Pain Management
Wheaton Franciscan Healthcare is committed to ongoing pain management. You have the right to appropriate assessment and management of your pain. Our doctors and nurses will work with you to manage your pain.

Measuring Your Pain
You will be asked frequently to rate your pain. The pain scale we use is a combination of faces and numbers from 0 to 10. “0” indicates no pain and “10” means it is the worst possible pain. The faces are used to show how the pain makes you feel.

Pain Rating Explanation
0  Pain free.
1  Very minor annoyance; like how a bruise feels.
2  Minor annoyance.
3  Annoying enough to be distracted but still able to work; still able to play video games, or talk on the phone, or go to school, or be with friends.
4  Can be ignored if you are really involved in work but still distracting; can still be with friends or talk on the phone but you know the pain is there.
5  Pain cannot be ignored for more than 30 minutes.
6  Pain cannot be ignored for any length of time. You have the pain all the time.
7  Difficult to concentrate but can still function with some effort. You try to talk on the phone or watch TV but it’s hard to do.
8  Activity is severely limited; you can’t talk on the phone or do anything except think about the pain.
9  Activity is halted; you are unable to perform activities of daily living; unable to concentrate. You can’t talk on the phone, or shower, or watch TV.
10 Totally nonfunctional; pain compares to broken bone pain, kidney stone pain, or hard labor pain.

Types of Pain Management
There are several types of pain management which may be used in combination to provide the most effective pain control.

- Pain Pills – Used for mild to moderate to severe pain.
  - May take up to 1 hour to work. If pain is not at a satisfactory level after 1 hour, notify the staff.
  - May be scheduled to provide maximum relief of pain.
  - May upset your stomach.
  - May cause constipation.
  - Are not addictive if used as prescribed.
  - May be adjusted by your doctor as the pain changes.

- Intravenous
  - Pain medicine given through an IV.
  - Works within 30 minutes. If the pain is not at a satisfactory level after 30 minutes, notify the staff.
  - Helps to control severe pain.
  - Can be controlled by the patient with a patient controlled analgesia (PCA) pump.
  - Allows for continuous, or as needed, dosing as determined by you and your doctor.

- Epidural
  - Pain medicine given through a tiny catheter directly into the spine. Usually used for 1 to 3 days.
  - Allows for continuous dosing, or as needed dosing, as determined by you and your doctor.
  - With an epidural you will still be able to lie on your back.

Pain and the Pediatric Patient
Wheaton Franciscan Healthcare is also committed to pain management for our neonatal and pediatric patients; children also have the right to adequate pain relief. Examples of how the medical team will help to decrease your child’s/baby’s pain are:

- Changes in position or environment.
- Pain medications that can be given orally.
- A sugar solution given orally before a painful procedure.
Constipation, nausea and drowsiness are common side effects of many pain medications. It is important to monitor for these side effects and notify your doctor or nurse if they occur.

Constipation can be treated by increasing fluids, fruits and vegetables in your diet. You may also need a stool softener and laxative while you are taking pain medication.

Nausea, or an upset stomach, usually go away after 3 to 4 days. Changing the pain medicine or adding a medicine to control nausea may be tried. Try to take your pain medicine with food.

Drowsiness is a common side effect. Please remember not to drive a vehicle when taking pain medicine and avoid activities that require you to be alert.

**Other Types of Pain Management**

Other ways to control pain include:
- Frequent position changes
- Supportive devices such as pillows
- Gentle exercise such as range of motion
- Massage
- Heat or cold applications
- Dimming the lights
- Soft music
- Meditation
- TENS units

**Pain Management at Home**

Some tips to remember to help manage pain once you go home:
- Before leaving the hospital, be sure you understand how to take your medicine. Let the nurse know if there are financial concerns with obtaining your pain medicine.
- Monitor for constipation.
- Increase your intake of fruits, vegetables and fluids.
- Use stool softeners and laxatives as needed.
- If your pain medicine is not helping, call your doctor.
- Write down any questions or concerns that you have for your doctor.
- Do not drive a vehicle while taking pain medicine.
- Allow for frequent rest periods initially.
- Ask for help. Enlist family and friends to do tasks that increase pain.
- Discuss the need for increased help, like home nursing, while convalescing with your doctor.
- Gradually increase your activity. Getting back to normal activities will help with healing and decrease pain.
Preventing the Spread of Infection

Wash away germs with clean hands.

