

Patient Rights and Advanced Directives

Patient Rights

You have the right to:

- Be treated with respect, consideration and dignity in a safe setting.
- Be provided appropriate privacy.
- Be fully informed about your condition/diagnosis, evaluations, possible treatment(s) or procedure(s), risk, and potential outcomes by your provider in advance of your procedure. When it is medically inadvisable to give such information to a patient, the information is provided to the patient's designated representative.
- Be a participant in decisions involving your healthcare, except when such participation is contraindicated for medical reasons.
- Your medical record being treated confidentially and, except when required by law, are given the opportunity to approve or refuse their release.
- Be free from all forms of abuse or harassment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Be informed about processes for expressing your concerns or "grievance."

Patient Complaint or Grievance

Our organization strives to provide quality care for our patients. If you have a problem or complaint, please speak to your provider, nurse or other member of the office staff. Every effort will be taken to address your concern(s) or complaint(s) as quickly as possible in the most satisfactory way. Your concern or complaint will be addressed to the appropriate individual. You will receive a response from our office addressing the concern or complaint. Address your concern or complaint to the following:

Great River Pain Center
555 N Kellogg St
Galesburg, IL 61401

You may also contact the Illinois Department of Public Health at (800) 252-4343 or www.idph.state.il.us

Medicare Patients may call (800) 633-4227 or www.medicare.gov

Advanced Directives

In the state of Illinois, all patients have the right to participate in their own health care decisions, to make Advanced Directives for other to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions. These documents express your choices about your future care or names someone to decide your care if you cannot speak for yourself. We respect and uphold those rights. However, it is our policy, regardless of the content of any Advance Directive or instruction from a health care surrogate, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advanced Directives of Healthcare POA. Your agreement with this facility's policy will not revoke or invalidate any current healthcare directive or Healthcare POA. If you have any of these documents, please bring them to our office and they will be placed in your chart. Our providers note the presence or absence of one. If you do not have one, our office can direct you to complete one.

555 N. Kellogg St. Galesburg, IL 61401