

Patient Rights

As a patient, or parent or legal guardian of a patient, you have the right to:

1. Be informed in writing of your rights before patient care is furnished or discontinued whenever possible.
2. Receive effective communication. When written information is provided, it is appropriate to your age, understanding, and language appropriate.
3. Have language interpreters available at no cost to you. If you have vision, speech, hearing, language, and/or cognitive impairments, Greater Regional will address those communication needs.
4. Be treated kindly and respectfully by all Greater Regional personnel.
5. Receive complete and current information concerning your diagnosis, treatment, plan of care and prognosis in terms you can understand. When it is not medically advisable to give such information, it should be made available to an appropriate person on your behalf.
6. To receive information from your provider necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies such information for informed consent should be included but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved and the probable duration of incapacitation. Where the medically significant alternatives for care or treatment exist, the patient has the right to that information. The patient has the right to know who is responsible for authorizing and performing the procedures or treatment.
7. Consults with a specialist of your choosing at your request and expense if a referral is not deemed medically necessary by your attending provider.
8. Be explained any proposed procedure or treatment. The explanation should include a description of the nature and purpose of the treatment or procedure; the known risks or serious side effects and treatment alternatives.
9. Know the name, identify and professional status of the providers delivering care, services, and treatment to you.
10. Know the name of the providers who are primarily responsible for your care, treatment, and services within 24 hours after admission.
11. Expect that a family member (or representative) and your own provider will be notified promptly of your admission to Greater Regional.
12. Participate in developing and implementing your plan of care.
13. Make informed decisions and be involved in resolving dilemmas about your care, treatment, plan of care and services. With your permission and as appropriate by law, your family will be involved in care, treatment and service decisions.
14. Have a surrogate decision-maker as allowed by law, identified when you cannot make decisions about your care, treatment and services. You may also designate a lay caregiver as allowed by law.
15. Have an advance directive, such as a living will, or a durable healthcare power of attorney and to have Greater Regional staff and providers who provide care comply with these directives. These documents express your choices about your future care or name someone to make healthcare decision if you are unable. If you have a written advance directive, you should provide a copy to Greater Regional, your family and your provider. You may review and revise your advance directive. The existence or lack of an advance directive does not determine your access to care, treatment and services.
16. Refuse medical care, treatment or services to extent permitted by law and regulation and to be informed of the medical consequences of such refusal. When you are not legally responsible, your surrogate decision maker, as allowed by law, has the right to refuse care, treatment, and services on your behalf.
17. Access to receive treatment, care, and services within the capability and mission of Greater Regional, in compliance with law and regulation and payment policies.
18. Request transfer of your care to another provider or facility. You also have the right to remain in the facility and not be transferred or discharged unless the transfer or discharge: is necessary for your welfare and your needs cannot be met in the facility; your health has improved sufficiently so you no longer need the services provided; the safety of individuals in the facility is endangered due to your clinical or behavioral status. You have the right to be notified of the transfer/discharge and the reasons in writing and to appeal a transfer or discharge.
19. Receive medical evaluation, service, and/or referral as indicated by the urgency of your situation. When medically permissible, you may be transferred to another facility only after having received complete information and explanation concerning the need for such a transfer. The facility to which you will be transferred to must first accept the transfer.
20. Be involved in decisions subject to internal or external review that results in denial of care, treatment, services, or payment based on your assessed medical needs.
21. Receive care and treatment that maintains your personal privacy and dignity. Discussions about your care, examination and treatment are confidential and should be conducted discreetly.

You have the right to exclude those persons not directly involved in the care. If you desire to have private telephone conversations, you will have access to a private conversation, you will have access to private space and telephones appropriate to your needs.

22. Be treated in an environment that preserves dignity and supports your positive self-image.
23. Expect that all communications and clinical records pertaining to your care will be treated confidentially.
24. Access, request amendment to, and receive an accounting of disclosure regarding your health and clinical services information as permitted by law.
25. Access information contained in your medical records within a reasonable time frame (within 14 calendar days of your request). Upon oral or written request, skilled patients have the right to access all records pertaining to self, including current clinical records within 24 hours (excluding weekends and holidays) and after inspection to purchase at a cost not to exceed the community standard photo copies of the records or any portions of them upon request and 2 working days advance notice to the facility.
26. Have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
27. Exercise cultural and spiritual beliefs that do not interfere with the well-being of others. Certain cultural and spiritual beliefs may nevertheless interfere with the planned course of your medical therapy. You may exercise your cultural and spiritual beliefs and take actions in accordance therein as are legally recognized and permissible in the State of Iowa.
28. Know if your care involves any experimental methods of treatment, and if so, you have the right to consent or refuse to participate which will not compromise your access to care, treatment and services.
29. Be informed by the provider of any continuing healthcare requirements following discharge.
30. Examine your bill and receive an explanation of the charges regardless of the source of payment for your care within a reasonable period to time following receipt of a request.
31. Be informed of Greater Regional rules and regulations applicable to your conduct as a patient.
32. Receive a response to any concerns regarding your care, either while you are a patient or after being discharged. You may freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment and services. You may use the Greater Regional complaint/grievance resolution process for submitting a formal written or verbal concern(s) to your caregivers, our Quality Services Department, your healthcare providers or Administration. If you submit a formal written or verbal complaint or grievance, it will be investigated. The telephone number for Quality Services is 641-782-3515. The telephone for Administration is 641-782-3503. The mailing address for submitting a concern to:
Greater Regional Administration
1700 W Townline Street
Creston, IA 50801

