

### Contact Information:

Heart of America Medical Center phone 776-5261, fax 776-5448  
Heart of America Surgical Clinic 776-7000 fax 776-7705  
Heart of America Johnson Clinic 776-5235, fax 776-5297  
Heart of America Johnson Clinic, Maddock 438-2555, fax 438-2551  
Heart of America Johnson Clinic, Dunseith 244-5694, fax 244-5329  
Heart of America Clinic Pharmacy 776-2531, fax 776-6280

### Heart to Heart Gift Shop:

They offer a variety of gifts and cards and accept cash, check, or credit cards. The Heart to Heart Gift Shop can be accessed by calling 701-776-5455 ext. 2316.

The Heart to Heart Gift Shop has limited hours and is currently open  
**Tuesday—Thursday from 11:00 a.m. - 3:00 p.m..**

### Telephone:

Local calls may be made from patient rooms by dialing “9” and the number.

*To dial direct to your room:  
Call 701-776-5455—Follow prompts—Dial: 2 Room Number #*

Cell phone use is permitted throughout the hospital; however, to get the most out of your consultations with your providers, please refrain from cell phone use in patient care areas.

Any camera, including cell phone camera, usage is prohibited in all areas of the facility.

Pay phones are *not* available within the facility.

### Parking:

Visitor and patient parking is designated in the areas marked with white lines. The Clinic entrance is located on the west side of the building, while the main entrance is situated on the east side.

### Cafeteria Hours:

**The cafeteria is currently open to visitors/family of patients/residents.**

Our cafeteria is located on the west end of the facility along “Main Street”.  
Visitors are welcome to utilize our outdoor gazebo or picnic tables in The Healing Garden when weather permits.

***Breakfast is available from 7:30 a.m. - 10:00 a.m.  
Lunch is served from 11:00 a.m. - 1:30 p.m.***

### Visitation Hours:

Visiting hours are encouraged to be 1:30pm—4:30pm and 6:30pm-8:30pm in order to provide sufficient rest for the patients and residents and to allow time for staff/physicians to provide care and treatment to patients/residents. Longer visiting hours are allowed with patient consent.



# HEART OF AMERICA MEDICAL CENTER

## Good Samaritan Hospital Association Heart of America Medical Center Admissions Packet

2975 Highway 2 East  
Rugby, ND 58368  
Phone (701) 776-5261  
Fax (701) 776-5448



# Welcome to Heart of America Medical Center

*your health. our passion.*

On behalf of the staff and providers at Heart of America Medical Center, we would like to welcome you to our facility and share with you our commitment to providing compassionate care through smart medicine and exceptional service to all our patients and their families.

Heart of America Medical Center is a small critical access hospital with a wide array of services to meet the needs of the communities we serve. Our size allows us to be nimble and reactive to the needs of our communities and assure that we are providing the personalized care our patients deserve. It is the dedication and experience of our staff and providers that assure our success in providing this care.

We realize that having to utilize healthcare can be an uneasy experience. Therefore, through our values of Hope, Excellence, Acceptance, Resilience, and Together, we strive to make your visit to Heart of America hospitable, comfortable, and successful as possible. These values are what allow our facility to serve our patients.

If you have any questions or concerns you may contact us at any of our locations, or you may contact me by phone or email.

Thank you for making Heart of America Medical Center your health care provider of choice.

Erik T. Christenson, CEO  
Office: 1-701-776-5455 ext. 2218  
Email: [echristenson@hamc.com](mailto:echristenson@hamc.com)



## Dietary

**The Nutrition and Dietary Services Department welcomes you to HAMC.**

We will do our best to accommodate your diet needs and preferences during visitations and snack pass.

Please inform us of any:

- special dietary needs
- food allergies
- food preferences

that you may have at any time during your stay.

We can help explain your diet to you and help you with any further nutrition or dietary concerns that you may have during your stay here. Your **dietitian** can be reached at 776-5455, ext. 2207.

Other Services offered: Nutrition and Diet Education, Meal Observations, Menu Planning/Catering

### Meal Times:

Breakfast—7:30 a.m.

Lunch—12:00 p.m.

Supper—5:00 p.m.

Snack available upon request

If you have any questions or comments about your meals, please feel free to call the dietary department at 776-5455, ext. 2206. Our hours of operation are from 6:00 am to 6:30 pm.