Hand washing, or use of alcohol-based hand rubs, has been shown to reduce transmission of antimicrobial resistant organisms and reduce overall infection rates.

- Wet your hands with warm, running water.
- Apply soap.
- Scrub hands and wrists for at least 20 seconds.
- Rinse with warm, running water.
- Dry your hands with a paper towel.
- Turn off the faucet with the paper towel. Throw the paper towel away.

Cover Your Cough

Another important way to prevent the spread of germs and infection is to cover your cough. When you have to cough or sneeze, cover your mouth and nose with a tissue. Put the tissue into the wastebasket after use. Always clean your hands after using a tissue. Family and friends should also cover their cough.

Other Tips

- Hand hygiene, washing hands with soap and water or using alcohol hand gel, helps prevent infections. Clean your hands often and consider asking caregivers who have direct contact with you whether they have cleaned their hands.

Encourage your family and friends to wash their hands with soap and water or use alcohol hand gel when they enter your room and when they leave your room.

Patients who are in “isolation” will have a special precautions sign on the door to their room. Visitors should follow all precautions listed on the sign, or talk to the nurse caring for the patient before visiting.

Family and friends should not visit if they have fever, runny nose, sore throat, body aches, or have been exposed to communicable diseases like chicken pox, the flu, or other illnesses.

- Before you go home from the hospital, make sure you are clear about your treatment plan and what medication you should be taking at home.
For Your Safety as a Patient

Wheaton Franciscan Healthcare is committed to providing excellent care. Your safety is a top priority for all of us as we deliver care to you. Everyone has a role in ensuring your safety during your stay with us. As the patient, you also play an important part in making your care safe and effective by becoming an active member of your health care team.

Some suggestions for your participation include:

**Patient Identification**

For your safety two patient identifiers will be used every time care is given. This helps to insure the right care is given to the right patient. Please help us deliver the care you need by answering the caregiver each and every time.

**Medication Safety**

- Tell your doctor and nurse about all medications you are taking, including over-the-counter vitamins and herbs. Sharing an up-to-date list of your medications with the dose and strength is the best way to do this.
- Do not take medication in the hospital that you have brought from home without approval from your doctor.
- Do not take medication you do not recognize. If you are uncertain about any medication, ask your nurse or doctor what it is for and why it was ordered.
- If you brought medication with you to the hospital please tell your nurse immediately and show the medication to her/him.

The Covenant Family Pharmacy does not dispense non-FDA approved medications which includes all herbal medications and supplements. Patients should get approval from their doctor, or check with their pharmacist, regarding the safety of using these products in conjunction with other medication.

Fall Safety in the Hospital Setting

While you are in the hospital, you may have tests, treatments, surgical procedures, or new medicines that may cause weakness, dizziness, or confusion. Illness may also cause these feelings.

Our goal is to provide a safe environment for your hospital stay. The following are activities that you, your family and your health care team, may use to keep you as safe as possible.

**To help reduce the risk of fall:**

- Make sure your call light, table, telephone and anything else you need are within reach before nurse or caregiver leaves the room.
- Ask your nurse or caregiver to help you. Ask your nurse or doctor what activities are safe for you to do on your own.
- Ask for help before you get out of bed if you feel weak, light headed, or dizzy.
- Wear slippers, slip-resistant socks or shoes that will not slip.
- You may want to keep the top two side rails on your bed up. Do not lean against the side rails.
- Take your time. Move slowly. Sit at the side of the bed for a minute before you stand up.
- Never use an IV pole, or anything with wheels, to support you.
- Go to the toilet often so you will not have to hurry. Call a nurse or caregiver to help you as needed.
- Ask someone to unplug or plug in your IV pump. Bending over can cause dizziness.
- Avoid wearing long nightgowns or robes.
- Keep a light on in your room — even at night.
- Ask how to use devices such as canes, walkers and wheelchairs. If you use any of these at home, please bring them with you, or have family bring them in, so you can use them while in the hospital.
• If you regularly wear eyeglasses, contacts, or hearing aids, continue to use them while in the hospital.
• There is a call bell in each bathroom. Please call a nurse for help getting back to bed if you need it.

