PATIENT RIGHTS

As a patient, you have the right to:

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

2. Have a family member (or other representative of your choosing) and your own licensed health care practitioner notified promptly of your admission to the hospital.

3. Know the name of the licensed health care practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care, and the names and professional relationships of other licensed health care practitioners who will see you.

4. Receive information about your health status, diagnosis, prognosis, course of 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 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 hospital even against the advice of members of the medical staff, to the extent permitted by law.

7. Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting 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, information about pain, 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 licensed health care practitioner may refuse to prescribe opiate medication, but if so, must inform you that there are licensed health care practitioners who specialize in the treatment of severe chronic 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. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.

11. Have personal privacy respected. 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 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.

13. Access information contained in your records within a reasonable time frame, except in certain circumstances specified by law.

14. 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.

15. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.

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16. 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.
17. Be informed by the licensed health care practitioner, or a delegate of the licensed health care practitioner, 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. Upon your request, a friend or family member may be provided this information also.
18. Know which hospital rules and policies apply to your conduct while a patient.
19. Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage.
   Visitation rights include the right to receive the visitors designated by the patient, including but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time.
   The hospital will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
   The hospital has the right to rescind the visitation hours and rights based upon the safety and welfare of the patient and the hospital staff, and as necessary in order to conduct normal hospital operations. The reasons for the clinical restriction or limitation must be explained to the patient and family. At certain times or in certain situations, staff may need to limit visiting hours for the patient. The reasons may include:
   • A patient’s medical condition
   • The family’s health and safety
   • A patient’s wish for privacy or uninterrupted rest time
   • A non-private room
   • The need for a sterile environment
   • Any court order limiting or restraining contact
   • Behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment
   • Behavior disruptive of the functioning of the patient care unit
   • Patient’s risk of infection by the visitor
   • Visitor’s risk of infection by the patient
   • Extraordinary protections because of a pandemic or infectious disease outbreak
   • Substance abuse treatment protocols requiring restricted visitation
20. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed 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.
21. Examine and receive an explanation of the hospital’s bill regardless of the source of payment.
22. Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, educational background, economic status, the source of payment for care, gender identity/expression, registered domestic partner status, genetic information, citizenship, primary language, or immigration status (except as required by federal law).
23. File a grievance. If you want to file a grievance with this hospital, you may do so by writing the Manager, Guest Services, at El Camino Hospital, 2500 Grant Road, Mountain View, CA 94040-4378, or by calling 650-962-5836, or by faxing 650-988-7818.
   An ad hoc grievance committee will review each grievance and provide you with a written response within 30 days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the 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).
24. 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’s phone number is 408-277-1784. Its address is 100 Paseo de San Antonio, Suite 235, San Jose, California 95113.
25. Patient safety concerns can be reported to The Joint Commission:
   • At www.jointcommission.org, using the “Report a Patient Safety Event” link in the “Action Center” on the home page of the website
   • By fax to 630-792-5636
   • By mail to Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, 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).