### Cafeteria Hours:

Visitors are also welcome to enjoy their meals in our outdoor gazebo or picnic tables when weather permits.

Our breakfast is available from **7:30 a.m. – 10:00 a.m.**

Lunch is served from **11:00 a.m. -1:30 p.m.**

Pop machines are also available along the “Main Street” hallway.

**Thank you for allowing us to serve you. We look forward to speaking with you soon.**



# Infection Control

## You are an important part of infection prevention!

Ensuring good health involves treating and preventing problems and stopping the spread of infection.

- Clean your hands often by washing or using hand sanitizer.
  - Wash with soap and water.
  - Wet hands with warm water, then apply soap.
  - Scrub hands for 20 seconds.
  - Rinse with warm water.
  - Dry with a paper towel; take a clean paper towel to turn off the faucet.
- Hand sanitizer
  - Alcohol based sanitizer is appropriate if hands are not visibly soiled.
  - Hand sanitizers will kill most bacteria.
  - To use, apply a small amount of gel into the palm of your hand and rub your hands together until they are dry.
- Cover your cough
  - Use a tissue when coughing or sneezing. Throw the tissue away after using it.
  - No tissues? Cough and sneeze into your sleeve.
- If you have an infection, help contain your germs.
  - Do not visit other patients in the hospital if you are coughing, sneezing, have a fever, or are feeling ill.
  - Ask visitors who may be ill to visit over the phone rather than in person.
  - Ask your nurse how you can help to prevent the spread of your infections to others.

## Precautions

You may have an infection that is very contagious. In order to prevent the spread of this infection, you may be placed on “precautions.”

Precautions are put in place when a patient has a decreased ability to fight infections. Our goal is to protect these patients from exposure to germs. Caregivers will wear gowns and gloves and keep the room door closed.

There are types of precautions:

**Contact Precautions** are put in place to prevent the spread of germs from one patient to another. Your caregivers will wear gloves, gowns, and other protective gear that they remove before leaving the room. Think of it as a challenge to “isolate the germs” and not touch any surface that might be contaminated.

**Respiratory Precautions** are put in place for germs transmitted in the air from coughs and sneezes. Your caregivers will wear masks and keep the room door closed.

Your visitors should ask at the nurses’ station for directions about wearing the protective gear and other precautions.

**Ask your nurse what you can do to help prevent the spread of germs.**

# Patient Satisfaction

## You are the reason we are here!

It is our goal to provide you with the best possible patient- and family-centered care! We want to know what we are doing right and what we can do better.

You will get a survey in the mail approximately two weeks following your dismissal. A third party sends the survey for us, and we would appreciate it very much if you would fill it out. You would return your completed survey to them in the self-addressed, stamped envelope provided. You do not need to sign your name; however, providing your name and phone number gives us permission to contact you.

**WE ARE LISTENING!**

We use the feedback we get from our patient surveys to make improvements in our hospital and outpatient service areas. We appreciate your assistance on our journey to excellence.

Thank you!



**HEART OF AMERICA**  
MEDICAL CENTER



# Good Samaritan Hospital Association Code for Medical Ethics

As a healthcare organization, we believe that human life is precious and endowed with a dignity that demands respect. We adhere to the principles of beneficence, non-maleficence, fidelity, and equity. The principle of informed consent guide all the decision making within our services.

1. Patients/family/staff needs to be able to communicate their ethical concern and have a mechanism in place to enable people to discuss their concerns to obtain resolution. An Ethics Committee is formed and maintained to facilitate such consultation and dialogue.
2. The Good Samaritan Hospital Association and medical staff observe the Patient/Resident Bill of Rights and Advanced Directives (Living Will, Durable Power of Attorney for Healthcare) and informed consent.
3. Tissues and body parts are treated with respect. Tissues removed from patients are sent to pathologists for examination and report. Organ and tissue donation is encouraged.
4. Everyone has the right to prepare for the solemn moment of death, and the facility will assist with regards to temporal and spiritual affairs as much as possible.
5. Pain will be managed in accordance with the patient's requests and goals.
6. Patients have the right to make their own informed healthcare decisions. In the event the patient is not able to make an informed decision, advanced directives are consulted to assist in decision making.
7. There are certain acts which we will not do for moral or ethical reasons. Minimally stated, we will not participate in Euthanasia, abortion, or assist with suicide.
8. Religious/Cultural preparations and requests will be noted and honored in so far as possible.
9. HAMC will comply with all Federal Regulations including HIPAA, which requires all covered entities to reasonably safeguard Protected Health Information, verbal or written, from any intentional or unintentional use or disclosure.

