

## Filing a Grievance

Clarinda Regional Health Center (CRHC) encourages patients, families/legal guardians, and visitors to freely express their grievances, complaints, concerns, dissatisfaction, and inquiries through established channels without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services to Advance Exceptional Care.

Concerns, complaints or grievances may be in written or verbal form.

In the event a patient or the patient's family or representative has a comment, complaint, or grievance he/she is encouraged to do one or more of the following:

1. Inform or ask any staff member
2. Speak directly to the nursing supervisor or management
3. Request to speak with someone in Administration
4. File a grievance in writing or by calling any of the executives/agencies below:

**Clarinda Regional Health Center**  
**Chief Executive Officer (CEO)**  
220 Essie Davison Drive  
Clarinda, Iowa 51632  
712- 542-8214

**Quality Improvement Organization**  
**Beneficiary and Family Centered Care:**  
**Commence Health**  
[commencehealthqio.cms.gov/en/states/iowa](https://commencehealthqio.cms.gov/en/states/iowa)  
1-888-755-5580

**Iowa Department of Inspections, Appeals, & Licensing**  
6200 Park Ave, Suite 100  
Des Moines, Iowa 50321-1270  
1-877-686-0027  
1-515-281-7102

**Health & Human Services**  
**Iowa Long Term Care Ombudsman**  
321 E. 12th St., 4th Floor  
Des Moines, Iowa 53019  
1-866-236-1430  
1-515-250-7596

## Please share with us!

Our goal at Clarinda Regional Health Center is to provide the best patient outcome every time. We cannot learn and grow if you don't share your experiences with us. Especially if you have a great experience and outcome at our hospital, please share that too. We love to share positive feedback with our staff. It only helps us continue to do our best!

*Here are a few ways you can give us feedback:*

**1 Leave us a review on Google.**

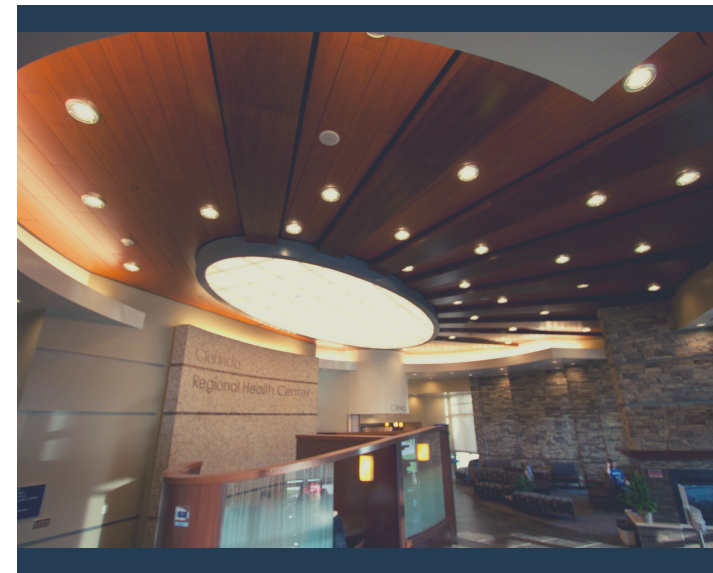
**2 Recommend us on Facebook!**

**3 Visit the "Contact Us" page on ClarindaHealth.com and answer a few questions about your experience.**

**4 Find our Customer Feedback form by going to our website ClarindaHealth.com/quality to send us information about your experience.**

**5 For immediate assistance call our Chief Inclusion Officer at 712-542-8207.**

**Advancing Exceptional Care**



## Patient Rights & Responsibilities

*Updated 01/2025*

# Patient Rights

Patients have the right to:

- Reasonable access to care.
- Care that is considerate and respectful of his or her cultural, psychological, spiritual, and personal values, beliefs, preferences, and personal dignity.
- Pastoral and other spiritual services.
- Participate in ethical questions that arise during his or her care, including issues of conflict resolution, withholding of resuscitative services, forgoing or withdrawing of life-sustaining treatment, and participation in investigational studies or clinical trials.
- The right to participate and make informed decisions regarding his/her plan of care.
- Designate a representative to make decisions to exercise the patient's right to participate in the development and implementation of the patient's plan of care
- Make informed decisions regarding his or her care, this includes being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right does not include the ability to demand the provision of treatment, or services deemed to be medically unnecessary or inappropriate.
- Make informed decisions related to discharge planning for post-acute care.
- Be informed if there is no MD/DO present in the hospital 24 hours a day, 7 days a week.
- Have a family member or representative of his or her choice, and his or her own physician notified promptly of his or her admission to the hospital.
- Subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time, and to be informed of any clinical restriction or limitation on such rights.
- Designate a support person to be present throughout the stay unless restricted by policy and to make decisions regarding visitation.
- Formulate advance directives and to have hospital staff and practitioners comply with the advance directives in accordance with federal and state laws and regulations.
- Give or withhold informed consent.
- Personal privacy. This right does not include the right to a private room.
- Be free from all forms of abuse or harassment.
- Confidentiality of all his or her health information and clinical records and patient access to clinical records as quickly as record keeping systems permits in the form or format requested. CRHC shall not impede the legitimate efforts of individuals to gain access to their clinical records.

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- 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.
- Be advised of the procedure for submission of a written or verbal grievance, should he or she wish to communicate a concern regarding the quality of the care he or she receives or if he or she feels the determined discharge date is premature. To file an internal grievance at CRHC, contact the Chief Executive Officer (CEO) at 712-542-8214. The patient will be provided with a written notice of the grievance determination, the steps taken on his or her behalf to investigate the grievance, the results of the grievance, and the grievance completion date. The patient also has the right to appeal to an external agency by contacting the entities listed on the “filing a grievance” panel on the other side of this brochure.
- Receive Beneficiary Notice of non-Coverage and right to appeal premature discharge and Medicare Outpatient Observation Notice (MOON).
- Access to treatment or accommodations regardless of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, gender identity, and sexual characteristics) according to Section 1557 of the Affordable Care Act, diagnosis, or source of payment for care, including Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).
- Recognition of all state-sanctioned marriages and spouses for purposes of compliance with the Conditions of Participation, regardless of any laws to the contrary or the state or locality.
- A pain management plan.
- The provision of care in a safe setting, including patients at risk for intentional harm to self or others.
- Receive information in a language and format that the patient understands, including provision of interpreters or communication aids for those who are deaf, blind, have limited English proficiency (LEF), or are otherwise impaired.
- Refuse the use of a scribe during the visit.

## Patient Responsibilities

The patient/family is responsible for:

- Providing, to the best of their knowledge, accurate and complete information about presenting complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health. They are responsible for reporting unexpected changes in the patient's condition to the responsible practitioner.
- Asking questions when they do not understand what has been told about the patient's care or what they are expected to do.
- Following the treatment plan developed with the practitioner. They should express any concerns they have about their ability to follow the proposed course of treatment.
- Accepting the consequences of failing to follow the recommended course of treatment or using other treatments.
- The outcomes of refusing treatment or failing to follow practitioner instructions.

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- Following the hospital's rules and regulations concerning patient care and conduct.
- Being considerate of other patients and hospital personnel by not making unnecessary noise, smoking, or causing distractions.
- Respecting the property of other persons and that of the hospital.
- Promptly meeting financial commitments agreed to with the organization.

## INFORMING THE PATIENT

Patients are to be informed of their rights and responsibilities upon admission to an inpatient setting, or upon initial presentation to an outpatient setting. This will be accomplished by providing the patient or patient representative with a written and/or posted statement of the rights and responsibilities. The patient's rights should be provided and explained in a language or manner that the patient (or the patient's representative) can understand.

## INFORMING STAFF, PHYSICIANS, VOLUNTEERS, AND OTHER HEALTHCARE PROVIDERS

Staff, physicians, volunteers, and other health care providers will be informed of these patient rights and responsibilities as part of their orientation to the organization.

## References

- 1.CMS Conditions of Participation for Critical Access Hospitals §485.608(a)
- 2.Center for Improvement in Healthcare Quality, Standard PR.1-PR.13; RS.1
- 3.The Joint Commission, Standard RI.01.01.01 – RI.,01.07.01
- 4.National Integrated Accreditation For Healthcare Organizations (NIAHO) & DNV GL Healthcare USA, Inc. (2024). Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance for Critical Access Hospitals. DNV GL Healthcare USA, Inc. PR.1-PR.9)
- 5.Civil Rights: Section 1557 of the Patient Protection and Affordable Care Act. (2024, June 7). U.S. Department of Health And Human Services. <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>