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Owner: Michael Quinn: Dir, Risk Management
Area: Administrative
References: Ethics

Patients' Rights and Responsibilities, B1-74

VALUES

- A. St. Joseph Health System-Sonoma County and Santa Rosa Memorial Hospital is committed to respecting the dignity of each individual by recognizing and supporting our patients' rights and responsibilities. The values of the organization demonstrate commitment to providing care to all patients that reflects consideration of the individual's personal beliefs, preferences, psycho-social, spiritual and cultural values.
- B. Our five core values are:
1. **Dignity:** *All people have been created in the image of God. –Genesis 1:27*
We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.
 2. **Integrity:** *Let us love not merely with words or speech but with actions in truth. –1 John 3:18*
We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.
 3. **Excellence:** *Whatever you do, work at it with all your heart. –Colossians 3:23*
We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe and reliable practices for the care of all.
 4. **Justice:** *Act with justice, love with kindness and walk humbly with your God. –Micah 6:8*
We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.
 5. **Compassion:** *Jesus taught and healed with compassion for all. –Matthew 4:24*
We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional and physical well-being of one another and those we serve. Through our healing presence, we accompany
- C. Patients are encouraged and supported to exercise cultural and spiritual beliefs.
1. The Spiritual Care Department staff, as well as professional and lay ministers from the community, are available to meet to address the patients spiritual needs. See Spiritual Care Department policies for further information.
 2. A social worker is available to patients and their families/or significant others.

PURPOSE\EXPECTED OUTCOME(S)

This policy provides an overview of patient's rights, and references the hospital policies and procedures that address how the hospital strives to ensure those rights.

POLICY:

The Santa Rosa Memorial Hospital, Board of Trustees, Administration and Medical Staff have approved the list of patient rights and responsibilities. Every right applies fully to neonates, pediatric, adolescent and adult patients. It is the primary responsibility of the hospital to assure that these rights are preserved for all patients and for all patients' parents, guardians, agents or representatives when patients are unable to speak for themselves. All Santa Rosa Memorial Hospital staff shall observe these patient rights.

Upon admission to hospital services, the patient is given a copy of the patient rights and responsibilities document.,(i.e. Patient Information Guide) Additionally, signs outlining the patient's rights are posted in English and Spanish in each intake area where patients may present themselves for services (e.g., Admitting, Emergency Department, Outpatient Services, Labor and Delivery and hospital clinics). See attached Exhibit A for a comprehensive listing of Patient Rights, and Exhibit B for Patient Responsibilities. For Complaint Contact Guide, see Exhibit C. For Medical Research Patient's Bill of Rights see Exhibit D.

St. Joseph Health System and Santa Rosa Memorial Hospital does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by St. Joseph Health System directly or through a contractor, or any other entity with whom the St. Joseph Health System entity arranges to carry out its programs and activities.

The hospital's policies and procedures address the right of patients to treatment, care and service within its capability and mission and in compliance with law and regulation. The following patients' rights and responsibilities incorporate the requirements of The Joint Commission, Title 22, California Code of Regulations, Section 70707, and Medicare Conditions of Participation. These patient rights and responsibilities are in accordance with the provision of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the US Department of Health and Human Services issued pursuant to the Acts, title 45 Code of Federal Regulations Part 80, 84 and 91. (Other Federal laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

PROCEDURE:

- I. Designation of a Representative
 - A. The hospital takes reasonable steps to determine the patient's wishes concerning designation of a representative.
 - B. When a patient who is not incapacitated has designated, either orally to hospital staff, or in writing another individual to be his/her representative, the hospital must provide the designated individual with the required notice of patient's rights in addition to the patient. The explicit designation of a representative takes precedence over any non-designated relationship and continues throughout the patient's inpatient stay or outpatient visit, unless expressly withdrawn (either orally or in writing) by the patient.
 - C. When a patient is incapacitated, and an individual presents the hospital with an advance directive

(AD), medical power of attorney (MPOA), or similar document executed by the patient, and designating an individual to make medical decision for the patient when incapacitated, then the hospital must, when presented with the document, provide the required notice of its policies to the designated representative. The explicit designation of a representative takes precedence over any non-designated relationship and continues throughout the patient's inpatient stay of outpatient visit, unless the patient ceases to be incapacitated and expressly withdraws the designation, either orally or in writing.

- D. When a patient is incapacitated or otherwise unable to communicate his or her wishes, there is no written advance directive on file or presented, and an individual asserts that he or she is the patient's spouse, domestic partner (including a same-sex domestic partner), parent or other family member, friend, or otherwise, is the patient's support person, the hospital is expected to accept this assertion without demanding supporting documentation, provide the required notice to the individual. However, if more than one individual claims to be the patient's support person, it would not be inappropriate for the hospital to ask each individual for documentation supporting his/her claim to be the patient's representative.