# Tips to Prevent Falls

Your safety comes first! Please **use your call button** throughout your stay to ask for help. Asking for help is not a bother: it's our opportunity to serve you, provide excellent care, and ensure that you will be safe. So, by all means, **push the call button.**

## **Help us help you!**

1. **Use the call button**; don't test your limits. The trip to the bathroom may be easier than the trip back to your bed; **use the hand call light** in the bathroom to call for assistance.
2. Wear non-slip footwear or slippers when you walk around your room or to the bathroom.
3. Wear your eye glasses and/or hearing aid(s) when you get up. When you are NOT wearing them, keep them in a drawer and NOT on your lunch tray or on top of your bed stand.
4. If family, friends, or others have been in your room and moved any furniture, ask the nurse to help move it back. This may prevent you from tripping on misplaced furniture. Don't use furniture, door knobs, bedrails, or other items to lean on for support. They are not designed to help support you.
5. When you are left alone in your room, ask your nurse or doctor to place the call light and personal items within easy reach. Then you will not have to stretch or lean off the bed to reach them. **Do not hesitate to call the nurse when you need to reach for something.**
6. If you are taking some medicines that make you have to go to the bathroom often, **use the call button for help.** You may also ask for a bedside commode or urinal.

7. Your doctor or nurse may ask you to use a personal alarm (such as a bed alarm). This will help them know when you may be at risk of falling.
8. If you have IV (intravenous) tubes or equipment, **use the call button** when getting out of bed. Don't be embarrassed that you need help, there is a possibility you could trip on the IV tubes or cords.
9. You may be taking new medications that may make you unsteady, dizzy, or drowsy. **Use the call button** when you need to get up while on new medications.
10. The nursing staff will be in to check on you every hour. **Use the call button** if you need anything in between visits.

**When in doubt,  
USE YOUR CALL  
BUTTON.**

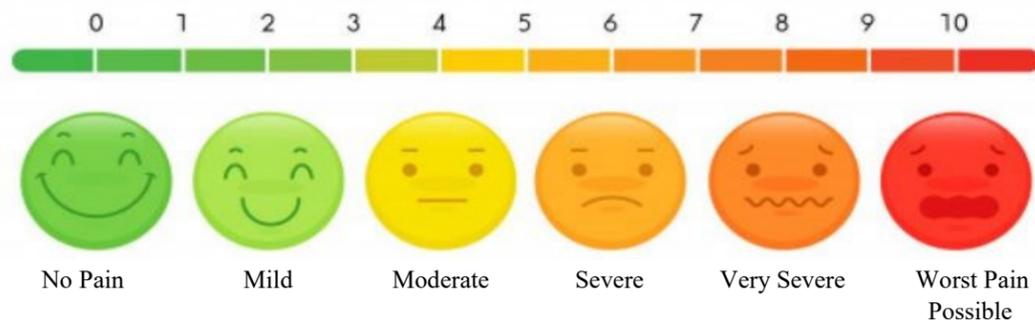


# Pain Control

We believe that for you to have the best outcome with your hospitalization, you need to experience the least amount of pain or discomfort.

- We realize that we may not be able to completely eliminate all your pain: Our goal is to make you as comfortable as possible. To reach this goal, we must work together.
- Everyone’s pain is different. We will ask you questions about your pain:
  - Do you have pain?
  - Where is your pain?
  - Describe your pain?
  - What makes it better or worse?
  - What is an acceptable level of pain for you?
- We will ask you to rate your pain to help us evaluate the effectiveness of the pain medication or therapy being used.
  - This will also be discussed during bedside shift report.
- We will say to you, “On a scale of 0 to 10, with 0 being no pain and 10 being the worst possible pain, what number would you give your pain right now?”
- We may use words such as “mild”, “moderate”, and “severe”.
- Children may point at a chart of facial expressions to describe their pain.
- We will use a variety of evidence based techniques to decrease your pain:
  - Medications
  - Physical interventions such as repositioning, ice, and massage.
  - Relaxation techniques such as music, deep breathing, and healing touch.
- Medications for pain are usually ordered on an “as needed” basis and not scheduled at regular times. If you feel you need medication for your pain, call your nurse.
- Call the nurse if the medication or treatment for pain is not helping.