Additional Safety Measures
• If you become confused, disoriented, or unsteady, or are pulling on tubing, etc., we may ask family if there is anyone available to spend time with you.
• Please give us suggestions or ideas that might help calm or re-orient the patient.
• Bring items from home to make the hospital room seem more familiar.
• We will implement additional safety measures as needed including moving you closer to the nurses’ station, diversion, regular toileting, adequate lighting, frequent orientation, limit noise and stimulation, bed alarms, and personal alarms.
• We will keep your bed in the low position with wheels locked.
• We will try to keep the floor in your room free of spills or slippery areas. Please let us know if you see a spill before we do.
• We will attempt to make sure that your call light, bedside table, telephone and any assistive devices you need are within your reach.
• If you are at a greater risk for falling we will place a sign on the door and one in the room that identifies a fall risk and lists the action we will be taking to reduce the risk of falling.
• If these safety measures do not seem to be effective and you are still at risk of fall or injury, we may ask a family member to stay at your bedside. If there is no one able to do this, the SecuraSitter Program will be offered, billable to your family. Please ask the nursing staff for a SecuraSitter Hospital Care Program brochure.

Calling Your Nurse
You can request nursing care by using the nurse call intercom located at your bedside. When you signal the nursing station, give your name and request as soon as possible. If you do not receive a response to your request within three to five minutes, please call again.

Communication
• If you do not understand something about your care or a procedure, ask your doctor or nurse to explain it before you give consent.
• Ask a trusted family member or friend to be your helper, to be with you when talking to your doctors or nurses. Your helper can ask questions that you may not think of and can help you remember important information.
• Expect that caregivers will check your wristband, or ask your name and date of birth, before giving you medication, treatments, or performing tests.
• If you are going to have surgery on a specific area, ask your doctor or nurse about marking the site beforehand.

CONDITION H (Condition Help)
At Wheaton Franciscan Healthcare, safety is one of our primary goals. We continually strive to partner with our patients and their families to deliver compassionate and safe care. We ask that you be a part of that team.

Often family members know when something is wrong with their loved one. CONDITION H was created to address the needs of the patient in case of an emergency or when the patient is unable to get the attention of the health care provider. Please dial **4 and activate the call light for immediate help when you feel the patient is not receiving adequate medical attention in an emergent situation. The operator will ask for your name, room number, and patient concern. The operator will immediately activate a CONDITION H where a team of medical professionals is alerted and will arrive in the room within minutes to assess the situation.
General Information

Food Services
Wholesome, nourishing, and well-balanced meals are an important part of your treatment and recovery. At Covenant Medical Center you will receive a menu to select from daily. (You may not receive a menu if your prescribed diet is highly restrictive, or if you are fasting for a medical procedure or test.) Simply circle the menu items you would like and leave the menu on your bedside table.

If visitors in your room would like to order from your menu they are welcome to request guest trays. Guest trays are prepared and delivered for $8.00 each.

Registered dietitians are available to provide patients and families with nutrition education and support. If you have a particular preference or concern regarding your meal, ask to speak to a dietitian or member of the Nutrition Services staff. Please check with your nurse or caregiver before eating or drinking anything brought in from an outside source.

Food can be ordered for purchase for delivery to surgery and the outpatient clinic waiting areas.

Cafeteria Hours
Visitors are welcome to eat in the cafeteria.
- Monday through Friday
  Open for grab ’n go – soup, snacks, rolls, beverages, salad bar.
  7:00 a.m. to 7:00 p.m.
  Grill open and hot food served:
    7:00 a.m. to 9:30 a.m. Breakfast
    10:30 a.m. to 1:30 p.m. Lunch
    4:30 p.m. to 7:00 p.m. Dinner
- Weekends and Holidays
  Open for grab ’n go – soup, snacks, rolls, beverages, salad bar.
  8:30 a.m. to 6:30 p.m.
  Grill open and hot food served:
    8:30 a.m. to 9:30 a.m. Breakfast
    10:30 a.m. to 1:30 p.m. Lunch
    4:30 p.m. to 6:30 p.m. Dinner

Vending/Snacks
Vending machines for snacks and beverages are available in the facility. Ask your nurse or caregiver for the location nearest you.

