Request that certain uses and disclosures of your protected information be restricted; provided, however, we have the right to refuse your request. You have the right to restrict disclosure of PHI to your health plan/insurance if you pay out-of-pocket in full for health services or items. The request must be in writing.
- Access to your protected information; provided, however, the request must be in writing and may be denied in certain limited situations.
- Request that your protected information be amended.
- Obtain an accounting of certain disclosures by us of your protected information of the past six years. To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time which may not be longer than six years and may not include dates before February 26, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of

providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Revoke in writing any prior authorizations for use or disclosure of protected information, except to the extent that action has already been taken.
- Request communications of your protected information is done by reasonable alternative means or at alternative locations. This request must be in writing.
- To be notified following a breach of unsecured patient health information.

### **Our Responsibilities**

Federal law also imposes certain obligations and duties upon us with respect to your protected information. Specifically, we are required to:

- Provide you with notice of our legal duties and our facility's policies regarding the use and disclosure of your protected information.
- Maintain the confidentiality of your protected information in accordance with state and federal law.
- Review your requested restrictions regarding the use and disclosure of your protected information and inform you if these restrictions can be accommodated.
- Allow you to inspect and copy your protected information during our regular business hours pursuant to any legal restrictions.
- Act on your request to amend protected information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension. Although this does not guarantee that amendment is appropriate. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the medical information kept by or for the hospital.
  - Is not part of the information which you would be permitted to inspect and copy.
  - Is accurate and complete.
- Accommodate reasonable requests to communicate protected information by alternative means or methods.
- Abide by the terms of this notice.
- Certain uses and disclosure of PHI that require patient authorization include psychotherapy notes, marketing and the sale of PHI, and other uses and disclosure not described in this notice.

### **How Your Protected Information May Be Used/Disclosed**

Generally, your protected information may be used and disclosed for treatment, payment, operations, or as required by law. This includes a variety of areas:

**Treatment Purposes:** We may use or disclose your protected information for treatment purposes, including continuing care and case or care management. During your care at our facility, it may be necessary for various personnel, including, but not limited to, medical staff, professional staff, nurses, lab technicians or medical students involved in your care to have access to your protected information in order to provide you with quality care. For example, your physician may need to know which medications you are currently taking before prescribing additional medications. It may be necessary for the physician to inform the nurses on staff of the medications you are taking so they can administer the medications and monitor any possible side effects. We may contact you to provide appointment reminders.

Situations may also arise when it is necessary to disclose your protected information to individuals outside our facility who may also be involved in your current or future care. For example, if you are a resident in a nursing facility, it may be necessary for your physician to disclose medications prescribed by him/her so that they can be appropriately administered by the nursing facility and side effects may be monitored. The nursing facility may disclose information to the hospital if admission is required, or to a specialist. Your physician may call a pharmacist and order a prescription.

**Payment Purposes:** Your protected information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose protected information so that treatment and services provided by us may be billed and collected from your insurance company, or other third party payer. Bills requesting payment will usually include information which identifies you, your diagnosis, and any procedures or supplies used. It may also be necessary to release protected information to obtain prior approval for treatment from your health insurance.

**Health Care Operations:** Your protected information may be used for facility operations, which are necessary to ensure our facility provides the highest quality of care. For example, your protected information may be used for learning or quality assurance purposes. We may also remove information which could identify you from your record so as to prevent others from learning who the specific patient is.

**Health Information Exchange:** We electronically exchange health care information to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, health information exchange will allow us to make your medical information available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you. You have the right to opt-out of the health information exchange by contacting our Privacy Officer.

**Emergency Use:** If an emergency situation exists and providing you with our notice is not practical, we may use or disclose protected information to the extent necessary during the emergency care.

**Research:** In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your written authorization. To do this, we are required to obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

**Hospital Patient Directory:** Our facility may include certain limited information about you in a hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g. good, fair, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

**Notification:** Unless you have informed us otherwise, your protected information may be used or disclosed by us to notify or assist in notifying you, a family member, or other person responsible for your care. This may include appointment reminders such as postcards. In most cases, protected information disclosed for notification purposes will be limited to your name, location and general condition.

**Communication with Family Members and Caregivers:** With your permission, we will release protected information to a family member, relative or close personal friend who is involved in your care to the extent necessary for them to participate in your care.

**Bereavement/Memorial Services:** Gundersen Palmer Hospice, as a part of their bereavement program, may recognize hospice patients in memorial services and practices. For example, a rose is given to family members during visitation at the time of death.