## PAIN MEASUREMENT SCALE



# Services We Provide

## Consulting Physicians

- Podiatry

## Telemedicine

- Diabetes Specialist
- Specialist as arranged

## Acute Care Services

- Emergency Room
- Inpatient
- Outpatient
- Infusion Therapy
- Chemo Therapy
- Wound Care

## Ancillary Services

- Occupational Therapy
- PRO Care (Durable Medical Equipment/Home Use)
- Cardiac Rehab/Pulmonary Rehab
- Wellness Center
- Sports Medicine/Acceleration
- Physical Therapy
- Respiratory Therapy
- Quality Services Provider
- Social Services
- Nutritional Counseling
- Diabetes Education
- Volunteers
- Chaplaincy

## Laboratory

- Blood bank
- Pathology

## Rugby Emergency Medical Services

- Ambulance Services
- Advanced Life Support

## Physicians

- Family Practice
- Surgery
- Geriatrics

## Radiology

- Nuclear Medicine
- Ultrasound
- X-ray
- Stress Testing
- 3D Digital mammography
- CAT & CT Scanning
- MRI

## Contracted Services

- Speech Therapy
- Orthotics
- Pacemaker Clinic
- Sleep Studies
- Audiology
- Psychiatric Counseling

## Pharmacy

- Hospital
- Clinic

## Haaland Estates

- Basic Care
- Assistant Living

## Hospice/Respite



# Patient Rights

**While you are a patient at Heart of America Medical Center, you have the right to:**

## **Considerate and Respectful Care**

- Right to be treated with respect and consideration without discrimination to race, religion, color, creed, national origin, sexual orientation, gender identity, disability, age, payment source, or whether or not you have advanced directives.
- Right to know the names of your physician, nurses, and staff members responsible for your care.
- Right to have the facility listen and act on your concerns, to make recommendations about policy and operational decisions that affect your care in this facility.

**The resident/patient has the right to be informed of and exercise his or her rights as a patient of the facility and as a citizen or resident of the US.**

- Right to be free of interference, coercion, discrimination, and reprisal from this facility in exercising his or her rights.
- In the case of a resident adjudged incompetent under the laws of the State by a court of competent jurisdiction, the rights of the resident/patient are exercised by the person appointed under State law to act on the resident/patient's behalf.
- In the case of a resident who has not been adjudged incompetent by the State court, any legal-surrogate designated according to State law may exercise the resident/patient's rights to the extent provided by State Law.

## **Involvement in the Planning and Implementation of Your Care**

- Right to have a family member or representative of his or her choice and your own physician/medical provider notified of your admissions to the hospital.
- Right to receive visits from your physician. To be informed of your diagnosis, the treatment prescribed for you, the options available, the expected outcome of your illness and instructions required for your care. To be informed of the reason you are given tests and treatments and the risk. To be informed of the consequences of refusing treatment and services.

- Right to feel comfortable in talking openly with staff members responsible for your care. To be provided with privacy during this time.
- Translation services (and devices to aid your communication) are available, and patient education information is available at your request at no charge.
- Right to change your mind about any procedure/treatment for which you have given your consent. You may refuse to sign a consent that does not meet your satisfaction, and you may cross out any part of the consent that you don't want applied to your care.
- Right to request a second opinion from another physician and/or change physicians or hospitals.
- Right to participate in and be fully informed in advance about care and treatment and of changes in care or treatment that may affect your well-being, and total health status, in a language that he/she understands.
- Right to refuse treatment and refuse to participate in experimental research, medical education program, and training programs.
- Right to have a family member or a person appointed by you to act on your behalf if you are unable to make decisions regarding your care.
- Right to formulate Advanced Directives and have providers comply with them, according to ND laws including psychiatric advance directives.
- Right to review our hospital bill and receive explanations or assistance.
- Right to be informed of services and the charges for those services, including those not covered by Medicare or by the facilities per diem rate.
- Right to work or not work. Right to perform services for the facility if he/she chooses when:
  - Need or desire is documented in the plan of care.
  - Plan specifies the nature of services performed, and if paid or voluntary.
  - Compensation for paid services is at or above prevailing rates.
  - He/She agrees to the work arrangement described in the plan of care.