You will receive a written response to any formal grievance or complaint from Greater Regional on average within 7 (seven) calendar days.

33. To submit complaints directly to our accrediting agency DNV GL (Det Norske Veritas), patients, family members and other concerned parties should use the web form at <http://dnvglhealthcare.com/patient-complaint-report>. Or, you may submit a complaint directly to DNV GL at phone 866-496-9647 or email hospitalcomplaint@dnvgl.com or by mail to:
ATT: Hospital Complaint
DNV GL-Healthcare
400 Techne Center Drive, Suite 100
Milford, OH 45150
In addition, a complaint/grievance may be filed with the Iowa Department of Inspections & Appeals at <https://dia-hfd.iowa.gov/DIA> Or 877-686-0027 Or mail to:
Iowa Dept of Inspections & Appeals
Health Facilities Division- Lucas State Office Bldg.
Des Moines, IA 50319

Complaints may also be filed with Livanta, the Medicare Beneficiary Quality Improvement Organization: 888-755-5580 TTY 888-985-9295 In the event of a complaint directly related to one of our rural health clinics remains unsolved you may file a complaint directly with our accrediting agency, the Compliance Team Inc. Patients, family members, or other concerned parties should file the complaint via their website at www.the.compliance.team.org or via phone 1-888-291-5353.

To submit a concern regarding premature discharge, direct complaints to:
ombudsman@legis.iowa.gov or 888-426-6283
TTY 515-242-5065. Or mail to:

Office of the Ombudsman
Ola Babcock Miller Bldg; 1112 East Grand
Des Moines, Iowa 50319

34. Be free from restraints or seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
35. Receive information about rights as a Medicare beneficiary at admission. To be informed of items and services covered or not covered if you are Medicaid eligible.
36. Receive care in a safe and secure setting for you and your personal property.
37. Be free from all forms of abuse, neglect, exploitation or harassment.
38. Receive appropriate assessment and management of pain.
39. Expect unrestricted access to communication. If visitors, mail, telephone calls, other forms of communication are restricted as a component of your care, you will be included in any such decision.
40. Be informed of your health status.
41. Have Greater Regional support your right to access protective and advocacy services by providing a list of community resources.
42. Be informed about the outcomes of your care, treatment, and services including unanticipated outcomes that you must be knowledgeable about participate in current future decisions affecting your care, treatment and services.
43. Receive safe and effective care, treatment and services regardless of your ability to pay.
44. Expect quality care and Greater Regional will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, sex, national origin, age, religion, sexual orientation, gender identity, or other protected class in any manner prohibited by federal or state laws.
45. Be informed of your visitation rights, including any clinical restriction or limitation on such rights, when you are informed of your other rights under this section.
46. Be informed of the right, subject to your consent, to receive the visitors whom you designate, including but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and your right to withdraw or deny such consent at any time.
47. Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences, regardless of their race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
48. Skilled patients have the right to medically-related social services and patient activities offered by the facility designed to meet your interests and support your physical, mental and psychosocial well-being.

Patient Responsibilities

As a patient, you have responsibility:

1. To provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health, including advanced directives, and reporting perceived risks in your care and unexpected changes in your condition and whether you clearly comprehend a contemplated course of action and what is expected.
2. To follow the treatment plan recommended by the provider primarily responsible for your care. This may include following the instructions of nurses and other healthcare professionals as they implement the provider orders and enforce the applicable rule sand regulations of Greater Regional.
3. For your actions if you refuse treatment or if you do not follow the provider instructions.
4. To assure that the financial obligations of your care are fulfilled as promptly as possible.
5. To follow Greater Regional rules and regulations affecting patient care and conduct.
6. To be considerate of the rights of other patients and Greater Regional personnel, and for assisting in the control of noise, smoking and the number of visitors in your room.
7. To ask questions when you do not understand what you have been told about your care or what you are expected to do.

Safety Concerns

As a patient at Greater Regional it is your right to report any concerns regarding your safety. You or your family member may report any safety concerns to the Safety Officer or to Quality Services. We welcome all comments from you regarding your safety.