**Marketing and Fundraising Activities:** We may contact you regarding health-related benefits and services we feel may be of interest to you. In addition, you may also be

contacted as part of a fundraising effort. Demographic information generally includes home address, age, gender and insurance status. If you do not wish to receive hospital information or to be contacted for fundraising efforts, you may call (563) 422-3811 and speak with the Foundation Coordinator.

### **Special Circumstances**

The law specifically requires us to use or disclose protected information in the following special circumstances:

**Public Health Activities:** We are required to use or disclose your protected information for public health activities and purposes. Examples of public health activities which would warrant the use or disclosure of your protected information include:

- Preventing or controlling disease, injury or disability
- Reporting births or deaths
- Reporting the abuse or neglect of a child or dependent adult
- Reporting reactions to medications or problems with products
- Notifying individuals exposed to a disease who may be at risk for contracting or spreading disease.

**Health Oversight Activities:** Your protected information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include audits, investigations, inspections or judicial/administrative proceedings which you are not the subject of. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by our facility's compliance with certain laws and regulations.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Victims of Abuse or Neglect:** Other than child and dependent adult abuse which is covered under public health activities, we may use or disclose your protected information to a protective services or social services agency or other similar government authority, if we reasonably believe you have been the victim of abuse, neglect or domestic violence as long as you agree to such disclosure and we feel it is necessary to prevent serious harm to you or other individuals. If you are incapacitated and unable to agree to such a disclosure, we may release your protected information for this purpose but only if failure to release it would materially and adversely affect a law enforcement activity.

**Law Enforcement:** We may also release your protected information to a law enforcement official for the following purposes:

- Pursuant to a court order, warrant, subpoena/summons, or administrative request.
- Identifying or locating a suspect, fugitive, material witness or missing person.
- Regarding a crime victim, but only if the victim consents or the victim is unable to consent due to incapacity and the information is needed to determine if a crime has occurred, nondisclosure would significantly hinder the investigation, and disclosure is in the victim's best interest.
- Regarding a decedent, to alert law enforcement that the individual's death was caused by suspected criminal conduct.
- By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime or characteristics of the perpetrator.

**Coroner, Medical Examiners, Funeral Homes:** Protected information regarding a decedent may be released to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties as authorized by law. Protected information regarding a decedent may also be disclosed to funeral directors if necessary to carry out their duties.

**Specialized Government Functions:** Your protected information may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:

- Military and veterans activities
- National security and intelligence activities
- Protective service of the President and others
- Medical suitability determinations for Department of State officials
- Correctional institutions and law enforcement custodial situations
- Provision of public benefits

**Organ Donation:** Your protected information may be used or disclosed by us to entities engaged in the procurement, banking or transplantation of organs, eyes or tissues for the purpose of facilitating such donation and transplantation.

**Disaster Relief:** We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

**Workers' Compensation:** We will disclose your protected information to the extent necessary to comply with laws relating to workers' compensation or other programs providing benefits for work-related injuries or illness without regard to fault.

**Inmates:** If you are an inmate of a State or Federal institution or under the custody of law enforcement, we may release medical information about you to the institution, law

enforcement official or court, if this release is necessary 1) for the institution to provide you with health care; 2) to protect your health and safety, and/or the health and safety of others; or 3) for the safety and security of the correctional institution or agency.

### **Important Contact Information**

This notice has been provided to you as a summary of how we will use your protected information and your rights with respect to your protected information. If you have any questions or for more information regarding your protected information, please contact Health Information Management at (563) 422-3811.

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting the President CEO at (563) 422-3811. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

### **Effective Date and Revision**

This notice becomes effective on April 14, 2003. Please note: We reserve the right to revise this notice at any time. Should we revise this notice; the revised notice will be posted at Gundersen Palmer. In addition, a current copy of our notice of privacy practices may be obtained from Health Information Management at (563) 422-3811.

(Revised: February 26, 2015; July 1, 2016)

### **Patient Responsibilities**

You, the patient, have the following responsibilities:

1. To be honest and direct about anything that relates to you as a patient. We expect you to answer our questions honestly and completely regarding your care and hospitalization.
2. To provide accurate and complete information to the team. Tell your care provider or nurse about current health problems, recent doctor visits, past illnesses, prescription and non-prescription medications you are taking.
3. To provide the hospital and/or clinics with a copy of an advance directive or make known where one is available.
4. To understand the treatment being provided for you. If you do not understand, ask your care provider or other team member to talk with you about this. In order to be helpful, the treatment plan requires your full cooperation.
5. To follow your care plan that has been developed by you and your treatment team.
6. To accept the responsibility for the outcome if you refuse to follow your care plan.