# Being Involved in My Care

## BEDSIDE SHIFT REPORT

The purpose of bedside shift report is to involve you in your plan of care for the day and help prepare you for taking care of yourself after discharge.

Your nurses will come into your room, introduce themselves and then discuss your plan of care.

They will ask you questions about how you are feeling and if you have any concerns or needs.

Your nurses will be doing bedside shift report around 7 AM and 7 PM.

We want you to be engaged and ask questions.

Please write down any questions or concerns on the notepad given to you when you were admitted to the hospital. This will help you to remember any questions you had.

## HOURLY ROUNDING

The staff will be coming into your room about every hour to check on you. Please let them know at that time if you need anything. If you need help before the staff returns, remember to **use the call button** for assistance.

## CARE CONFERENCES

Care Conferences by the multidisciplinary team occur every **MONDAY** and **THURSDAY**.

**A physician may not be present in the facility at all times; however, a medical provider is always on call.**

# Medications NOT Covered by Insurance

## MEDICARE MEDICATION COVERAGE

If you were admitted under a below status:

- **Medicare Observation**
- **Medicare Outpatient**
- **Self Pay Swing Bed**

Medicare does **NOT** pay for medications that you normally take at home or oral medications that we may give you here.

## ASK US

**If you are uncertain whether or not your medications would be paid for by Medicare—ask the pharmacist or your nurse to assist you.**

**We are here to help you!  
We encourage you to ask questions if you have concerns about your medications or your care.**



# Community Care

## NOTICE OF AVAILABILITY OF COMMUNITY CARE & FINANCIAL ASSISTANCE PROGRAM

Part of the Heart of America Medical Center's mission statement is to provide medical care regardless of the patients' ability to pay. Community care is available based on the following guidelines:

1. HAMC services that are available for community care are hospital acute care inpatient, hospital outpatient services, clinic services, and swing bed. To qualify for community care, the applicant must first exhaust all forms of reimbursement from insurance and government programs.
2. Patients who are eligible to qualify for HAMC community care program will receive community care after all third party payments have been exhausted.
3. The HAMC will provide community care without discrimination to all persons who are eligible for services and who request community care in a proper manner. (Poverty guidelines listed on insert)
4. Notice of Availability of Community Care will be presented to each patient prior to the rendering of services or in an emergency situation, as soon as it is considered appropriate. The Community Care Application Form must be completed in its entirety and submitted to the Business Office. Written verification of the information must also be submitted with copies of one or more of the following documentation for the three months preceding application date:
  - a. Paystubs showing earnings or a written release for verification of wage information from his/her employer.
  - b. If self-employed, itemized income and expenses for business.
  - c. Verification from public welfare agencies (food stamps, childcare assistance, TANF, etc.)
  - d. Verification of unemployment compensation or workers compensation.
  - e. Income tax returns from the prior year including W-2 forms.
5. The HAMC will render a conditional or final determination of eligibility upon the receipt of a properly signed and documented application. The reasons for a conditional determination of eligibility will be properly explained on the application. Applicant has two (2) weeks from date of notification to submit additional information needed or look back period will be changed. Approved final determination of eligibility may be revoked if, upon further investigation, third party payment is possible.

**If mailing, please address to:  
Heart of America Medical Center  
Attn: Business Office  
2975 Highway 2 East  
Rugby, ND 58368**



