Patient Rights & Responsibilities

Patient Rights

As a patient, or your legal guardian or legal representative 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 speech, hearing, language, and/or cognitive impairments, Greater Regional will address those 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 whenever it is not medically advisable to give such information, it should be made available to an appropriate person on your behalf.
6. To receive any care 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 treatments.
7. Consult with a patient of your choice 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 procedure or treatment, the medically significant risks or serious side effects and treatment alternatives.
9. Know the name, identify and professional status of the provider delivering care 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 primary caregiver be notified promptly of your admission to Greater Regional.
12. Participate in developing and implementing your plan of care, as appropriate.
13. Make informed decisions and be involved in resolving dilemmas about your care, treatment, plan of care and services. Your wishes, and the wishes of the person legally responsible, are to be considered.
14. Be involved in decisions subject to internal or external review that result in denial of care, treatment, services, or payment based on your personal privacy and dignity.
15. Be involved in decisions relating to your health, including advanced directives and your future care or name someone to make healthcare decisions.
16. Be involved in decisions relating to your care, treatment, and services.
17. 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.
18. Have an advance directive, such as a living will, or a durable healthcare power of attorney and to have a Great Regional staff and providers who care provide comply with these directives. These documents express your choices about your future medical treatment and make it possible for someone to make healthcare decisions if you are unable. If you have a written advance directive, Great Regional will provide a copy of your advance directive to your family and your provider. You may review and revise your advance directive. The existence or lack of an advance directive will not determine your access to care or treatment services.
19. Be informed by any continuing healthcare requirements following discharge.
20. Be informed and have an explanation of the charges regardless of the source of payment for your care within a reasonable period of time following receipt of a request.
21. Be informed of Greater Regional rules and regulations applicable to your conduct as a patient.
22. Receive a response to any concerns regarding your care, either while you are a patient or after being discharged. You may exercise your cultural and spiritual beliefs that do not interfere with the planned course of your medical therapy. You may exercise your cultural and spiritual beliefs and take actions in accordance therewith as are legally recognized and permissible in the State of Iowa.
23. Be informed of Greater Regional’s complaint/grievance process for submitting a formal written or verbal complaint to your caregivers, our Quality Services Department, your healthcare providers or Administrators. 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 Administrations is 641-782-3503. The mailing address for submitting a complaint to Greater Regional Administration is 1700 W Towner Street Creston, IA 50801.
24. You will receive a written response to any formal grievance or complaint from Greater Regional on average within seven (7) calendar days.
25. 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://www.dnv.gl/us/centers/healthcare/index.html or, you may submit a complaint directly to DNV GL at phone 866-966-9647 or email complaints@dnv.com or by mail to: ATTN: Hospital Complaint DNV GL HealthCare 400 Techne Center Drive, Suite 100 Milford, OH 45150
26. In addition, a complaint/grievance may be filed with the Iowa Department of Inspections & Appeals at https://iowa.gov or by phone 877-688-0027 or mail to: Iowa Department of Inspections & Appeals Health Facilities Division - Lucas State Office Bldg. Des Moines, IA 50319
27. Complaints may also be filed with Livanta, the Medicare Beneficiary Quality Improvement Organization - 888-755-5580 TTY 888-985-9295.
28. In the event of a complaint directly related to one of our rural health care facilities, 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: http://go.complianceteam.org/ or via phone 1-888-295-5535
29. To submit a request regarding premature discharge, direct complaints to: ombudsman@legis.iowa.gov or 888-426-6283 TTY 515-242-5060. Or mail to: Office of the Ombudsman

Patient Responsibilities

As a patient, you have the responsibility to:

1. To provide accurate and complete information about your current medication use, hospitalizations, medications, and other matters relating to your health, including advanced directives, and reporting your presence as well as 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 health care providers as they implement the provider orders and enforce the applicable rule and regulations of Greater Regional.
3. For your actions if you refuse treatment or if you do not follow the provider’s treatment plan.
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 considered of the rights of other patients and the transfer of personal property, 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 the occurrence of any safety concern or violation of patient rights, and any member may report any safety concerns to the Safety Officer or to Quality Services. We welcome all comments from you regarding your safety.