7. Not to make unfair demands of the treatment team.
8. To respect the rights and property of all others while in the hospital and clinics.
9. To be responsible for your personal belongings during your hospital or clinic stay.
10. To follow hospital and clinic rules and regulations and legal requirements concerning patients.
11. To pay the hospital and clinic bills promptly, to provide the information necessary for insurance processing, and to ask any questions you may have concerning the bill as soon as possible.
12. To inform us if you feel that your rights have been violated. You may do so by contacting Administration at (563) 422-3811.

## **Patient Bill of Rights**

Our foremost concern at Gundersen Palmer is caring for you and returning you to health to the best of our abilities. We present the following patient rights as policy of our organization.

1. The patient has the right to receive the most appropriate medical treatment available regardless of race, age, creed, sex, national origin, diagnosis or source of payment for care.
2. The patient shall be entitled to a safe, sanitary, and humane living environment; free of interference, coercion, discrimination and reprisal from the facility in exercising his/her rights.
3. The patient has the right to a dignified existence, self-determination and communication with and access to persons and services inside and outside Gundersen Palmer.
4. The patient has the right to be fully informed in language that he/she can understand his/her total health status, including, but not limited to, his/her medical condition and to consult with a specialist at his/her expense.
5. The patient has the right to refuse treatment, to refuse to participate in experimental research and to formulate an advance directive.
6. The patient has the right to the acceptance by Gundersen Palmer of all signed and duly witnessed advance directives/durable power of attorney as long as they meet the requirements of Iowa law.

7. The patient is fully informed, prior to or at the time of admission and during their stay, of services available in the facility, and of related charges including any charges for services not covered under Titles XVIII or XIX of the Social Security Act or not covered by the facility's basic per diem rate. Each patient should be told in advance when changes will occur in their bills or when they become eligible for Medicaid.

8. The patient has the right to access an explanation of billing.

9. The patient has the right to choose a personal attending physician. The patient has the right to know the identity and credentials of all staff providing services.

10. The patient has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the patient's well-being.

11. The patient, unless adjudged incompetent or otherwise found to be incapacitated; under the laws of the State, has the right to participate in planning care and treatment, or changes in care or treatment. In the case of a patient adjudged incompetent under the laws of the State, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

12. The patient has the right to personal privacy including accommodations, medical treatment, written and telephone communications, personal care, visits and meetings of family and resident groups. The patient has the right to privacy in written communications including the right to send and promptly receive mail that is unopened and have access to stationary, postage and writing implements at the patient's own expense.

13. The patient has a right to confidentiality of his/her clinical records. The patient may approve or refuse the release of personal and clinical records to any individual outside the facility, however, this does not apply when the patient is transferred to another health care institution or record release required by law. The organization's current Privacy Notice may be viewed upon request.

14. The patient has the right to:

- Refuse to perform services for the facility.
- Perform services for the facility, if he/she chooses, when:
  - The facility has documented the need or desire for work in the plan of care;
  - The plan specifies the nature of the services performed and whether the services are voluntary or paid;
  - Compensation for paid services is at or above prevailing rates; and,
  - The patient agrees to the work arrangement described in the plan of care.

15. The patient has the right and Gundersen Palmer will provide immediate access to any patient by the following:

- Any representative of the Secretary of State;
- Immediate family or other relatives (subject to the patient's right to deny or withdraw consent at any time);
- Others who are visiting with the consent of the patient's right to deny or withdraw consent at any time. For additional information please request our visiting policy.

16. The patient may participate as a citizen in civic affairs. This includes the right to vote by absentee ballot in all elections.

17. The patient has the right to use religious resources and other spiritual services as he/she desires. We will assist in contacting clergy from the patient's own parish upon request.

18. The patient has the right to retain and use personal possessions unless to do so would infringe upon the rights, health or safety of other patients.

19. The patient has the right to share a room with his/her spouse when married patients are admitted to Gundersen Palmer and both spouses consent to the arrangement.

20. The patient is transferred or discharged only for medical reasons, or if the facility ceases to operate, or for his/her welfare or that of other patients, or for nonpayment of his/her stay (except as prohibited by Titles XVIII or XIX of the Social Security Act) and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in the medical record.