# Patient Rights

## Privacy, Confidentiality, and Security

- Right to have privacy, to the extent that is consistent with the care prescribed for you.
- Right to inform the staff members responsible for your care of those you do not want to visit.
- Right to be free from seclusion or restraints of any form, unless medically necessary.
- Right to be free from verbal, sexual, physical and mental abuse, corporal punishment, neglect, or exploitation.
- Right to be informed of hospital policies and regulations which apply to you.
- Right to send and promptly receive mail that is unopened and have access to stationery, postage, and writing materials at the patient/resident's own expense.
- Right to retain and use personal possessions and to secure valuables in the hospital safe at admissions. Heart of America Medical Center is not responsible for lost or stolen items.
- Right to present a concern or complaint, refer to the grievance policy.
- Right to personal privacy and confidentiality of his/her clinical and personal record. See "Notice of Privacy Practices" in this packet.
- Right to access information in your clinical records within 24 hours from requests (excludes weekends and holidays).
- With a two day notice to the facility, patient/resident can purchase, at a cost not to exceed the community standard, photocopies of the records or any portion of them. See "Notice of Privacy Practices".
- Right to have visitors as long as it does not infringe upon your care or the privacy and the care of other patients.
  - Refer to the "Patient Visitation" Section
  - Can share a room with a spouse if both spouses consent to the arrangement.

**Transfer and discharge requirements pertain to non-Acute patients/residents. Patients/residents have the right to receive timing of transfer/discharge notice. This facility will permit each resident/patient to remain in the facility, and not transfer or discharge unless:**

- The transfer or discharge is necessary for the patient/resident's welfare and needs can't be met in our facility.
- The transfer and discharge is appropriate because the patient/resident's health has improved so they no longer need the services provided by our facility.
- The safety of the individual is endangered.
- The health of individuals in the facility would otherwise be endangered.
- The patient/resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility. If a patient/resident becomes eligible for Medicaid after admission, we will charge only allowable charges under Medicaid.
- Our facility ceases to operate.

It is our desire to protect and promote the rights of our patients/residents. If you think that your rights may have been violated, or if you feel that a problem has not been settled by the staff present, you may initiate a formal complaint by notifying the CEO, Compliance Officer, or Nursing Director. The complaint may be submitted in person, by telephone, online, or in writing to: Heart of America Medical Center—2975 Highway 2 East, Rugby, ND 58368—701-776-5261.

**Compliance Hotline:  
1-855-252-7606  
[www.hotline-services.com](http://www.hotline-services.com)**

**Your complaint will be investigated, and you will receive a response within 7 working days.**



# Patient Responsibilities and Visitation Rights

While you are a patient at Heart of America Medical Center, you have the responsibility to:

- Provide accurate and complete information regarding your health; be honest and direct about everything.
- Tell the nurse or doctor when you feel better or worse, especially if there is a sudden change in how you feel. You have the right to know your diagnosis, treatment, instructions, and expected outcome. If you have questions ask them until you understand.
- Let the staff know if you are receiving too many visitors. Please limit visitors when specified by staff. Please require your visitors to be quiet and respectful of other patients.
- Respect the privacy of others.
- Accept financial obligations for your care. If you have any questions, call the Business Office.
- Assist with your discharge planning and realize that the goal is to be as independent as possible.
- Talk to us about your care and service. Your comments, directions, and feedback are important to us. We use your input to improve the way we work.

**The department of Health and Human Services and the Centers for Medicare and Medicaid Services require that all patients are informed of their patient rights and responsibilities, including their patient visitation rights, specifying any clinical restriction or limitation of these rights prior to the provision of services when possible.**

## Patient Visitation Rights:

*Please inform Hospital staff if you have a support person and if you want them involved in your care.*

While receiving care from HAMC you have the right to receive visitors of your choice subject to your consent including but not limited to the following: a spouse, a domestic partner (including a same-sex domestic partner), any other family member, or friend. You have the right to revoke your consent to visitors at any time during your stay.

- HAMC will not restrict, limit, or otherwise deny your visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- HAMC retains that right to restrict visitors when clinically necessary.

## The following is a list of certain circumstances when a visitor may be restricted:

- When the nurse caring for you/the Infection Control Director believes the visitor to be infectious
- When necessary to maintain your personal privacy
- When sterile procedures are performed and sterile fields must be maintained
- When the visitor is at risk of being exposed to an infectious disease by the patient
- When the visitor's presence poses a direct threat to the patient
- When life-saving care is needed and the visitor becomes an obstacle to the necessary care, as in the case of a sudden cardiac arrest.
- Visitors will not be allowed to interfere with the care of any patient/resident in the facility. Visitors will be asked to be quiet and considerate of other patients and staff. Visitors will not be allowed to abuse hospital property or display disruptive or threatening behavior.
- Any visitor not willing to comply with the above restrictions will be asked to leave.
- When a court order restricting contact is in place.

