We value working with you to improve your care and services. It is our goal to encourage open communication, compassion and respectful partnerships. You are a part of your health care team, therefore it is important that you understand your rights and responsibilities.
QUALITY CARE

RIGHTS
Participate in the development and implementation of my plan of care and request a discharge planning evaluation
Receive the best and safest health care possible

RESPONSIBILITIES
Be an active, involved and informed member of my health care team
Ask questions when I do not understand the treatment course, care decisions or follow-up care
Follow instructions, polices, rules and regulations to support safe quality care

DIGNITY AND RESPECT

RIGHTS
Dignified and respectful treatment based on my cultural, religious beliefs, personal values and preferences as able
Receive care in a clean, safe and secure environment; free from any form of abuse, neglect, exploitation, harassment or discrimination
Request a chaperone be present when examined
Expect my personal privacy to be respected
Be free from seclusion and restraints unless clinically necessary

RESPONSIBILITIES
Treat all staff and other patients with dignity and respect
Be respectful of other patients, families, staff and the facility by not threatening, harming, or destroying property
Be responsible for my valuables/belongings by sending them home with family/friends when possible. Altru Health System is not responsible for valuable/belongings

CONSENT FOR HEALTH CARE AND TREATMENT

RIGHTS
Participate in my care by asking questions and being provided information regarding the reason for treatment, associated risks, benefits and alternatives
Refuse treatment to the extent of the law and be informed of the medical consequences of my actions
Change my mind about any procedure for which I have given my consent
Know Altru Health System will honor my healthcare/advance directive when I am unable to make my own health care decision or be informed if it cannot be honored

CONSULT with a specialist, additional physician, request a second opinion or be transferred to another facility knowing it could come at an extra cost to me as determined by my insurance
Request students and residents not be involved in my care

RESPONSIBILITIES
Ask questions until I feel I have all the information I need to make an informed health care decision
Accept the consequences of my actions if I choose not to participate in the recommended treatment plan
Provide Altru Health System with a complete and updated healthcare/advance directive
Make sure the person making health care decisions on my behalf knows and understands my wishes.
We encourage you and your caregivers to talk openly about your health and encourage you to ask these three questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?
CONCERNS AND COMPLAINTS

If we fail to meet your expectations, we invite you to share your concerns regarding treatment, patient safety and quality of care. You may voice concerns to:

» Any Employee
» Your care provider or physician
» Manager of the clinic or hospital department
» Patient relations Department

We encourage you to resolve complaints immediately at the time of service. If you feel any of your concerns/complaints have not been resolved to your satisfaction, you may initiate a formal complaint by notifying the Patient Relations Department by writing or calling:

Altru Patient Relations
P.O. Box 6002
Grand Forks, ND 58206
701.780.5055

You will be contacted by the Patient Relations Department to acknowledge receipt of your complaint.

The information will be reviewed internally, and a written response with the resolution will be sent to you within a reasonable time frame.

Should you choose not to use our complaint process, or if you are unable to resolve a concern/complaint to your satisfaction, you also have the right to contact:

North Dakota Department of Health
600 East Boulevard Avenue
Bismarck, ND 58505-0200
701.328.2352

Centers for Medicaid and Medicare Services
Rock Run Center
5700 Lombardo Center, Suite 100
Seven Hills, OH 44131
844.430.9504

Minnesota Department of Health Office of Health Facility/Complaint
P.O. Box 64970
St. Paul, MN 55164-0970
651.201.4201 or 800.369.7994

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Fax: 630.792.5636
www.jointcommission.org
“Report a Safety Event”

If you received care at Altru Clinics in Devils Lake, Drayton, Erskine, Greenbush, Roseau, Thief River Falls or Warroad and should you choose not to use our complaint process, or if you are unable to resolve a concern/complaint to your satisfaction, you also have the right to contact:

The Compliance Team, Inc.
888.291.5353
www.thecomplianceteam.org

Altru Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, see link on our website at altru.org. ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.732.4277. ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.732.4277. LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.732.4277.