Every patient deserves to be treated with respect, dignity, and concern. We will do our best to serve you. We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. This hospital encourages respect for the personal preferences and values of each individual. It is our goal to assure that your rights as a patient are observed.

While you are a patient at California Pacific Medical Center, you have the right to:

1. Exercise these rights without regard to gender, gender identity, sexual orientation, social, cultural, educational or religious background, language, age, ancestry, citizenship, color, national origin, race, presence of mental or physical disability, source of payment for your care, medical condition, marital status or status as a veteran.
2. Be informed of your rights, in advance of providing or discontinuing care, whenever possible.
3. Know the name of the physician who has primary responsibility for coordinating the care and the names and professional relationship of other physicians and non-physicians who will see you.
4. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
5. Considerate and respectful care, and to be made comfortable. You have the right to respect for your personal, cultural, psychosocial, spiritual and personal values.
6. Have access to pastoral services and other spiritual services.
7. Receive care in a safe setting that is free from all forms of abuse or harassment.
8. Receive information about your health status, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand.
9. You have a right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and foregoing or withdrawing life-sustaining treatment.
10. Participate actively in decisions regarding medical care including development and implementation of your care plan. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services.
11. Request or refuse treatment, to the extent permitted by law, including the right to leave the hospital even against the advice of physicians.
12. Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, the likelihood of achieving the desired results, alternate courses of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
13. Formulate advance directives and have staff and practitioners who provide care comply with these directives or be informed if the hospital is unable to honor your advance directive wishes.
14. Identify a surrogate decision maker who can make health care decisions for you should you become unable to do so, and have all the patients’ rights apply to this person or others who may have legal responsibility to make decisions regarding medical care on your behalf.
15. Personal privacy.
16. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to 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.
17. Give consent for recording or filming made for purposes other than the identification, diagnosis, or treatment and rescind consent for use up until a reasonable time before the recording or film is used.
18. Confidential treatment of all communication, recordings/films and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records and/or films can be made available to anyone not directly related with the care, unless otherwise authorized or permitted by law.
19. Access information contained in your medical record within a reasonable time frame.
20. Request an amendment to and receive an accounting of disclosures regarding your health information.
21. Examine and receive an explanation of the hospital’s bill regardless of the source of payment.
22. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
23. Reasonable responses to any reasonable requests made for service.
24. Reasonable continuity of care, and to know in advance the time and location of appointment as well as the identity of persons providing the care.
25. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting care or treatment. You have the right to refuse to participate in such research projects without fear of compromise to your care.
26. Examine and receive an explanation of the hospital charges regardless of source of payment.
27. Know which hospital rules and policies apply to your conduct while a patient.
28. You have the right to have a family member, friend, or other individual of your choice to be present with you during your hospital stay to provide emotional support during the course of your stay. You may designate visitors of your choosing, if you have decision making capacity, whether a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and the right to withdraw or deny such consent at any time, unless:

(A) No visitors allowed
(B) 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.

(continued)
PATIENT RIGHTS AND RESPONSIBILITIES

(C) You have indicated to the health facility staff that you no longer want this person to visit.

(D) You lack decision-making capacity. Then your wishes will be considered purposes of determining who may visit. At a minimum, the hospital shall include any persons living in the household.

These sections may not be construed to prohibit a health facility from otherwise establishing reasonable restrictions upon visitation, including restriction upon the hours of visitation and number of visitors.

29. Request a list of and assistance with accessing protective or advocacy services in the community, including notifying government agencies of neglect or abuse.

30. Appropriate assessment and management of pain, information about pain, pain relief measures and to participate in pain management decisions. If you suffer from severe chronic intractable pain, you may request or reject the use of any or all modalities to relieve your pain, including the use of opiate medication. Your doctor may refuse to prescribe you opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic intractable pain including methods that include the use of opioids.

31. Be informed of any continuing health care requirements following discharge from the hospital. Be informed that, with your authorization, the hospital may provide a friend or family member with information about your continuing health care requirements following discharge from the hospital.

32. Be involved in the development and implementation of your discharge plan.

33. Have complaints/concerns voiced by you or your representative addressed in a respectful manner, as soon as possible.

34. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling Patient Relations, P.O. Box 7999, San Francisco, CA 94120 and (415) 600-6000. You will be provided with a written response within 7 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)

35. Report concerns about the safety or quality of care provided in the hospital's management have been unsuccessful. Contact the Joint Commissions' Office of Quality Monitoring by calling 1-800-994-6610 or e-mailing complaint@jointcommission.org or by submitting an online complaint form at www.jointcommission.org.

36. 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 and address is:

California Department of Public Health – District Office
150 North Hill Drive, Suite 22
Brisbane, CA 94005
(415) 330-6353 or Toll Free at (800) 554-0353

PATIENT RESPONSIBILITIES

When you are a patient at California Pacific Medical Center, you are a member of our medical community and have certain responsibilities as a citizen of this community. Just as you have responsibilities in your local community, we encourage you to consider and respect other members of the California Pacific community.

1. Respect others’ privacy. It is important to be considerate of other patients by allowing them privacy, limiting your visitors, and maintaining a quiet atmosphere.

Telephones, televisions, radios, and lights should be used in a manner agreeable to others.

2. Ask for clear explanations. If the explanation of your medical condition or treatment plan is not clear, ask for the information you need such as:
   - Why a treatment is recommended?
   - What alternatives are available?
   - Is the treatment new or experimental?
   - Does the treatment cause discomfort or pain?
   - How long will the treatment take?
   - What risks or side-effects are involved?
   - What are the credentials of the person providing the treatment?

3. Make informed decisions. Because you are responsible for the decisions you make about your care, we encourage you to gather as much information as you need to make your decisions. For additional information see the patient guide card called: Making Difficult Healthcare Decisions.

4. Provide staff with any available documents relating to your health such as an Advanced Directive for Healthcare or a Durable Power of Attorney for Healthcare.

5. You may be asked to consent in writing to certain tests, procedures, or operations. Ask as many questions as you need to fully understand each document you are asked to sign.

6. If you change your mind, or refuse a treatment, discuss your reasons with your physician.

7. Be honest. Provide an accurate and complete medical history. Tell those who are caring for you exactly how you feel about the things that are happening to you.

8. Understand your health condition and treatment plan. Education is the key to your treatment plan success. If you do not understand your illness or your treatment, ask your healthcare team for further explanation.

9. Follow the treatment plan. Advise the staff treating you if you feel unable to follow a certain treatment plan.


11. Know your medicine. Know or write down the names and purposes of the medications you have taken recently.

12. Know your staff. Try to know the names and titles of everyone who cares for you while in the hospital.

13. Cooperate in medical education. As a major teaching institution, California Pacific Medical Center has a commitment to the education of the future healthcare professionals. Patients receiving medical care in this hospital are an integral part of this process.