# Advanced Directives for Healthcare

## What is an Advanced Directive for Healthcare?

- A legal document that lets you plan for and communicate your end-of-life decisions.
- There are two types: A living will and a durable power of attorney for healthcare.
- The directions in these documents are activated only when you are unable to make decisions yourself. This could be because of illness or mental incapacity.
- If you do not have these documents, others will make these decisions in consultation with your healthcare provider. With the documents in force, these decisions will be guided by your intentions.

## Living Will

Directs your caregivers that certain life-sustaining procedures should be withheld/withdrawn if you are in a terminal condition and unable to decide for yourself.

- A terminal condition is irreversible. It will result in death or a state of permanent unconsciousness in a relatively short time.
- Determination of a terminal condition is made by your healthcare provider after consultation with another healthcare provider.
- Life-sustaining procedures are any mechanical or artificial means which sustain, restore, or replace a vital body function and only prolong the dying process for a terminal patient.
- Medication or medical procedures necessary to provide comfort or ease pain are not life-sustaining procedures. These would not be withheld.
- You may revoke a living will at any time.

## Durable Power of Attorney for Healthcare

A document that names another person as an agent for your healthcare decisions if you are unable to make them.

- It is not restricted to those in a terminal condition or to decisions about life-sustaining procedures.
- Your agent should be someone you trust who agrees to act as your agent.
- This person cannot be one of your healthcare providers.
- It is wise to name an alternate in case your agent is unable or unwilling to act on your behalf.
- You may limit the scope of your agent's authority.
- You need to share your thoughts and wishes with your agent so they can act as you would like.

- A durable power of attorney for healthcare does not allow a person to handle your financial affairs. A separate durable power of attorney has to be signed for your financial affairs.

## How Do I Complete These Documents?

The first step is to think about what your wishes are. Decide who you would like as an agent if the time would come where you are unable to make healthcare decisions.

- Advanced Directives folders are available at all HAMC Johnson Clinics, the Hospital Admissions Desk, the HAMC website ([www.hamc.com](http://www.hamc.com)) or from HAMC Social Services department (x 2145).
- "Making Healthcare Decisions in North Dakota" booklets (which included the Advanced Directives form) are also available from the Department of Human Services by mail at 600 E. Boulevard Ave, Dept. 325, Bismarck, ND 58505-0250 or on their website at [www.nd.gov/dhs/info/pubs/docs/aging/aging-healthcare-directives-guide.pdf](http://www.nd.gov/dhs/info/pubs/docs/aging/aging-healthcare-directives-guide.pdf)
- The Department of Human Services in ND can also be reached by phone at: (800) 472-2622 or ND Relay TTY (800) 366-6888
- An attorney isn't needed to prepare these documents.
- These documents need to be notarized or be signed before 2 witnesses.
- You may contact Heart of America Medical Center Social Services or Acute Nursing Department for questions or assistance in completing your Advanced Directives booklet.

## What do I do with the documents after they are completed?

- Discuss your decisions with family members, your appointed agent, and your healthcare provider.
- The original is placed in a safe but accessible place (not your safety deposit box).
- Take a copy with you when you travel.
- Provide copies to family members, your appointed agent, your healthcare provider, and your local hospital.
- If you revoke or change your Advanced Directive, replace all the copies of the original document.



# Grievance Procedure: Patient and Family

*You have the right to voice grievances/complaints/concerns to HAMC without discrimination/reprisal and fear. This includes the right to file it verbally or in writing and anonymously.*

*There are a variety of ways that patient, residents, and responsible parties can express dissatisfaction or make suggestions. All staff are empowered to receive grievances/complaints/concerns and will initiate the formal complaint/grievance process.*

*This grievance process can also be used for complaints of retaliation/reprisal due to reporting. It is against HAMC's policy and the law to be retaliated for coming forward with a complaint/grievance/concern.*

**All Grievance/Complaints/Concerns must be filed within 60 days of the event or incident per CMS Regulation.**

**Step 1:** Take your questions, problems, or complaints to the closest staff member at the time of the complaint. If you receive no response from the staff member within one working day or are dissatisfied with the decision, proceed to step two.