Smoking
Covenant Medical Center is a smoke-free campus. For the health of our patients, visitors and staff, smoking, or the use of tobacco products, is not allowed anywhere on campus.

If you are interested in information about smoking cessation options ask your nurse or caregiver.

For additional support and resources you can also contact the American Lung Association at 1.800.586.4872.

Quit Smoking – Do It Yourself!
Benefits of quitting after:

- **20 minutes**
  Blood pressure decreases. Hands and feet become warmer from improved circulation.

- **8 hours**
  Carbon monoxide level in the blood drops to normal.

- **2 weeks to 3 months**
  Circulation improves. Your lung function increases up to 30%.

- **1 to 9 months**
  Coughing, sinus congestion, fatigue, and shortness of breath decrease.

- **1 year**
  Your chance of having a heart attack is cut in half.

- **5 years**
  Stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting.

Tips to Quit Smoking:

- When you get the urge to light up, remember why you chose to quit. Each smoker has his or her own reasons. Keep reminding yourself of your reasons for quitting.
- Change your habits connected with smoking and remove triggers that might entice you to smoke.
To cope with cravings, practice the 4 Ds:
- Take deep breaths. Slowly inhale and exhale.
- Drink lots of water throughout the day (especially during cravings).
- Do something else to get your mind off the craving. Call a friend, go for a walk, chew on a carrot stick.
- Delay reaching for a cigarette. The urge will pass.

Focus on your health – stay positive, eat three meals a day, exercise, reduce tension and identify new ways to handle stress.

Try to stay in smoke-free environments
- non-smoking section of restaurants, keep your home smoke-free.

You Can Quit
Choose a method for quitting that fits your personal needs. Discuss your options with your pharmacist or doctor.
- Cold turkey – quitting all at once.
- Gradual withdrawal – set a firm quit date and begin smoking fewer cigarettes each day. Taper down until you quit. Make it no longer than 4 weeks.
- Smoking cessation program – with a nicotine replacement therapy. Different types of therapy include nicotine gum, patch, nasal spray inhaler.

Don't despair if you slip. One cigarette is not a relapse. It usually takes more than one attempt to quit smoking for good, but you learn something new each time and the next time you stop it is easier. You can do it. You can set yourself free.

Leaving the Patient Care Unit
If you would like to leave the unit, please check with the nurses’ station to make sure your doctor has given approval and to let your nurse or caregiver know where you will be. It is important to stay in your room until your doctor has made rounds and treatments have been completed. To protect your health, smoking and the use of tobacco products are strictly prohibited anywhere in the hospital and on the surrounding grounds.

Patient & Family Services
As professional members of your health care team, Social workers are dedicated to helping you and your family deal with the ongoing health care issues as well as social, emotional, financial and other issues that you may experience in relation to your medical conditions and procedures. We encourage you to express a need for this service through your doctor, a nurse, or by calling Patient & Family Services at extension 2.7350. Regular office hours are Monday through Saturday, 7:30 a.m. to 4:00 p.m. Social workers are also available after hours and Sundays by calling 2-8000 and asking for the House Supervisor to be paged.

Advance Directive (Power of Attorney for Health Care/Living Will)
The Patient & Family Services team can assist you in preparing an Advance Directive if you don’t already have one. An Advance Directive is a document that allows you to give instructions to your health care providers and your family about the types of treatment you want or don’t want to receive if you can’t make and communicate your own health care decisions.

Ethics Committee
The Ethics Committee assists patients, families, doctors, nurses, social workers, and all other caregivers in negotiating some of the challenging ethical, interpersonal, and communicative dilemmas which arise in health care situations. If you would like more information about this committee please ask your nurse or caregiver.