II. HOSPITAL TRANSFERS

- A. When the hospital cannot meet a patient's request or need for care because the patient desires or requires a service that is not offered or available at the hospital, a transfer to another hospital may be arranged.
- B. A patient is not transferred until he/she has received information and an explanation concerning the need for any alternatives to transfer.
- C. See Interfacility Transfer Procedure, Administrative Policy.

III. INFORMED DECISION MAKING

- A. Santa Rosa Memorial Hospital supports the patient and/or patient's representative's right to participate in the development and implementation of his or her plan of care. The hospital determines the patient's wishes concerning designation of a representative.
- B. The patient and/or the patient's designated representative have the right to make informed decisions regarding his or her care.
- C. The patient and/or patient's designated representative has the right of being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
See Administrative Policy on Consents, , and Advance Health Care Directives, Administrative Policy.

IV. MEDICARE BENEFICIARIES

- A. Medicare beneficiaries are informed of their right to seek review by the Quality Improvement Organization (QIO) for quality of care issues, coverage decisions, and to appeal a premature discharge. Patient concerns regarding denial of service by a payor are to be addressed by the hospital's Case Management Department. (See Administrative Policy Advance Beneficiary Notice). Coordination of the grievance process and the procedure for grievances referred to the QIO occurs through the Utilization Review Committee.

V. PATIENT PRIVACY AND CONFIDENTIALITY

- A. Patients' personal privacy is respected by interviewing, examining, and treating patients in areas that have reasonable visual and auditory privacy (e.g., pulling bedside curtains, asking visitors to leave if

sensitive issues are being discussed or pulled during examinations/treatments).

- B. Patient's information is highly confidential and shall be protected from **unlawful or unauthorized access, use, or disclosure**. See HIPAAPolicy/Procedure, Confidentiality and, Release of Patient Information to the Media.

VI. PATIENT REVIEW OF MEDICAL RECORD

The patient and/or the patient's representative may review the patient's medical record during their hospital stay. The physician is informed and the physician or hospital employee reviews the record with the patient. Obtain the consent from the Health Information Management department. Patient requests to review their medical record are granted within 24 hours (excluding weekends/holidays). A patient may request a copy of their medical record after discharge. Request forms are available from the Health Information Management Department. Patient requests for copies of their medical record will be granted within 15 days of written request. The patient has the right to request amendment to, and receive an accounting of disclosures regarding his or her own health information as permitted under applicable law. (See HIPAA Policy "Right to Accounting of Disclosures and HIPAA Policy "Patient Request to Amend Protected Health Information (PHI).

VII. PATIENT COMPLAINTS/GRIEVANCES

The patient and/or patient's representative has the right to voice complaints without compromise to future access to care. Santa Rosa Memorial Hospital recognizes the importance of addressing the concerns and/or complaints of patients and/or patient's representative regarding treatment/services received. On admission, patients are given the "Patient Information Guide" which includes information on how to register a concern. See Patient Complaint and Grievance Policy/Procedure, Administrative Policy.

In the event the patient has a concern, complaint or grievance, the patient and/or patient's representative may also contact anyone listed on Exhibit C, attached.

VIII. ETHICAL ISSUES

- A. The Ethics Committee assists in implementing the values in practical, patient centered ways. See Administrative Policy on Role of the Ethics Committees.
- B. Santa Rosa Memorial Hospital respects the patient's advanced health care directives, (see Administrative Policy "Advance Health Care Directives") which provides a framework for the decision-making process that respects the patient and/or the patient's representative(s) right to be included in treatment decisions and end of life issues.
- C. In keeping with our core values, patients who are dying are treated with dignity and respect. See Protocol For End of Life Care Policy.

IX. PATIENT'S RIGHTS AS SUBJECTS IN RESEARCH, INVESTIGATIONAL STUDIES,AND/OR CLINICAL TRIALS

See Exhibit D.

Author/Department: Patient Care Services Department
References: California Health and Safety Code, Section A 017 1280.15(a)
Reviewed/Revised by: Area Director of Risk Management, Denise Lincoln, Area Director of Regulatory Readiness and Licensing Accreditation 04/27/18

Approvals:
Policy and Procedure Routing Committee 05/04/18
Clinical Practice 06/28/18
Medical Executive Committee 07/10/18
Board of Trustees 7/24/18

Distribution: All Hospital Departments

PATIENT RIGHTS

*(Combines Title 22, Joint Commission and Medicare Conditions of Participation)
California Hospital Association Page 1 of 3*

APPENDIX 1 - A

PATIENT RIGHTS

(Combines Title 22 and other California laws, The Joint Commission and Medicare Conditions of Participation requirements)

(03/17) California Hospital Association

You have the right 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.
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 nonphysicians 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 nontreatment 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.