**Step 2:** Take your questions, problems, or complaints to the immediate supervisor/director for the department for which the issue pertains. If within two working days you receive no response from the supervisor/director or you are dissatisfied with the decision, please proceed to step three.

**Step 3:** Discuss the situation or circumstances with social worker. If within two working days you receive no response from the social worker or you are dissatisfied with the decision, please proceed to step four.

**Social Services Department-HAMC**  
2975 Highway 2 East  
Rugby, ND 58368  
701-776-5261

**Step 4:** If possible, submit a written description of the situation or circumstance to compliance. If for any reason a written description is difficult for you, you may verbally discuss the situation with compliance. Compliance will visit you/or your family to investigate the problem or complaint within three working days.

**HAMC Anonymous Compliance Hotline**  
1-855-252-7606  
www.hotline-services.com  
**Compliance Officer: Laura Boucher**  
701-776-5261 or lboucher@hamc.com  
2975 Highway 2 East, Rugby, ND 58368

**Step 5:** Compliance will review all of the facts and provide a written decision within 30 working days. This procedure should provide you with the opportunity to resolve any differences, disagreements, or problems that may occur.

*The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U.S. Department of Health and Human Services, Office for Civil Rights.*

**HHS/Office of Civil Rights Room 08-148**  
1961 Stout Street  
Denver, CO 80294  
(800)368-1019 TDD: (800)837-7697

At any time, if you have any questions or concerns you may also contact:

**Long Term Care Ombudsman**  
Aging Services Division  
1237 West Divide Ave, Suite 6  
Bismarck, ND 58501-1208  
1-855-462-5465  
701-328-4617

**State Survey & Certification Agency**  
1720 Burlington Drive  
Bismarck, ND 58504  
1-855-462-5465

A patient with a developmental disability or mental illness has the right to file a complaint (if they feel they have been abused, neglected, or exploited) with the

**North Dakota Protection of Advocacy Project**  
(1-800-472-2670 or 1-701-328-2950)  
400 E. Broadway Suite 409 Bismarck, ND 58501-4017

This facility will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, assuring a barrier-free location for the proceedings, and readers for the blind.

**There will be no retaliation toward any individual who exercises this right to express their grievance.**

# Notice of Privacy Practices

## Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you:

**Secure medical records (electronic or paper) and the understand your right to refuse the release of said records**

- You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record**

- You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request; we will tell you why in writing within 60 days.

**Request confidential communications**

- You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

- You may ask us not to share certain health information for treatment, payment, or our operations. We are not required to agree with your request, and we may say “no” if it would affect your care.
- If you pay for a service or a health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless law requires us to share that information.

**Get a list of those whom we've shared information**

- You may ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

- You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has the authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You may contact us if you feel we have violated your rights.

Compliance Hotline:

1-855-252-7606

www.hotline-services.com

- You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.



# Notice of Privacy Practices

## Your Choices

For certain health information, you can tell us your choices about what we can share.

If you have a clear preference for how we share your information in the situations below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or other involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

**If you are unable to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.**

**In these cases, we never share your information unless you give us a written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of physiotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

### **Treat you**

- We can use your health information and share it with other professionals who are treating you.  
*Example: A doctor treating you for an injury asked another doctor about your overall health information.*

### **Run our organization**

- We can use and share your information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### **Bill for your services**

- We can use and share your health information to bill and get a payment from health plans or other entities.

*Example: We give information about you and your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways-usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situation such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence

# Notice of Privacy Practices

## Our Responsibilities

- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

- We can use or share your information for health research.

### **Comply with the law**

- We will share the information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal the privacy law.

### **Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena. Preventing or reducing a serious threat to anyone's health or safety.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you give us written permission. If you change your mind, please let us know in writing.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to the following organizations.

*Heart of America Medical Center  
Heart of America Care Center  
Heart of America Johnson Clinic – Rugby, ND  
Heart of America Johnson Clinic- Dunseith, ND  
Heart of America Johnson Clinic – Maddock, ND  
Haaland Estates*

*Heart of America Medical Center  
Attn: HIPAA Security Officer  
2975 Highway 2 East  
Rugby, ND 58368  
Phone: 701-776-5261 ext. 2227  
Website: [www.hamc.com](http://www.hamc.com)*

