Huntington Hospital

Patients rights and responsibilities

Huntington Hospital respects the rights of the patient, recognizes each patient as an individual with unique health care needs and, because of the importance of respecting each patient's personal dignity, is committed to providing considerate, respectful care focused upon the patient's individual needs. The hospital assists the patient in the exercise of his/her rights and informs the patient of any responsibilities he/she has in the exercising of these rights. All of these rights apply to persons who may have responsibility to make decisions regarding medical care on behalf of the patient. The following outlines these rights and responsibilities.

Patients rights:

You have the right to considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual and personal values, beliefs and preferences.

You have the right to have a family member (or other representative of your choosing) and your own physician notified promptly of your hospitalization.

You have the right to know the name of the physician who has primary responsibility for coordinating your care, and the names and professional relationships of other physicians and non-physicians who will see you.

You have the right to receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery, end-of-life care options and outcomes of care (including unanticipated outcomes) in terms that you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care and ethical issues that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services and foregoing or withdrawing life-sustaining treatment.

You have the right to make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.

You have the right to request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.

You have the right to be advised if a physician proposes to engage in or perform human experimentation affecting your care or treatment, and to refuse to participate in such research projects.

You have the right to reasonable responses to any reasonable requests made for service.

You have the right to appropriate assessment and management of your pain, information about pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe, chronic, intractable pain. The doctor may refuse to prescribe the opiate medication, but must inform you that there are physicians who specialize in the treatment of severe, chronic, intractable pain with methods that include the use of opiates.

You have the right to formulate an advance directive. This includes designating a medical decision-maker, including a same-sex partner, should you become incapable of understanding a proposed treatment or unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patient rights also apply to your legally recognized decision-maker.

You have the right to have your personal privacy respected. Case discussion, consultation, examination and treatments are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be usedin semi-private rooms.

You have the right to confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.

You have the right to receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment.

You have the right to access protective and advocacy services, including notifying government agencies of neglect or abuse.

You have the right to be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.

You have the right to reasonable continuity of care and to know in advance the time and location of appointments, as well as the identity of the person(s) providing the care.

You have the right to be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan, and to designate someone else to be involved and notified upon discharge.

You have the right to know which hospital rules and policies apply to your conduct while you are a patient.

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Patients rights (continued):

You have the right to designate visitors of your choosing if you have decision-making capacity, whether or not the visitor is related by blood or marriage unless:

- no visitors are allowed because of clinical restrictions or limitations;
- the hospital reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the hospital staff or other visitor to the hospital, or would significantly disrupt the operations of the hospital;
- you have told the hospital staff that you no longer want a particular person to visit.

However, the hospital may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The hospital must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The hospital is not permitted to restrict, limit or otherwise deny visitation privileges on the basis of sex, economic status, educational background, race, ethnicity, color, religion, ancestry, national origin, disability, gender identity or expression, sexual orientation or marital status.

You have the right to have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration complies with federal law and is disclosed in the hospital's Administrative Policy ® Procedure, Visitation, Patient #264. At a minimum, the hospital shall include any persons living in your household and any support person defined in federal law. We will ensure that visitors enjoy full and equal visitation privileges consistent with your preferences.

You have the right to examine and receive an explanation of the hospital's bill regardless of the source of payment.

You have the right to exercise these rights without regard to your sex, socioeconomic status, educational background, race, ethnicity, color, religion, ancestry, national origin, disability, medical condition, gender identity or expression, sexual orientation, marital status registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for your care.

You have the right to express a grievance or complaint of any nature. If you want to express a grievance with the hospital or be informed of the grievance process, you may write or call: Patient Relations, Huntington Hospital, P.O. Box 7013, Pasadena, CA 91109-7013, (626) 397-5211. The Patient Relations Department will review each grievance and provide you with written acknowledgement within 7 days that an investigation regarding your concerns is being conducted. Our final response letter will be sent to the patient within 30 days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate and the results and date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).

You have the right to express a complaint with the California Department of Health Care Services regardless of whether you use the hospital's grievance process. The California Department of Public Health phone number and address is: Los Angeles Acute/Ancillary Unit, 3400 Aerojet Avenue, Suite 323, El Monte, CA 91731, (626) 312-1104. The Los Angeles County Department of Mental Health phone number is (800) 700-9996 or (213) 738-4888. You may also contact The Joint Commission if you have any patient safety or quality concerns through www.jointcommission.org, using the "Report a Patient Safety Event" link in "Resources" on the home page of the Website; by fax to (630) 792-5636; or by mail to Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

To file a complaint with the California Department of Fair Employment and Housing, call the Communication Center at (800) 884-1684 (voice), (800) 700-2320 (TTY) or California's Relay Service at 711; e-mail contact.center@dfeh.ca.gov; or write to 2218 Kausen Drive, Suite 100, Elk Grove, California 95758.

To file a complaint with the Medical Board of California: call (800) 633-2322; file online at www.mbc.ca.gov/consumers/complaints; or write to Medical Board of California, Central Complaint Unit, 2005 Evergreen Street, Suite 1200, Sacramento, California 95815.

Patient responsibilities:

You are expected to provide complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required.

You are expected to provide the hospital or your doctor with a copy of your advance directive, if you have one.

You are expected to provide complete and accurate information about your health and medical history, including present condition, pastillnesses, hospital stays, medicines, vitamins, herbal products and any other matters that pertain to your health, including perceived safety risks.

You are expected to ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your physician. You are responsible for the outcomes if you do not follow the care, treatment and services plan.

You are expected to actively participate in your pain management plan and to keep your physicians and nurses informed of the effectiveness of your treatment.

You are expected to treat all hospital staff, other patients and visitors with courtesy and respect; abide by all hospital rules and safety regulations including no-smoking; and be mindful of noise levels, privacy and the number of visitors you have. You are expected to refrain from behavior that unreasonably places the health of others at risk.

You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.

You are expected to keep appointments, be on time for appointments or call your health care provider if you cannot keep your appointments.

You are expected to respect the property of other persons and that of the hospital.