

Initiated:	5/2012
Reviewed:	6/2019; 5/202; 6/2021; 7/2022
Revised:	10/2015; 6/2016; 6/2018; 10/2023; 7/2024; 4/2026

Policy

Clarinda Regional Health Center (CRHC) is **Advancing Exceptional Care** by ensuring that all patients are informed of, understand, and are able to exercise their rights and responsibilities while receiving care and services in accordance with applicable federal and state law and accreditation standards.

This policy is established in alignment with:

- CMS Conditions of Participation for Critical Access Hospitals (42 CFR §485.608)
- DNV NIAHO® 2025 Critical Access Hospital Standards (PR.1–PR.14)
- Section 1557 of the Affordable Care Act (45 CFR Part 92)

CRHC ensures patients receive care in a manner that protects dignity, autonomy, privacy, and safety. This policy defines patient rights, patient responsibilities, grievance processes, and required notification procedures.

This policy applies to all inpatient and outpatient services provided by CRHC.

Definitions

- **Advance Directive:** A written instruction recognized under Iowa law relating to healthcare decision-making when a patient lacks capacity (*42 CFR §485.608(a)(1)*); (*DNV PR.3*)
- **Beneficiary Notice of Non-Coverage (BNCC):** A Medicare-required notice informing beneficiaries of termination of covered services and appeal rights (*42 CFR §405.1205*)
- **Grievance:** A written or verbal complaint regarding care, abuse, neglect, premature discharge, or regulatory compliance that requires formal investigation and written response (*42 CFR §485.608(a)(4)*); (*DNV PR.6*)
- **Informed Consent:** The process by which a patient voluntarily agrees to treatment after receiving adequate information regarding risks, benefits, and alternatives (*DNV PR.5*)
- **Medicare Outpatient Observation Notice (MOON):** Required notice for Medicare beneficiaries receiving observation services exceeding 24 hours (*42 CFR §489.20*)

- **Representative:** An individual authorized under applicable federal or state law to act on behalf of a patient in making healthcare decisions or exercising the patient's rights. A representative may include a legally appointed healthcare power of attorney, legal guardian, parent of a minor child, court-appointed decision-maker, or other individual recognized under Iowa law or designated by the patient to participate in care decisions, visitation, grievance processes, or access to health information in accordance with regulatory requirements. (42 CFR §485.608(a)(1)); (DNV PR.2)
- **Restraint or Seclusion:** A method of restricting movement or behavior in accordance with CMS definitions (42 CFR §485.608(e)); (DNV PR.10)
- **Support Person:** An individual designated by the patient to participate in visitation and care decisions (42 CFR §485.608(a)(1)); (DNV PR.4)

Roles & Responsibilities

- **Administration:** Ensures compliance with CMS CAH CoPs and DNV NIAHO® standards related to patient rights (PR.1–PR.14; RS.1). Oversees grievance resolution timelines and regulatory reporting.
- **Nursing:** Provides written notice of patient rights upon admission or initial encounter and documents acknowledgment (42 CFR §485.608(a)(2)); (DNV PR.2)
- **Providers:** Obtain informed consent, honor advance directives, and involve patients in care planning (DNV PR.3; PR.5)
- **Health Information Management:** Ensures timely access to medical records (45 CFR §164.524); (DNV PR.2)
- **Quality Department:** Monitors grievances, restraint use, discrimination complaints, and compliance metrics (DNV PR.2; PR.6)
- **All Workforce Members:** Complete orientation and annual education on patient rights.

Procedure

PATIENT RIGHTS (42 CFR §485.608); (DNV PR.1–PR.14)

CRHC ensures each patient has the right to:

1. Reasonable access to care. (42 CFR §485.608(a)(1))
2. Respectful and culturally competent care. (DNV PR.1); (45 CFR §92.101)
3. Access to pastoral/spiritual services.