21. The patient has the right to expect neither physical or chemical restraints nor confinement will be used for the purpose of punishment or the convenience of hospital or clinic personnel. No physical or chemical restraints or confinement will be used, except as ordered for medical treatment and documented in the medical record.

22. The patient has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The patient has a right to expect that employees or agents of the hospital and clinics will not abuse or neglect patients. It is the duty of any hospital or clinic employee or agent who becomes aware of abuse and neglect, to report it to the organization's President/CEO or the Administrative Team.

23. The patient has the right to know what hospital and/or clinic rules and regulations apply to his/her conduct as a patient, including information on the Patient Grievance procedure, available upon request.

24. The patient has the right to receive visitors who he or she designates, including, but not limited to, a spouse, a domestic partner, another family member or friend. It is also the patient's right to withdraw or deny such consent at any time. Visitors may not be restricted, limited, or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. All visitors shall enjoy full and equal visitation privileges consistent with patient preferences. Visitors may be limited for clinical indications at the discretion of the nurse or healthcare provider.

## **Your Bill**

### **All hospital and clinic bills are the patient's responsibility**

Please call your insurance company if you have any questions regarding your insurance coverage. Individual insurance companies vary on network coverage, certification requirements and benefits. To help us process your insurance, please provide the necessary information and ask questions concerning your bill as soon as possible.

### **The following information must be presented every time you come to Gundersen Palmer:**

1. Legal name that appears on your birth certificate and any other names you might have used.
2. Social Security number, if available
3. Date of birth
4. Complete mailing address - including Post Office box number
5. Insurance cards - this includes Medicare and Medicaid (XIX)

### **You may receive more than one bill for your services.**

- The hospital and clinic bill will be from Gundersen Palmer and cover your hospital and clinic charges.
- A physician from another facility may read certain reports from tests or procedures performed. For instance, if you had sleep study, you will receive a bill from hospital and the provider that interpreted the exam. Certain specialists and ambulance services are also billed separately.

### **Emergency Title 19 (XIX, Medicaid):**

If you are applying for Emergency XIX (Medicaid), you must:

1. Make and keep all scheduled appointments with the Department of Human Services (DHS) office in the county of your choice. One appointment will be after your hospital stay.
2. Provide all necessary information to the Department of Human Services. They will deny insurance if they do not have all your information.
3. Bring along any friends, family or interpreters that you wish when you go to your appointment.

4. Bring the hospital and/or clinics a copy of your Medicaid or Managed Care Organization card when you receive it. This will enable us to bill your insurance.

**It is your responsibility to follow-up with your insurance coverage**

If you fail to meet requirements, you will be financially responsible for any outstanding balances. Please contact our Revenue Cycle Team (800) 541-4692 or (563) 422-3811 if you have any questions. For help in another language, please ask for interpreting services.

**Financial Assistance Policy (FAP)**

Financial counseling is available to patients regarding their hospital and/or clinic bills. Patients may contact Social Services for community resources, information regarding our FAP, help with the application process, and availability and eligibility requirements of government programs, such as medical assistance and Medicare.

Financial assistance is available for medically necessary healthcare services provided to persons who meet the financial and documentation criteria. A copy of the FAP is available free of charge upon request during normal business hours by contacting the Revenue Cycle Team or Social Services department at (563) 422-3811.

**Summary of Financial Assistance**

Gundersen Palmer is a not-for-profit system with a mission to provide the healthcare and education we would want our loved ones to receive. We will be a health system of excellence, nationally recognized for improving the health and well-being of our patients and their communities. We are committed to providing emergency and medically necessary health care services to patients regardless of their ability to pay. For patients, and patient guarantors, with limited financial resources, Gundersen Palmer has established a financial assistance program to help them in paying for their medical care.

**Eligibility**

Patients of Gundersen Palmer with annual family incomes of less than four times the federal poverty level, and within asset limit thresholds will be eligible for Gundersen Palmer financial assistance. For more information about current poverty guidelines, please visit the Assistant Secretary for Planning and Evaluations of the US Department of Health and Human Services website at <http://hhs.gov>.

**Type of Assistance**

Family income and assets will be considered when making an eligibility determination on financial assistance. Free care is available to patients with limited assets and family income equal to or less than two times the federal poverty level. Discounted care is available to patients with limited assets and family income between two and four times the federal poverty level. Patients not meeting these eligibility guidelines, but with extraordinarily high medical expenses, may qualify for catastrophic care assistance.

