

For Our Patients

As a patient, you have rights regarding the care you receive and we want you to be involved. Knowing your rights can help you make better decisions about your care. If you have any questions, problems, safety concerns or unmet needs, please notify a member of our staff.

Language assistance and interpreters are free of charge and available in many languages. In addition, TDD services and Voice Relay is available for individuals that are deaf, hard of hearing, or speech impaired. Ask a staff member if you need any assistance.

Patient Rights and Responsibilities

As a patient, you have the right to:

1. **Receive considerate and respectful care**, and be made comfortable. You have the right to have your cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
2. **Have automatic notification of your admission** to the Emergency Department or Hospital, discharge, or transfer from the Hospital sent to your physician(s). You may also choose to refuse, however, your physician(s) or primary care clinic is an important part of your healthcare team and will help you with continuing care after discharge from the hospital.
Receive assistance from the healthcare team with notification of your admission to the Emergency Department or Hospital, discharge, or transfer from the Hospital to a family member (or other representative of your choosing)
3. **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.
4. **Receive information about your health status**, diagnosis, prognosis, treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
5. **Make decisions regarding your 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.
6. **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 facility even against the advice of physicians, to the extent permitted by law.
7. **Be told about any human experimentation** that the facility or your personal physician proposes to engage in that might affect your care or treatment. You have the right to refuse to participate in such research projects.
8. **Reasonable responses to any reasonable requests** made for service.
9. **Appropriate assessment and management of your pain**, and to be given information about pain and pain relief measures. You have the right to participate in decisions about your pain management. 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 if so, 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.
10. **Formulate advance directives**. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Staff and practitioners who provide care will comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. **Respect for your personal privacy**. Case discussion, consultation, examination and treatment 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 used in semi-private rooms.
12. **Confidential treatment** of all communications and records pertaining to your care. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how Scripps may use and disclose your protected health information.
13. **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.
14. **Freedom from restraints and seclusion** of any form used as a means of coercion, discipline, convenience or retaliation by staff.
15. **Reasonable continuity of care** and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
16. **Be informed** by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
17. **Know which rules and policies apply** to your conduct while a patient.

18. **Designate visitors/support individuals of your choosing**, if you have decision-making capacity, whether or not the individual is related by blood or marriage, unless:
 - No visitors are allowed,
 - The facility determines that the presence of a particular visitor would endanger the health or safety of you or other patients, staff members, other visitors, or would significantly disrupt the operations of the facility
 - You have told the health facility staff that you no longer want a particular person to visit.
 We may establish restrictions upon visitation, including the hours and number of visitors. You or your support person will be informed of your visitation rights, including any restrictions or limitations. There will be no restrictions, limits, or otherwise denial of visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
19. **Have your wishes considered** for determining who may visit if you lack decision-making capacity. The method for determining who may visit will comply with federal law and be reflected in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law
20. **Examine and receive an explanation of your bill** regardless of the source of payment.
21. **Exercise these rights** without regard to, and be free of discrimination on the basis of, sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, 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 care.
22. **File a grievance** by writing to Administration or by calling a supervisor or patient representative. A grievance committee will review each grievance and provide you with a written response within 10 days, including the name of a person to contact, steps taken to investigate, the results of the investigation, and the date of completion. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).
23. **File a complaint** with the California Department of Public Health regardless of whether you use the hospital's grievance process. The California Department of Public Health phone number and address is: Facilities south of Interstate 8, call 1-866-706-0759, north of Interstate 8, call 1-800-824-0613. Address is: 7575 Metropolitan Drive, San Diego, CA. 92108.
24. **File a complaint** with the Department of Fair Employment and Housing at www.dfeh.ca.gov, (800) 884-1684 or (800) 700-2320 (TTY) or 2218 Kausen Dr., #100, Elk Grove, CA 95758.
25. **File a complaint** with the Medical Board of California at www.mbc.ca.gov/consumers/complaints, (800) 633-2322 or 2005 Evergreen St., #1200, Sacramento, CA 95815.
26. **Contact The Joint Commission** if you have a patient safety event or concern regarding the health care organization. On-line: www.jointcommission.org, website, using the "Report a Patient Safety Event" link in the "Action Center" on the home page.
 Fax: Office of Quality and Patient Safety, 630-792-5636, Mail: Office of Quality and Patient Safety, The Joint Commission, One Renaissance Blvd, Oakbrook Terrace, IL 60181

This Patient Rights document incorporates the requirements of The Joint Commission; Title 22, California Code of Regulations, Section 70707, Health and Safety Code Sections 1262.6, 1288.4, and 124960; and 42 C.F.R., Section 482.13 (Medicare Conditions of Participation).

Patient Responsibilities

The following patient responsibilities have been identified to facilitate safe delivery of care, treatment and services.

As a patient you have the responsibility to:

1. **Provide information.** Patients and families, as appropriate, must provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to their health. Patients and their families must report perceived risks in their care and unexpected changes in their condition.
2. **Ask questions.** Patients and families, as appropriate, must ask questions when they do not understand their care, treatment, or service or what they are expected to do.
3. **Follow instructions.** You must follow the care, treatment, and service plan adapted for your specific needs by your practitioner and healthcare team. You should express any concerns about your ability to follow the proposed care plan or course of care, treatment and services. Your practitioner will explain any consequences for not following the proposed course of treatment.
4. **Follow Facility Policy.** Patients and their families/visitors must follow policies as explained in your handbook and as explained by our staff. This includes respecting the privacy of staff and visitors in regard to photography and filming.
5. **Accept consequences.** Patients and their families are responsible for the outcomes if they do not follow the care, treatment, and service plan.
6. **Show respect and consideration.** Patients and families must be considerate of the facility staff and property as well as other patients and their property, and for assisting in the control of noise and the number of visitors.
7. **Meet financial commitments.** Patients and their families should promptly meet any financial obligation agreed to by providing information necessary for your insurance processing and when necessary, working with a financial representative to arrange payment.
8. **Recognize the effect your lifestyle has on your personal health.** Your health depends not just on your professional medical care but also on the decisions you make in your daily life. You can ask your care provider if you need assistance in making healthier decisions.
9. **Express safety concerns.** Notify your care providers if you have any safety or privacy concerns or questions regarding your care or environment.