4. Participation in ethical issues of care. The hospital provides access to an [Ethics Committee](#) to help resolve conflicts regarding treatment decisions, end-of-life care, patient autonomy, or other ethical matters. (42 CFR §485.608(a)(1))
5. Participation in care planning and decision-making. (42 CFR §485.608(a)(1)); (DNV PR.2-SR.3)
6. Designate a representative. (42 CFR §485.608(a)(1)); (DNV PR.2-SR.4)
7. Make informed decisions and refuse treatment. (DNV PR.2-SR.2); (DNV PR.5); (CFR 42 §485.608(a)(1))
8. Participate in discharge planning and appeal premature discharge. (42 CFR §485.648(c))
9. Be informed if no MD/DO is onsite 24/7. (42 CFR §485.631)
10. Notification of family/representative upon admission. (42 CFR §485.608(a)(1))
11. Receive visitors of choice and withdraw consent. (42 CFR §485.608(a)(1)); (DNV PR.2-SR.12)
12. Designate a support person or representative of their choice and to have their provider notified promptly of admission. (DNV PR.2-SR.4); (42 CFR §485.608(a)(1))
13. Formulate advance directives and have them honored. (42 CFR §485.608(a)(1)); (DNV PR.3-SR.1-5)
14. Provide or withhold informed consent. (DNV PR.2-SR.2); CFR 42 §485.608(a)(1))
15. Personal privacy and confidentiality. (45 CFR §164); (DNV PR.2-SR.5)
16. Be free from abuse or harassment. (DNV PR.2-SR.7); (42 CFR §485.608(a)(1))
17. Confidentiality of clinical records and access medical records timely. (45 CFR §164.524); (DNV PR.2-SR.8-9)
18. Be free from inappropriate restraint or seclusion. (42 CFR §485.608(e)); (DNV PR.7)
19. File a grievance and receive written resolution including (See [Filing a Grievance](#)):
 - Contact person
 - Investigative steps
 - Results
 - Completion date(42 CFR §485.608(a)(4)); (DNV PR.2-SR.10); (DNV PR.6)
20. Receive Medicare-required notices including BNCC and MOON. (42 CFR §489.20(y)); (DNV PR.2-SR.1a-b)
21. Receive care without discrimination under Section 1557. (45 CFR Part 92); (DNV PR.1-SR.1)
22. Recognition of legally valid marriages. (42 CFR §485.608(a)(1)); (DNV PR.1-SR.2)
23. Pain assessment and management. (DNV PR.2-SR.11)
24. Care in a safe setting. (DNV PR.2-SR.6; PR.10)
25. Interpreter and auxiliary aids at no cost. (45 CFR §92.102); (DNV PR.4)
26. Refuse the use of a scribe.

27. Right to be informed of hospital rules and regulations applicable to patient conduct and care. *(42 CFR §485.608(a)(1))*
28. Right to access protective and advocacy services when abuse, neglect, or exploitation is suspected. *(42 CFR §485.608(a)(3))*
29. Right to receive information regarding charges and available payment options. *(42 CFR §180.50); (42 §CFR 489.20)*
30. Right to reasonable accommodations for disabilities in accordance with federal law. *(45 CFR Part 92 (Section 1557)); (ADA Title III); (DNV PR.1-SR.1)*
31. Right to participate in or refuse research or investigational studies without compromising care. *(42 CFR §485.608(a)(1))*

PATIENT RESPONSIBILITIES

Patients are responsible for:

1. Providing accurate and complete information.
2. Reporting changes in condition.
3. Asking questions.
4. Participating in agreed treatment plans.
5. Accepting consequences of refusal.
6. Following CRHC safety rules.
7. Respecting others.
8. Meeting financial obligations.

INFORMING THE PATIENT *(42 CFR §485.608(a)(2); (DNV PR.2)*

1. Nursing provides written rights upon admission or initial outpatient encounter.
2. Rights are explained verbally if needed.
3. Interpreter services are arranged as required.
4. Acknowledgment is documented in the medical record.
5. Advance directive status is assessed and documented.

INFORMING STAFF

Orientation and annual education will include patient rights. See [Regulatory Compliance Education](#).

Quality

CRHC is committed to **Advancing Exceptional Care** by maintaining policies and procedures that meet or exceed all applicable federal, state, and accreditation standards, including CMS Conditions of Participation and DNV Healthcare accreditation requirements.

Compliance with this policy will be assessed through ongoing monitoring, including but not limited to:

- Process Compliance – Adherence to the steps and standards outlined in the policy.
- Documentation Accuracy – Completeness and correctness of required records.
- Timeliness – Performance of required actions within established timeframes.
- Outcome Measures – Evaluation of patient care results or operational outcomes relevant to the policy.

Audit results, variances, and opportunities for improvement will be reported to the appropriate leadership and reviewed by the CRHC Quality Committee. When deficiencies are identified, CRHC will implement corrective actions, staff education, and/or process adjustments as necessary to ensure sustained compliance.

This Quality process is an integral part of CRHC's Quality Assessment and Performance Improvement (QAPI) program and supports the organization's ongoing commitment to patient safety, regulatory compliance, and continuous improvement.

References

Centers for Medicare & Medicaid Services. (2023). 42 C.F.R. §485.608 – Condition of participation: Patient rights.

Centers for Medicare & Medicaid Services. (2023). 42 C.F.R. §405.1205 – Hospital discharge notice requirements.

Centers for Medicare & Medicaid Services. (2023). 42 C.F.R. §489.20 – Provider agreement requirements.

DNV Healthcare USA, Inc. (2025). NIAHO® critical access hospital accreditation requirements and interpretive guidelines (PR.1–PR.10).



U.S. Department of Health and Human Services. (2024). 45 C.F.R. Part 92 – Nondiscrimination in health programs and activities.

U.S. Department of Health and Human Services. (2023). 45 C.F.R. §164.524 – Access of individuals to protected health information.