

RIGHTS AND RESPONSIBILITIES OF PATIENTS

Reference Number	6079
Effective Date	05/01/2020
Applies To	All Departments
Attachments/Forms	

I. **POLICY STATEMENT:**

- A. Salinas Valley Memorial Hospital, under the Salinas Valley Memorial Healthcare System maintains a list of patient rights and patient responsibilities that comply with both state and federal regulations. The patient rights are posted in appropriate locations within SVMH, including but not limited to: Registration areas and Emergency Department and are provided in English and Spanish. These rights and responsibilities are also provided to patients at the time of admission. A patient with a language other than English or Spanish may, at their request, have these right to be interpreted.

II. **PURPOSE:**

- A. SVMH is committed to treating all persons in a dignified and respectful manner. It is also the intent of SVMH to be in compliance with all patient rights and responsibility standards of all regulatory agencies.

III. **DEFINITIONS:**

- A. N/A

IV. **GENERAL INFORMATION:**

- A. Salinas Valley Memorial Hospital (SVMH), under the Salinas Valley Memorial Healthcare System (SVMHS) endeavors to respect, protect and promote that the basic rights of human beings for independence of expression, decision and action, and concern for personal dignity and human relationships are preserved throughout each patient's stay at the hospital. SVMH recognizes that it serves a diverse population that includes persons of different races, religions, national origins, sexual orientation, gender identities, genders, education levels, citizenship or immigration status and levels or proficiency in English.

RIGHTS AND RESPONSIBILITIES OF PATIENTS

- B. All hospital personnel, medical staff members and contracted personnel performing patient care activities under SVMH shall observe these patients' rights.

V. **PROCEDURE:**

- A. All patients admitted to SVMH will be provided a list of rights during the registration / admission process.
- B. If a patient requests to have a family member or primary physician notified of their admission, nursing staff will facilitate this contact with the patient / surrogate decision maker. A nursing note that defines this facilitation will be recorded in the nursing notes section of the electronic medical record.
- C. Documentation
 - 1. Patients will be offered these Rights and Responsibilities in writing and the patient may decline the paper version. Their refusal to accept the document will be recorded in the Conditions of Admission.

VI. **PATIENT RIGHTS**

- A. Each patient admitted to SVMH has the following rights:
 - 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*.
 - 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 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

RIGHTS AND RESPONSIBILITIES OF PATIENTS

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 doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of 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 patients' 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.

RIGHTS AND RESPONSIBILITIES OF PATIENTS

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. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation, harassment or bullying. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
14. Be free 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 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.
17. Know which hospital rules and policies apply to your conduct while a patient.
18. Designate a support person as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless: No visitors are allowed or 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 the facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
19. 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

RIGHTS AND RESPONSIBILITIES OF PATIENTS

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 the hospital's bill regardless of the source of payment*.
21. Exercise these rights without regard to 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. If a patient / family requests to file a grievance with this hospital, they may do so by writing or by calling the Patient Relations Hotline. The Patient Relations Coordinator or Grievance Committee will review each grievance and provide the individual with a written response within 45 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)*.
23. Patient safety and experience are extremely important. The patient has a right to file a care, safety or discrimination concern / complaint with the California Department of Public Health or The Joint Commission regardless of whether the hospital's grievance process was used. Refer to the [COMPLAINT AND GRIEVANCES: PATIENT](#) policy

California Department of Public Health Services – San Jose District Office
100 Paseo de San Antonio, Suite 235, San Jose, CA 95113
800-554-0348 or 408-277-1784; Fax 408-277-1032

The Joint Commission
One Renaissance Blvd., Oakbrook Terrace, IL 60181
800-994-6610; Fax 630-792-5636
complaint@jointcommission.org

For a complaint against a member of the medical staff the Medical Board of California is the only authority to determine actions.
California Medical Board – Central Complaint Unit
2005 Evergreen St. Suite 1200, Sacramento, CA 95825-3236
800-633-2322; TDD 916-263-0935

RIGHTS AND RESPONSIBILITIES OF PATIENTS

VII. PATIENT RESPONSIBILITIES:

- A. SVMH has the right to expect behavior on the part of patients and their relatives and friends, which, considering the nature of their illness is reasonable and responsible. To the extent possible the patient / family members are requested to:
1. Provide accurate and complete information about past illnesses, hospitalizations, medications and other matters relating to their health, and to answer any questions concerning these matters.
 2. Participate in health care planning by talking openly and honestly about concerns with their physician and other health care professionals.
 3. Understand health problems and treatment to their own satisfaction and to ask questions if they do not understand.
 4. Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners
 5. Cooperate with physicians and other health care professionals in carrying out the health care plan both as an inpatient and after discharge.
 6. Participate and cooperate with the health care professionals in creating a discharge plan, which meets medical and social needs.
 7. Inform the hospital or any of its professionals of the existence of any advance directive (including health care proxy, power of attorney, DNR, living will).
 8. Provide information relating to insurance and other sources of payment and meet financial commitments.
 9. Cooperate and abide by the rules, regulations and policies of the hospital in order to support quality care for patients and a safe environment for all individuals in the hospital.
 10. Be considerate of fellow patients, respecting their need for privacy and a quiet environment.
 11. The patient and family are responsible for understanding the consequences of the treatment, alternatives, and of not following the proposed course. The patient is also responsible for his/her actions if (s)he refuses treatment or does not follow the practitioner's instructions.

RIGHTS AND RESPONSIBILITIES OF PATIENTS

12. The patient and family are responsible for reporting perceived risks in their care and unexpected changes in the patient's condition.
13. *at the request of the patient / surrogate decision maker

VIII. EDUCATION/TRAINING:

- A. Education and/or training is provided as necessary.

IX. REFERENCES:

- A. California Hospital Association Patient Rights (*These Patient Rights combine Title 22 and other California laws, The Joint Commission and Medicare Conditions of Participation requirements.*)