

Great River Health respects your rights and recognizes you have unique health care needs. Because of the importance of respecting your dignity, we will provide considerate care focused on your needs while respecting your cultural and personal values, beliefs and preferences. We will make the best effort to accommodate your right to religious and other spiritual services.

Great River Health prohibits discrimination based on age, race, color, creed, ethnic or national origin, marital status, religion, culture, language, physical or mental disability, socioeconomic status, status with respect to public assistance, sex, sexual orientation, and gender identity or expression.

We affirm your right to decide about your medical care, including the decision to withhold or withdraw treatment, to the extent allowed by law. We also affirm your right and the right of your designated representative or family members to meet with our Ethics Committee to discuss bioethical concerns.

We realize the special needs of dying patients and provide care that offers comfort and dignity in meeting those special needs. Staff providing care to dying patients will make every effort to recognize their needs. Dying patients are entitled to respectful and responsive care that includes:

- Appropriate treatment for primary and secondary symptoms that respond to treatment, as needed by the patients or their surrogate decision makers
- Pain management
- Responses to the patient's and family's psychosocial, spiritual and cultural value concerns

We will help you exercise your rights and tell you of any required responsibilities in the execution of your rights.

## Patient rights

**Our goal is to provide high-quality care. We will attempt to understand and meet your expectations for care as best we can. As we care for you, please**

**understand the following patient rights:**

- A family member, friend or someone else may be present for support during your stay. We allow the presence of a support person of your choice, unless the person's presence infringes on others' rights or safety, or is medically or therapeutically contraindicated.
- If asked, we will provide information about people responsible for and those providing your care, treatment and services.
- If asked, we will provide information about protective and advocacy services.
- If asked, we will provide information contained in your clinical records in a realistic time. We will not frustrate your legitimate efforts to gain access to your medical records, and we will try to meet these requests as quickly as our record-keeping system permits.
- If asked, we will tell you the name of the physician, clinical psychologist or other practitioner who has primary responsibility for your care, treatment or services.
- If asked, we will tell you your admission status (inpatient or observation).
- We will accommodate your religious and other spiritual needs.
- We will provide an environment that preserves dignity and contributes to a positive self-image.
- We will provide appropriate pain assessment and management.
- We will provide effective communication.
- We will provide information about expected pain and available pain treatment.
- We will provide information about your transfer if it is decided you need to be transferred to another facility for a higher level of care. This information will include an evaluation of the transfer's risks and benefits. You or your designee will sign a consent form.
- We will respect your cultural and personal values, beliefs and preferences.
- We will tell you about discharge instructions.
- We will tell you or your surrogate decision maker about unanticipated results of care, treatment and services from sentinel events when you do not

already know about the occurrence or when further discussion is needed.

- When a surrogate decision maker is responsible for making care, treatment and services decisions, we will respect the surrogate decision maker's right to refuse care, treatment and services on your behalf, according to law and regulation.
- You and your family can have our staff review complaints.
- You and your family can make verbal or written complaints about your care to a nurse, the unit director or supervisor, the Patient Experience Coordinator or our President and CEO.
- You have a right to privacy.
- You may ask to be transferred to another room if an appropriate bed is available.
- You may be free from restraint and seclusion, or any form imposed to coerce, discipline or retaliate, or for staff convenience.
- You may examine and receive an explanation of your bill, no matter the source of payment.
- You may expect privacy in every area of your medical-care program. We will keep records and communications about care confidential.
- You may expect the physician to provide information about diagnosis, treatment, prognosis, treatment results and services. The physician will give this information to someone you choose to represent you when it is not medically advisable to give such information directly to you. This information would include details about unanticipated results of care, treatment and services.
- You may expect us to provide evaluation, service and referral according to the urgency of your case.
- You may formulate or review and revise your advance directives. Hospital staff and practitioners who provide care here will comply with these directives.
- You may give or withhold informed consent to produce or use recordings, films or other images for purposes other than your care.
- You may give or withhold informed consent.
- You may have a family member or representative of your choice and your