Hearing and Interpretive Services
Special services are available if you are hearing impaired and if you have difficulty communicating in English. Contact your nurse or caregiver.
Patient Rights & Responsibilities

Patient Rights

As a patient at Wheaton Franciscan Healthcare, you have the right, consistent with laws and regulations to…:

1. Not be denied the right to appropriate hospital care because of your race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, newborn status, handicap, ethnicity, culture, language, physical or mental disability, socio-economic status, gender identity or expression, or source of payment.

2. Have a family member or representative of your choice and your physician promptly notified of your admission to this facility.

3. Participate in the development, implementation, and revision of your plan of care, treatment and services, and the involvement of your family, with your permission.

4. Make informed decisions and provide consent about your care, treatment and services, unless you are unable to do so. Except in emergencies, your consent or the consent of your legally authorized representative shall be obtained before treatment is administered.

5. Receive, from an appropriate person within the facility, a clear explanation of:
   - All proposed treatment, care, services, medications, interventions, or procedures;
   - Potential benefits, risks, or side effects;
   - Any problems related to recovery;
   - Any significant alternative treatment, care or services;
   - Your condition, any changes in your condition and your prognosis for recovery;
   - Outcomes of your care.

6. Refuse any care, treatment, or services and the right to be informed of the possible consequences.

7. Participate in resolving dilemmas about care, treatment, services or discharge, including withholding resuscitative services and declining or removing life-sustaining treatment.

8. Identify someone to make decisions for you if/when you cannot make decisions about your care, treatment or services, as permitted by law.

9. Prepare and/or revise advance directives or instructions about your medical treatment, to appoint a decision maker, and to have staff comply with these directives, as permitted by law.

10. Designate person(s) who are permitted to visit you during your hospital stay, including, but not limited to, your spouse, domestic partner (including a same sex domestic partner), other family members, or a friend. You have the right to receive or refuse a visitor. You will be informed of any clinically necessary or reasonable restrictions that we may need to put in place. We will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

11. Effective communication, including:
   - Interpreter and translation services;
   - Assistance to meet vision, speech, hearing, language, and cognitive impairment needs;
   - Age appropriate information;
   - Visitors, mail, telephone calls, and other forms of communication;
   - Restrictions on communication that are evaluated for therapeutic effectiveness and determined with the participation of the patient and family, as appropriate.

12. Receive considerate and respectful care, consistent with sound medical and nursing practice, in a clean, safe and secure environment.

13. Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff. A restraint can only be used if needed to improve your (the patient’s) well-being and less restrictive interventions have been determined to be ineffective.

14. Be treated with consideration and respect in recognition of your individuality and dignity, including reasonable visual and auditory privacy during personal hygiene activities and consultations, examinations and treatments.

15. Privacy and confidentiality of your health information. As required by law, you also have a right to:
   - See and receive a copy of health information about yourself;
   - Request to amend your health information;
   - Request a list of disclosures of your health information;
   - Request limits on how Wheaton Franciscan Healthcare uses and discloses health information;
   - Ask that Wheaton Franciscan Healthcare send information to you at a different address or in a different way;
   - Receive a copy of the Notice of Privacy Practices that includes further explanations of these rights.

