

PATIENT'S RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS AS A PATIENT -

“ A patient's rights shall include but not be limited to:

1. 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.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital. The family with permission of the patient or surrogate decision maker is involved in care, treatment and service decisions.
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, 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. You have the right and responsibility to be actively involved in your care and to report any concerns related to your care, treatment, services and patient safety issues to the Charge Nurse/Nursing Supervisor.
6. 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.
7. 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.
8. Be advised if the hospital/personal physician 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.
9. Reasonable responses to any reasonable requests made for service.
10. 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 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.
11. 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 patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
12. 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. Receive access to space and telephones appropriate to their needs and the care, treatment and services provided for private telephone conversations.

PATIENT'S RIGHTS/RESPONSIBILITIES (cont.)

13. 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.
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. The effectiveness and safety of care, treatment and services does not depend on the patients ability to pay.
15. Be free from restraints and seclusion of any form used as means of coercion, discipline, convenience or retaliation by staff.
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 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. 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, unless:
 - No visitors are allowed
 - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, 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.

However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.

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 be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household.
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, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation or marital status or the source of payment for care.
23. Have the hospital address the need of those with vision, speech, hearing, language and cognitive impairments.
24. Freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.
25. Decline having your last name listed on the departmental assignment/white board.
26. File a grievance. If you want to file a grievance with this hospital, you may do so in writing or by calling: Little Company of Mary Hospital, ATTN: Patient Relations Department, 4101 Torrance Blvd. Torrance, CA 90503 (310)543-5918; Little Company of Mary-San Pedro Hospital, ATTN: Risk Management Department, 1300 West 7th Street, San Pedro, CA 90732 (310)514-5258 or (310)793-8129; Providence Holy Cross Medical Center, ATTN: Risk Management Department, 15031 Rinaldi Street, Mission Hills, CA 91346, (818)898-4552; Providence Saint Joseph Medical Center, ATTN: Risk Management Department, 501 South Buena Vista, Burbank, CA 91505, (818)847-4747. The grievance committee will review each grievance and provide you with a written response within 7 days. The written response will contain the name of the 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).

- 27 File a complaint with the Joint Commission on Accreditation of Health care Organizations (JCAHO) or the state Department of Health Services if your concerns regarding patient care and safety are not addressed. You may contact the Joint Commission's Office of Quality Monitoring at 1-800-994-6610 or e-mail the Joint Commission at complaint@jcaho.org. The state Department of Health Service's phone number and address is: 5555 Ferguson Drive, City of Commerce, CA 90010, (800)228-5234.

YOUR RESPONSIBILITIES AS A PATIENT:

1. Being considerate to all hospital personnel and other patients and to ensure that your visitors are also considerate to other patients and hospital personnel.
2. Observing all hospital rules.
3. Supplying accurate and complete medical history information to your physicians and others.
4. Telling your physicians and appropriate hospital personnel about any changes in your health status. You should also let them know if you do not understand the instructions that you receive or if you cannot follow them.
5. Keeping appointments and the responsibility for informing the hospital when you cannot keep your appointment.
6. Providing information necessary to ensure processing bills by the hospital and to plan for the payment of those bills as soon as possible.

IF YOU THINK YOU ARE BEING ASKED TO LEAVE THE HOSPITAL TOO SOON:

- .. Ask a hospital representative for a written notice of explanation immediately, if you have not already received one. This notice is called a "Notice of Non Coverage". You must have this Notice of Non Coverage if you wish to exercise your right to request a review by the PRO.
- .. The Notice of Non Coverage will state either that your doctor or the PRO agrees with the hospital's decision that Medicare will no longer pay for your hospital care.
 - .. If the hospital and your doctor agree, the PRO does not review your case before a Notice of Non Coverage is issued. But the PRO will respond to your request for a review of your Notice of Non Coverage and seek your opinion. You cannot be made to pay for your hospital care until the PRO makes its decision, if you request the review by noon of the first work day after you receive the Notice of Non Coverage.
 - .. If the hospital and your doctor disagree, the hospital may request the PRO to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation the PRO must agree with the hospital or the hospital cannot issue a Notice of Non Coverage. You may request that the PRO consider your case after you receive a Notice of Non Coverage, but since the PRO has already reviewed your case once, you may have to pay for at least one day of hospital care before the PRO completes the consideration. **If you do not request a review, the hospital may bill you for the costs of your stay beginning with the third day after you receive the Notice of Non Coverage. The hospital however, cannot charge you for care unless it provides you with a Notice of Non Coverage.**

HOW TO REQUEST A REVIEW OF THE NOTICE OF NON COVERAGE

If the notice of Non Coverage states that your physician agrees with the hospital's decision:

- .. You must make your request for review to the PRO by noon of the first work day after you receive the Notice of Non Coverage by contacting the PRO by phone and in writing.
- .. For an immediate review call 1-800-841-1602.
- .. The PRO must ask for your views about your case before making its decision. The PRO will inform you by phone and in writing of its decision of the review.
- .. If the PRO agree with the Notice of Non Coverage, you may be billed for all costs of your stay beginning at noon of the day after you receive the PRO's decision.
Thus, you will not be responsible for the cost of hospital care before you receive the PRO's decision.

If the notice of Non Coverage states that the PRO agrees with the hospital decision:

- .. You should make your request for reconsideration to the PRO immediately upon receipt of the Notice of Non Coverage by contacting the PRO by phone or in writing.
- .. The PRO can take up to three working days from receipt of your request to complete the review. The PRO will inform you in writing of its decision on the review. Since the PRO has already reviewed your case once, prior to the issuance of the Notice of Non Coverage, the hospital is permitted to begin billing you for the cost of our stay beginning with the third calendar day after you receive your Notice of Non Coverage even if the PRO has not completed its review.
- .. Thus, if the PRO continues to agree with the Notice of Non Coverage, you may have to pay for at least one day of the hospital care.
- .. **NOTE:** The process described above is called "immediate review". If you miss the deadline for this immediate review while you are in the hospital, you may still request a review of Medicare's decision to no longer pay for the care at any point during your hospital stay or after you have left the hospital. The Notice of Non Coverage will tell you how to request this review.