- health care provider promptly notified of your hospital admission.
- You may have a surrogate decision maker involved when you cannot decide about your care, treatment and services.
  - You may participate in the development and application of your care plan.
  - You may receive written information about advance directives, forgoing or withdrawing life-sustaining treatment and withholding resuscitative services.
  - You may receive written information about how the organization can, cannot or is unwilling to honor advance directives.
  - You may refuse care, treatment and services according to law and regulation.
  - You may refuse to participate in research, investigation or clinical trials, or stop participation at any time. This decision will not jeopardize your access to care, treatment and services unrelated to research.
  - You may request cessation of the production of recordings, films or other images.
  - You may rescind consent before recordings, film or images are used.
  - You may review, ask for amendment to and obtain information about disclosures of your health information, according to law and regulation, in a realistic time.
  - You or your designee may participate in the discussion of ethical concerns involving your care. At your request, our Ethics Committee will begin a discussion on any concerns. Talk to the nurse or chaplain if you want to speak to a representative of the Ethics Committee.
  - You or your representative (as allowed by state law) may make informed decisions about your care. We will tell you about your health status, involve you in care planning and treatment, and respect your requests for or refusal of treatment. This right must not be interpreted as a demand for treatment or services deemed medically unnecessary or inappropriate.
  - You will be involved in deciding about your care, treatment and services based on relevant information.
  - You will be treated with respect.
  - You will receive care in a safe setting free from corporal punishment; exploitation; harassment; neglect; and verbal, mental, physical and sexual abuse.

- You will receive information tailored to your age, language and ability to understand. If you need help understanding because of vision, speech, hearing or cognitive impairments, we will provide help or arrange for an acceptable alternative, such as language interpretation and translation services.
- You will receive information you understand.
- You will receive your designated visitors, including your spouse, domestic partner (including same-sex domestic partner), another family member or a friend. You also may withdraw or deny such consent at any time.
- Your clinical records will remain confidential.
- You have the right to receive, in accordance with 42 CFR 489.27(b), as a Medicare beneficiary the "An Important Message from Medicare Notice" (IM) within two days of admission. In addition, the IM also is to be given to each Medicare beneficiary within two days of their anticipated discharge when the length of stay is greater than two days.

### **Patient responsibilities**

**Just as you have rights, you also have responsibilities to achieve a good patient-organization relationship. Your responsibilities include:**

- Alerting staff to any pain you may be feeling
- Providing accurate and complete information about current and previous complaints, illnesses, hospitalizations medicines and other matters about your health to enable care, treatment and services
- Reporting unexpected changes in your condition to the physician, nurse or other practitioner
- Making it known you clearly understand the treatment and what is expected of you, and asking questions or acknowledging when you do not understand the treatment course or care decision
- Following the treatment plan recommended by your primary physician. This responsibility includes instructions, policies, and rules to support high-quality care for patients and a safe environment for our employees, volunteers and visitors.
- Being responsible for your actions if you refuse treatment or if you do not

- follow the health care professional's instructions
- Keeping all scheduled appointments. You should tell the responsible health care professional when you cannot do so.
- Meeting financial obligations associated with health care services received (copayments, deductibles, coinsurance, or non-covered benefits or services) within the guidelines outlined by the health system billing policy, which states all out-of-pocket balances must be paid within 12 months of the first statement date
- Working with a financial counselor within a timely manner within 60 days from the date of service to discuss programs or options that may be available to you if you cannot meet your financial responsibility or need help getting insurance
- Providing insurance information at the time of service or within 45 days from the day of service. If it is not provided, the full cost is the responsibility of the patient or guarantor.
- Respecting our property and the property of others
- Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff

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**If you have concerns about your care, you may file a grievance with these state and federal agencies:**

Iowa Department of Inspections and Appeals  
 Lucas State Office Building  
 321 E. 12th St.  
 Des Moines, Iowa 50319-0083  
 515-281-7102

Center for Improvement in Healthcare Quality (CIHQ)  
 P.O. Box 3620  
 McKinney, TX 75070  
 866-324-5080

The Compliance Team  
 800-291-5353 | [thecomplianceteam.com](http://thecomplianceteam.com)

Great River Health includes all services provided by Southeast Iowa Regional Medical Center and Henry County Health Center.