16. Be assured of reasonable safety within the hospital, including the right to be free from mental, physical, sexual, verbal abuse, neglect, mistreatment, exploitation, humiliation, and retaliation.
17. Access or referral to appropriate services such as:
    Self-help groups, and economic, legal, disability or other advocacy organizations;
    Protective services such as guardianship;
    State licensing and certification agencies and governmental fraud and abuse units;
    Ethics consultation for assistance in resolving difficult health care decisions.
18. Effective management of your pain.
19. Access to pastoral/spiritual care services.
20. Know the name of the physician or other practitioner primarily responsible for your care and the name and professional status of those responsible for authorizing and performing procedures and treatments.
21. Participate or refuse to participate in research and/or clinical trials, after receiving an explanation of the nature and possible consequences of the research before the research/clinical trial is conducted, without compromising your access to care, treatment or services.
22. Except in emergencies, remain in this facility for care without being transferred to another facility unless you have received an explanation of the need for a transfer, provisions have been made for your continuing care, and the receiving institution has accepted you as a patient.
23. Information about the cost of your care including the right to look at and receive a reasonable explanation of your total bill and detailed charges for services received, regardless of the source of payment. You also have a right to request and receive information about financial assistance available through the hospital.
24. Voice a complaint to your caregivers without fear of reprisal if you are dissatisfied with any aspect of your care. This would include issues related to quality of care, patient safety, coverage decisions, and premature discharge concerns. If your complaint cannot be resolved promptly, we encourage you to discuss your concern with the Department Director, House Supervisor, or call our CARELINE at 319.272.4277 to discuss your concerns. You also have the right to file a complaint with:
    Iowa Department of Inspections and Appeals
   Lucas State Office Building
   321 East 12th Street
   Des Moines, IA 50319-0083
   Phone 1.515.281.7102
    The Joint Commission
   One Renaissance Boulevard
   Oakbrook Terrace, IL 60181
   Phone 1.800.994.6610
   www.jointcommission.org
   complaint@jointcommission.org
If you have Medicare, you also have the right to file a complaint with Medicare by calling (800) MEDICARE (800.633.4227) or the State Quality Improvement Organization, Telligen (Iowa Foundation for Medical Care) 1.800.383.2856. For further information about Wheaton Franciscan Healthcare's accessibility policy, our 504 coordinator or our 504 grievance process, please visit http://www.wheatoniowa.org/about. Should you need assistance in obtaining this information, please contact our House Supervisor.

**Patient’s Responsibilities**
As a patient at Wheaton Franciscan Healthcare you have the responsibility to…:

1. Provide, to the best of your ability, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, perceived risks in your care, unexpected changes in your condition and other matters related to your health.
2. Ask questions when you do not understand your care, treatment, or services provided to you, or what you are expected to do.
3. Follow the care, treatment or service plan developed and express any concerns about your ability to follow the proposed care plan, treatment or service to care providers.
4. Accept the consequences if you do not follow your care, treatment or service plan.
5. Follow Wheaton Franciscan Healthcare rules and regulations affecting your care and conduct, including visitation and smoking policies and assisting our efforts to limit noise.
6. Be considerate of Wheaton Franciscan Healthcare staff and other patients and their property.
7. Promptly meet financial obligations.
8. Provide a copy of your Advance Directive (i.e., “Living Will” or Power of Attorney for Health Care) if you have completed one.
9. Safeguard your personal belongings and to secure any valuables in Wheaton Franciscan Healthcare’s safe, as needed, to prevent loss.
10. Keep scheduled appointments and notify the appropriate department and/or professional when unable to keep an appointment.
Understanding the Notice of Privacy Practices

Wheaton Franciscan Healthcare is dedicated to protecting your privacy. We believe you have a right to understand how your health information will be used. The following information will help you understand our Notice of Privacy Practices, a document that explains how we use and share your health information.

1. **What is the Notice of Privacy Practices?**
   The federal government passed a law called the Health Insurance Portability and Accountability Act (HIPAA) to strengthen and set national standards for the privacy of patients’ health information. This law requires health care providers to give patients a Notice of Privacy Practices that tells patients how their health information is used and shared. The law also requires that health care providers tell patients about their rights regarding their health information. Our Notice of Privacy Practices explains this information.

2. **Why do I have to sign the acknowledgment statement as part of the Consent to Treat?**
   As part of our routine admitting process, you will be asked to sign a consent form for treatment and a financial agreement. This is not a new procedure. In addition to agreeing to treatment and accepting financial responsibility for your treatment, the consent form asks you to acknowledge that we have given you a copy of our Notice of Privacy Practices. The new law requires us to ask for this acknowledgment from you in writing. Your signature does not mean that you agree with the way Wheaton Franciscan Healthcare protects your health information, only that you received Notice.

3. **How private is my health information?**
   Patient privacy has always been a top priority at Wheaton Franciscan Healthcare. We have many policies and procedures in place to ensure your information is kept confidential. The policies also help us comply with federal and state laws that protect the privacy of your information. Our employees are educated on how to protect your privacy and the privacy of your information. We will not share your health information without your written permission, unless allowed by law.

4. **What information is included in my medical record?**
   Wheaton Franciscan Healthcare creates a medical record for you when you receive treatment from one of our health professionals. Your medical record may include your medical history, details about your lifestyle (such as smoking or participating in high risk sports) and your family medical history. Your record also may contain test results, a listing of medications that have been prescribed to you and other reports that show the results of operations or other medical treatments.