### **Fees Charged to Patients Eligible for Financial Assistance**

Patients eligible for financial assistance, and having no insurance coverage, may be granted a discount on Gundersen Palmer bills for emergency and medically necessary care that is equal to that charged to insured patients, specifically those covered by Medicare and/or private health insurers.

### **For More Information**

Information on the Gundersen Palmer financial assistance policy is available upon request. An application for Gundersen Palmer financial assistance is available on our website [www.gundersenhealth.org/palmer](http://www.gundersenhealth.org/palmer).

To request a complete financial assistance policy, a financial assistance application, or assistance completing the application, contact:

Gundersen Palmer Lutheran Hospital and Clinics  
112 Jefferson St.  
West Union, IA 52175  
(563) 422-3811 or (800) 362-9567

### **Inpatient & Outpatient Visiting Rights Notice**

You, the patient (inpatient and outpatient), have the right to receive visitors whom you designate including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member or friend. It is also your right to withdraw or deny such consent at any time. Visitors may not be restricted, limited, or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors shall enjoy full and equal visitation privileges consistent with your preferences.

Visitors may be limited for clinical indications at the discretion of the nurse or healthcare provider. The clinician will exercise their best clinical judgment when determining when visitation is, and is not, appropriate. Best clinical judgment takes into account all aspects of patient health and safety, including the benefits of visitation on a patient's care as well as potential negative impacts that visitors may have on other patients in the hospital.

Reasons for possible restrictions or limitations might include (but are not limited to):

- There may be infection control issues
- Visitation may interfere with the care of other patients
- Staff aware there is an existing court order restricting contact
- Visitors engage in disruptive, threatening, or violent behavior of any kind
- The patient's roommate needs rest or privacy
- The patient is undergoing care interventions

Disputes about whether an individual is the patient's support person will be facilitated expeditiously and with a non-discriminatory manner.

## **Medications**

Medications are an important part of your treatment.

- Tell your medical provider and nursing staff about any allergies you may have. Make sure they are aware of all prescription and non-prescription medications you take, including over-the-counter medicines such as aspirin, vitamins, eye drops, inhalers and herbal supplements.
- Don't hesitate to ask questions. If you are concerned that an important medication may have been forgotten, please question your care provider. If there is a difference in the shape or color or it doesn't look like what you normally take, ask why.
- Bring all of your medications to each clinic visit or hospitalization. This helps to maintain an accurate medication list.
- Do not keep any medications in your room for self-administration unless authorized by your care provider.
- When you are ready for discharge, review your medications and allergies. Find out specifically which medications are new, changed and/or should be stopped or continued after you go home. You will receive written discharge instructions that include a list of your medications, diet and activity instructions and follow-up appointments.
- You may receive non-safety closure lids on any medications dispensed through the emergency department or urgent care clinic for self-administration.

## **Advance Directives**

An advance directive (e.g., living will, durable power of attorney for health care) is a statement of your choices for future health care. It may give instructions or name someone to make those choices. An advance directive becomes important should you be unable to make your own health care decisions. You may change or revoke your advance directive at any time.

The patient (inpatient and outpatient) has the right to formulate an advance directive and to have staff implement and comply with the individual's advance directive. Gundersen Palmer does not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive.

### **Making Choices**

As a competent adult, you have many legal rights. You should be informed about your medical options. You may decide to accept or refuse these options. You may also record your view about treatment in an advance directive.

We encourage you to put your wishes in writing after discussing them with others, particularly your family. Gundersen Palmer will accept all signed and duly witnessed advance directives as long as they meet the requirements of Iowa law.

An advance directive should be followed to the extent that it does not require a physician to perform any criminal act and does not violate that physician's personal or professional ethical responsibilities or accepted standards of professional practice. If a physician is unwilling to honor an advance directive because it violates his/her personal ethical beliefs, then transferring the care of the patient to another physician should be discussed with the patient or patient's surrogate(s). Please refer to Iowa Code 144A.

### **Emergency Care**

Your medical record (including your own advance directive) may not be instantly available in a crisis and medical staff will begin emergency care that may sustain your life. Treatment can be stopped if it is discovered that it is not what you would have wanted according to your advance directive.

### **For More Information**

If you have questions or would like more information about advance directives, speak with your physician. Referrals will be made to a counselor on request or contact Medical Social Services or Discharge Planning at (563) 422-3811 with any questions.