Appendix 1-A Patient Rights

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.
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 or harassment. 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.
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. 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 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, age, 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 you want to file a grievance with this hospital, you may do so by writing or by calling : Patient Relations, Representative, 1165 Montgomery Drive, Santa Rosa, CA 95405 (707) 547-4647.
23. The grievance committee will review each grievance and provide you with a written response within 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).
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: Department of Health Services, Licensing & Certification, Redwood Coast District Office, 2170 Northpoint Parkway, Santa Rosa, CA 95407, (866) 784-0703.
You may contact the Joint Commission's Office of Quality Monitoring with any unresolved patient quality of care or safety concerns 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 The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.

This Patient Rights document incorporates the requirements of the 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).

NOTE: Accreditation organizations, such as The Joint Commission, may also require that the hospital post a notice informing patients how they may file a complaint with the accreditation organization. Hospitals should check with their accreditation organizations and revise this Appendix accordingly.

EXHIBIT B – Patient's Responsibilities

A patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health. He/she has the responsibility to report perceived risks in their care and unexpected changes in his/her condition to the responsible practitioner. A patient is responsible for asking questions until he/she clearly comprehends a contemplated course of action and what is expected of him/her. Patients and families can help the hospital understand their environment by providing feedback about service needs and expectations.

Patients are responsible for ensuring that the hospital has a copy of their written advance directives, if they have one.

Patients are responsible for following the agreed upon treatment plan recommended by the practitioner primarily responsible for his/her care. Patients and their families should express any concerns about their ability to follow the proposed care plan or course of care, treatment and services. The patient is responsible for

keeping appointments. When he/she is unable to do so for any reason, he/she must notify the responsible practitioner or the hospital.

The patient is responsible for accepting the consequences of his/her actions if he/she refuses treatment or does not follow the practitioner's instructions. Risks and benefits of refusing treatment must be communicated to the patient and/or his/her representative.

The patient is responsible for assuring that the agreed upon financial obligations are fulfilled as promptly as possible.

The patient is responsible for following hospital rules and regulations affecting patient care and conduct. Patients and their families are responsible for being considerate of the hospital's staff and property, as well as other patients and their property

EXHIBIT C

The patient and/or patient's representative have the right to voice complaints without compromise to future access to care. The hospital recognizes the importance of addressing the concerns and/or complaints of patients and/or patient's representatives regarding treatment/services received.

In the event the patient has a complaint or concern the patient or family or representative may contact any of the following:

<p>Care Provider Department Manager Department Director Risk Manager Patient Relations Representative Hospital Compliance Officer</p>	<p>Department of Health Care Services <i>Licensing & Certification</i> Redwood Coast Office 2170 Northpoint Parkway Santa Rosa, CA 95407 707-576-6775 - 866-784-0703(Toll Free) TDD Relay Service: 800-735-2929 TDD Relay Service Voice 800-735-2922</p>	<p>OFFICE FOR CIVIL RIGHTS US Department of Health and Human Services, Region IX 50 United Nations Plaza, Rm 322 San Francisco, CA 94102 (415) 437-8310 (voice); (415) 437-8311 (TDD); (800) 368-1019 orc@ospatd10.ssw.dhhs.gov</p>
<p>Sonoma County Adult Protective Services 2250 Northpoint Parkway Santa Rosa, CA 707-565-5940</p>	<p>Sonoma County Child Protective Services 1747 Copperhill Parkway Santa Rosa, CA 707-565-4304</p>	<p>Patient Rights Advocate 3322 Chanate Road Santa Rosa, CA 707-565-4978</p>

We encourage anyone who has concerns about safety or quality of care to bring those concerns first to the staff providing your care, the immediate person in charge or the Department Manager to ensure that your concerns are addressed and resolved. You may also contact our Risk Manager at 707-525-5254 for assistance. Anyone wishing to contact the Joint Commission regarding quality concerns may do so online at www.jointcommission.org or by calling toll free 800-994-6610.

HEARING IMPAIRED TELEPHONE

Santa Rosa Memorial Hospital is able to provide a telephone for the hearing impaired at the front desk. Outgoing calls placed to the above numbers need to be routed through California Relay Service (CRS) at 800-342-5966.

MEDICAL RESEARCH PATIENT'S BILL OF RIGHTS

Exhibit D

See attached Experimental Subject's Bill of Rights

Attachments:

[D: Experimental Subject's Bill of Rights](#)

Approval Signatures

Approver	Date
Tyler Hedden: Chief Operating Officer -SONMA	09/2018
Dalila Formato: Project Coordinator - NE	08/2018
Michael Quinn: Dir, Risk Management	05/2018

Applicability

Santa Rosa Memorial Hospital