Responsibilities

You have the responsibility:  
- To be honest in providing information about your health history, medications, treatments, insurance, and financial matters.
- To make it known if you do not clearly understand the plan of care or the instructions you have been given.
- To report unexpected changes in your condition or treatment to your doctor or other healthcare provider.
- To inform your healthcare professional about pain-related issues you may be experiencing.
- To know your medications by name and purpose.
- To provide a copy of your advance directive.
- To keep appointments for follow-up care or give adequate notice if you must cancel.

We will provide you with as much information as you need to make informed decisions about your healthcare. You are responsible for your actions if you refuse treatment or choose not to follow appropriate instructions.

If you have questions about the quality of your care when using our services, please call (605) 328-6960

Or if you prefer you may call or write to:

South Dakota Department of Health  
600 East Capitol Avenue  
Pierre, SD 57501-2536  
(605) 773-3361  
(800) 738-2301 (in state)  
8 a.m. – 5 p.m.

Minnesota Board of Medical Practice  
University Park Plaza  
2829 University Ave., S.E., Suite 500  
Minneapolis, MN 55414-3246  
Telephone: (612) 617-2130  
Fax: (612) 617-2166  
MN Relay Service for Hearing Impaired: 1-800-627-3529  
Toll Free Number  
(MN Complaints Only): 1-800-657-3709  
Please send questions or comments to medical.board@state.mn.us

Iowa Dept. of Inspection and Appeals Division  
Lucas State Office Building  
Des Moines, IA 50318  
1-800-383-4920 — Hotline-Leave a Message

If you are a Medicare client, you may also contact the Quality Improvement Organization (QIO) within your state.

You have for your own healthcare is another important aspect of your care. First, we ask that you respect the privacy of other patients as you would want them to respect yours.

You have the responsibility to make informed decisions. If you do not understand the explanation of your medical problem, procedure, or treatment plan, you should ask for the information you need to make the best choices for your individual needs.

Throughout your care as a patient, you will be asked to sign consent forms and documents relating to your medical care.

If you do not understand any of the documents you are being asked to sign, you should ask to have them explained in a way that is understandable to you.

You have the responsibility to participate in planning and carrying out your care.

As a partner in your healthcare, we must have accurate information to help diagnose your condition and recommend possible treatment plans.
Meeting your healthcare needs requires a partnership between you and the people taking care of you. As a patient of this facility, you have rights that we are committed to protecting. You also have responsibilities, and understanding them will help you make decisions about the care that is best for you.

Rights

You have the right to courteous treatment.
- You shall be treated with dignity and respect; free from verbal, physical, and psychological abuse or harassment. The care you receive will not be biased by your race, color, national origin, religion, sex, age, financial status, disability, source of payment, or type of illness.
- You have the right to ask staff to introduce themselves and explain their role in your care. We want you to know the names and duties of everyone involved in your care.
- Your personal values, beliefs, and culture will be respected. The care you receive will be centered around your individual needs.

You have the right to privacy and security.
- Your privacy is an important aspect of your care. We will strive to respect your privacy by providing private and comfortable surroundings for examinations and discussions with physicians and staff. You also have the right to privacy and security with your personal, written, telephone, and electronic communications while a patient.

You have the right to confidentiality of all personal, medical, and financial information.
- Sanford is committed to protecting your privacy. Your information will be used to carry out your treatment, to obtain payment for the services you receive, to conduct our internal operations such as quality improvement, and for purposes as required by law. For complete information on how your information is used and your right to control and access that information, you should carefully review Sanford’s Notice of Privacy Practices.

You have the right to information about your care and treatment in language that you understand.
- Your medical diagnosis and proposed treatment plan will be explained to you. You may wish to have family members or friends included in this discussion, as well as having the physician notified if you are hospitalized.

- Understanding your health status and the treatment alternatives is very important. You can expect your healthcare provider to explain your diagnosis and the different types of treatments available regardless of cost or benefit coverage. You will also be told about the risks and benefits of each alternative along with clinical guidelines and/or protocols related to your condition as well as the probable outcomes of the treatment.

You have the right to participate in decisions about your care.
- We value the partnership between patients and their caregivers. We want you to play an active role in your own healthcare, and we respect your right:
  - To have a full explanation of your health status along with alternative treatments and the risks and benefits of each so that you may provide informed consent to the treatment you choose.
  - To choose a course of treatment or to refuse a diagnostic procedure or treatment and to know what the decision will mean to you.
  - To receive an appropriate response to reports of pain.
  - To review all healthcare records relating to your care.
  - To choose your healthcare provider.
  - To decide whether or not to participate in experimental research.
  - To have an advance directive and have your healthcare providers honor it.
  - To have a surrogate decision maker if you are incapable of understanding or communicating.

You also have the right:
- To know any continuing care requirements.
- To not be transferred to another facility or service without an explanation of the need for the transfer.
- To be informed of the charge for services and the extent to which it will be paid by third-party payers.
- To be involved in resolving conflicts about care decisions.
- To be informed of the method for filing complaints about the quality of care or violation of rights.
- To have complaints heard and resolved in a timely manner, and to be informed of the appeal process.
- To be informed of the services, practitioners and providers available to you.
- To be informed of your rights and responsibilities.
- To be cared for in a safe setting.
- To know the name and address of the state or county agency to contact for additional information or assistance.

These rights also apply to minors or those who are incapable of exercising their own rights, with parents or legal guardians assuming responsibility.