

UnityPoint Health® – Grinnell Regional Medical Center • Patient Rights

Grinnell Regional Medical Center, including the governing body and medical staff, has adopted the following statement of patient rights for the patient or patient's representative (as allowed under state law):

As the patient, parent or legally responsible 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 to the populations we serve.
3. Language assistance will be provided through the use of competent bilingual staff, staff interpreters, and arrangements with local organizations providing interpretation or translation services or technology and telephonic interpretation services. All staff that may have direct contact with Limited English Proficiency individuals will be trained in effective communication techniques.
4. Be treated kindly and respectfully by all hospital personnel.
5. Receive complete and current information concerning your health status, diagnosis, treatment 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. Consult with a specialist of your choosing at your request and expense if a referral is not deemed medically necessary by your attending physician.
7. Be given an explanation of 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.
8. Know the name, identity and professional status of the physician or other practitioners providing care, services, and treatment to you at the time of service and to know the reasons for any proposed change in the Professional staff responsible for your care.
9. Know the name of the physician or other practitioner who is primarily responsible for your care, treatment, and services within 24 hours after admission.
10. Expect that a family member (or representative) and physician will be notified promptly of your admission to the hospital.
11. Participate in developing, approving and implementing your plan of care continuously throughout your hospitalization.
12. Make informed decision and be involved in resolving dilemmas about your care, treatment, and services. With your permission and as appropriate by law, your family will be involved in care, treatment, and service decisions.
13. Have a surrogate decision-maker, as allowed by law, identified when you cannot make decisions about your care, treatment and services.
14. Have an advanced directive (medical or psychiatric), such as a living will or a healthcare power of attorney, and to have hospital staff and practitioners who provide care in the hospital 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 advanced directive, you should provide a copy to the hospital, your family and your doctor. You may review and revise your advanced directive at any time. The existence or lack of an Advanced Directive does not determine your access to care, treatment and services.
15. Refuse medical care, treatment, or services to the 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.
16. Request and have access to treatment, care, and services within the capability and mission of Grinnell Regional Medical Center, in compliance with law and regulation and payment policies. This does not include the right to demand treatment or services deemed unnecessary or inappropriate.
17. Request transfer of your care to another physician or facility.
18. 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 and alternative to, such a transfer. The facility to which you will be transferred must first accept the transfer.
19. Be involved in decisions subject to internal or external review that results in denial of care, treatment, services or payment based upon your assessed medical needs.
20. Receive care and treatment that maintains your personal privacy and dignity. Discussion 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 private space and telephones appropriate to your needs.
21. Be treated in an environment that preserves dignity and supports your positive self-image.
22. Expect that all communications and clinical records pertaining to your care will be treated confidentially.
23. Access, request amendment to, and receive an accounting of disclosure regarding your health and clinical services information as permitted by law.
24. Access information contained in your medical records within a reasonable time frame (within 14 calendar days of your request). The first 25 pages are free and a nominal charge per page may be applied if over 25 pages.
25. Have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
26. 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.
27. 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.
28. Be informed by the practitioner of any continuing healthcare requirements following discharge.
29. Request a discharge planning evaluation be performed by the hospital
30. Examine your bill and receive 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. To be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.
31. Be informed of the hospital rules and regulations applicable to your conduct as a patient.
32. Use the hospital's grievance (complaint) resolution process for submitting a written or verbal grievance to your caregivers, Patient Representative, your healthcare practitioners, or Administration. You may freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services. If you submit a complaint or grievance, it will be investigated. Action will be taken to resolve the concern either verbally or in writing when appropriate.
33. Receive a written response to your grievance from the hospital within seven (7) calendar days which contain the hospital contact person, steps taken to investigate the grievance, results of the investigation, and date of completion.
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 right as a Medicare beneficiary at admission (if applicable).
36. To 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. Individuals will not be denied health care based on their sex, including their gender identity and stereotyping. Individuals must be treated consistent with their gender identity, including access to facilities.
39. Receive appropriate assessment and management of pain.
40. Expect unrestricted access to communication. If visitors, mail, telephone calls, or other forms of communication are restricted as a component of your care, you will be included in any such decision.
41. To have unrestricted visiting hours if you are a Hospice patient.
42. The right, subject to your consent, to receive the visitors whom you designate, including, but not limited to, a spouse, domestic partner (including same-sex domestic partner), another family member, or a friend, and the right to withdraw or deny such consent at any time. The hospital may continue to set restrictions based on clinically based precautions, e.g., no visitors with active flu symptoms, as well as safety restrictions.
43. Have the hospital support your right to access protective and advocacy services by providing a list of community resources.
44. Be informed about the outcomes of your care, treatment, and services – including unanticipated outcomes that you must be knowledgeable about to participate in current and future decision affecting your care, treatment and services.
45. To receive safe and effective care, treatment and services regardless of your ability to pay.
46. Know the relationship of the hospital to other persons or organizations participating in the provision of his/her care.
47. The patient's family has the right of informed consent for donation of organs and tissues.
48. Refer concerns or grievances regarding quality of care, premature discharge or beneficiary complaints to the Iowa Department of Inspections and Appeals, Health Facilities Division, Lucas State Office Building, Des Moines, Iowa 50319. Their toll free number is 1-877-686-0027. Medicare patients may also refer their concerns to Kepro, which is the Medicare quality improvement organization for Iowa. Kepro may be reached at 855-408-8557 or at this address: 5201 W. Kennedy Blvd., Suite 900 Tampa, FL 33609.

To reach the GRMC Patient Advocate call ext. 2524 or dial 0.

Grinnell Regional Medical Center does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

ENGLISH

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-641-990-0106 for assistance.

SPANISH TRANSLATION

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-641-990-0106