5. **Who has access to my medical record?**
   The health care professionals providing your care will have access to your medical record to keep a record of the treatment you receive. Your insurance company also will have access to your record in order to process payment for your treatment. Parts of your medical record also may be shared with our staff if they need it to do their jobs, such as scheduling your appointments, providing your care, or billing your insurance company.

6. **Who can explain the information in this Notice to me?**
   The registration staff can answer many of the questions you may have about the Notice of Privacy Practices. If you have specific questions, a contact name is provided in the Notice.

7. **What are my rights to my health information?**
   The Notice of Privacy Practices explains your rights regarding your health information. If you would like more information regarding your rights, contact Health Information at the facility where you seek service.

If you have any questions about the Notice of Privacy Practices, or how your health information is used and protected at Wheaton Franciscan Healthcare, please feel free to contact our Privacy Officer at 319.272.7843.
Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES ("NOTICE") DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. We are required by law to keep your health information private and provide you with a copy of this Notice. We are also required by law to follow the terms of this Notice as long as it is in effect. If you have any questions about this Notice, please contact our Wheaton Franciscan Healthcare-Iowa Privacy Officer at (319) 272-7843, 3421 West Ninth Street, Waterloo, IA 50702.

Who Will Follow This Notice?
Wheaton Franciscan Healthcare-Iowa ("WFH"), including all owned, operated and managed entities that provide health care to our patients, residents, and clients in partnership with physicians and other professionals and organizations in Iowa. The privacy practices summarized in this Notice will be followed by:

1. Treating health care professionals and others who enter information into the health record we maintain about you.
2. Our employees, physicians, allied health professionals, students, and volunteers at any of our organizations.
3. Our departments, clinics and units, including each of our inpatient and outpatient facilities, skilled nursing facilities, home health and hospice care, physician office and laboratory services.
4. Members of our organized health care arrangement with whom we share health information.
5. Any business associate with whom we share health information.

This Notice applies to all of the records relating to your care maintained by WFH, regardless of whether such records are generated or received and/or whether they were created by WFH staff or your own doctor. However, please note that your doctor may have separate policies and/or notices about the use and disclosure of health information that is maintained in his or her private medical office.

How We May Use And Disclose Health Information About You

1. We may use and disclose health information about you to:
   a. Provide you with medical treatment or services (such as sharing information with a consulting physician who has been asked to examine your health information). We also may share health information about you with people outside our organization who may be involved with your medical care after you leave the organization. These people include family members, unless you object, home health agencies, nursing homes, or others we use to help provide services that are part of your ongoing care;
   b. Bill and collect payment from you, an insurance company or a third party. For example, we may need to give health plan information about a procedure performed on you so that they will pay us, or reimburse you, for the cost of the procedure. We also may share health information with our business associates who assist us with billing and collections. Our business associates include billing companies, claims processing and pre-certification companies, collection agencies, clearinghouses and others that process our health care claims.
   c. Assist us with our health care operations. For example, we may use health information about you to review our treatment and services and/or to evaluate the performance of our staff. We may also share health information with our business associate that assist us with health care operations and perform other administrative activities on our behalf.

2. We may contact you to remind you that you have an appointment, to follow up on health care services that were provided to you, to tell you about treatment alternatives or to tell you about other health related benefits and services that may be of interest to you.

3. We may contact you as part of our fundraising efforts. You have the right to request that we no longer send you fundraising materials. Our fundraising materials will indicate how you should let us know that you no longer want to receive them.

4. Unless you object, we will make the general information maintained in our patient directory available to people who ask for you by name. This general information includes your name and location in the facility. Also, unless you object, this general information, including religious affiliation, also will be made available to clergy (such as a priest or rabbi) visiting the facility, even if they do not ask for you by name.

5. We may share health information about you with family members or friends whom you indicate are involved in your medical care. In certain disasters and related emergency situations, we share health information about you with disaster relief organizations (such as the Red Cross, etc.) so that your family can be notified about your condition, status and location.

6. In certain situations, we may use and share health information about you for research purposes. However, all research projects are subject to a special review and approval process designed, among other things, to ensure the privacy of your health information. We may disclose health information about you to people preparing to conduct research (for example, to help them look for patients with specific medical needs).

7. We may use or disclose health information about you without your permission only as allowed by law. Examples of situations where we may be required to release health information about you include: emergencies, public health, health or safety threats, reporting abuse or neglect, health oversight and audit activities, national security, coroners, medical examiners, funeral directors, organ/tissue donation, and workers' compensation. We also may be required by law to provide health information
about you in response to requests from law enforcement officials in limited circumstances, correctional institutions, or as part of legal proceedings in response to valid judicial or administrative orders and/or other valid legal authority.

8. We may make your health information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for reasons discussed above. Participation in an electronic health exchange also lets us see other provider and health care plans’ information about you to provide you with the best care possible. We may also share information with immunization registries maintained in your state.

Other Uses of Health Information
Uses or disclosures of your health information that are not covered by this Notice or the law will be made only with your written permission. This includes those uses for marketing purposes other than materials sent to you about health care services or other treatment options. We will also get your authorization if we wish to sell any of your identifiable health information. In most cases, we will request an authorization if we need to share any of your psychotherapy notes. If you permit us to use or share health information about you, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or share the health information you specified for the reasons you noted in writing. You understand that when you take back your permission we are unable to retrieve any information we may have already shared with your permission. We also are required to maintain original records of the care that we provide to you.

Your Rights Regarding Health Information About You
1. You have the right to see and receive a copy of health information about you contained in our designated record set. To do so, you must submit your request in writing to the Health Information Management Department, at the facility where you were treated. You may request a paper or electronic copy of the information. If you request a copy, it must be requested in advance and you may be charged a fee for the cost of producing the copy. In certain situations, we may deny your request. If we deny your request, we will tell you, in writing, why your request was denied and explain your right to have the denial reviewed.

2. If you feel that our record of your health information is incorrect or incomplete, you have the right to request to amend the information. You may do this by sending your request in writing to the Health Information Management Department, at the facility where you were treated including your reason for the request. We may deny your request if the information was not created by us, is not part of the health information maintained by us, or if it is determined that the health information is correct. You may appeal our decision by sending a written request to us.

3. You have the right to request a list of all of our disclosures of your health information, except for information disclosed for treatment, payment or health care operations, or for those disclosures you specially authorized and for certain other activities. To request this list, you must send your request in writing to the Health Information Management Department, at the facility where you were treated. Your request must tell us a specific time period during the last six years. The first disclosure list you request in any 12-month period is free. We may charge a fee for additional lists.

4. You have the right to request a limited use or disclosure of your health information. You may do so by submitting a request in writing to the Health Information Management Department, at the facility where you were treated, telling us how and what information to limit. We will consider your request but are not legally required to accept it unless you have fully paid out of pocket for a service/item and you are asking us not to share information about that service/item with your health plan. If we do agree, we will follow your request unless the information is needed to provide you with emergency treatment.

5. You have the right to ask us to send information to you at a different address (for example, sending information to your work address instead of your home address) or in a different way (for example, in an unmarked envelope instead of our regular mailing envelope). You may do so by sending a request in writing to the Health Information Management Department, at the facility where you were treated. We have the right to decide whether the request is reasonable. We do not have to comply with an unreasonable request.

6. You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time or you may print a copy from our Web site at www.WheatonIowa.org.

7. You have the right to be notified if your health information is used or disclosed contrary to this notice in a way that compromises the security or privacy of our health information.

Complaints
If you feel that your privacy rights have been violated, you may file a complaint by calling our CARELINE at (319) 272-4277. You also may file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Changes to this Notice
We reserve the right to change this Notice and our privacy policies at any time. Before we make an important change to our policies, we will promptly revise this Notice and post a new Notice within our facilities and on our Web site. Any changes will apply to the health information we have on file and health information we create or receive after the effective date of the new Notice. You may request a copy off the current Notice from the contact person listed above or by looking at the Notice on our Web site at www.WheatonIowa.org. The effective date of this notice is July 1, 2013.