

PATIENT RIGHTS AND RESPONSIBILITIES

♥ *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 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. 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 physicians, to the extent permitted by law.
7. 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.
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 severe chronic pain with methods that include the use of opiates.
10. Formulate Advance Directive. 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.

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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 healthcare 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 visitors of your choosing, if you are capable of making decisions, 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.
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 be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household.
20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.

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22. 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.
23. Be informed by the physician, or a delegate of the physician, of continuing healthcare 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.
24. Know which hospital rules and policies apply to your conduct while a patient.
25. Designate visitors of your choosing, if you are capable of making decisions, 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.
26. 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.
27. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
28. 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 or the source of payment for care.

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29. File a grievance. If you want to file a grievance with this hospital, you may do so by filling out a Concern/Complaint form or by calling:

FRESNO HEART & SURGICAL HOSPITAL at 559-433-8000

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 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.

30. 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:

**STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Fresno District Office
285 W. Bullard, Suite 101
Fresno, CA 93704
1-800-554-0351
(559) 437-1500**

31. The public may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited healthcare organization by either calling (800) 994-6610 or e-mailing complaint@jcaho.org.

PATIENT RIGHTS AND RESPONSIBILITIES

♥ *Patient Responsibilities – All patients, to the extent they are capable, have the responsibility to:*

1. Actively and honestly participate in communication with the healthcare team by:
 - expressing your personal needs upon admission and throughout the hospitalization.
 - participating in setting goals of treatment.
 - providing information about your illness.
 - expressing your values.
2. Actively participate in decisions about your healthcare and to ask questions when options presented to you are not understood.
3. Cooperate with mutually accepted courses of treatment and diagnostic testing.
4. Be considerate of the rights of other patients and hospital staff.
5. Assist care providers in control of noise and comply with the non-smoking policy.
6. Be respectful of property of other patients, healthcare personnel and the hospital.
7. Ensure that your visitors will also respect these responsibilities.

♥ CONCERNS OR COMPLAINTS

Central to our efforts is the delivery of high quality care to our patients along with exceptional customer service. In addition, please be assured that we acknowledge and support the rights and responsibilities of our patients at the Fresno Heart & Surgical Hospital. (See the Patient Rights/Responsibilities packet you were given upon registration for specific information).

If you have any concerns, please speak to your caregiver. If you feel as though you haven't received resolution, ask to speak to either the manager or director of the department or unit in which you're receiving services. We would appreciate the opportunity to resolve any concerns that might arise--in particular quality or patient safety issues.

Should your caregiver or the respective manager or director of the patient care area be unable to resolve your concerns to your satisfaction, please call the Operator by dialing "0" on a hospital phone or calling 433-8000 and ask to speak to "Administration" during regular business hours or ask for the House Supervisor after business hours.

♥ CONCERNS OR COMPLAINTS

To file a complaint with the California Department of Public Health or the Office of Civil Rights you may contact the California Department of Public Health at (559) 437-1500 or the Department of Health and Human Services Office for Civil Rights at (415) 437-8310. If concerns or complaints are not addressed, they may be reported to the Joint Commission Association – Office of Quality Monitoring either by calling (800) 994-6610 or at the e-mail address of complaint@jcaho.org.

♥ PATIENT VALUABLES

To insure safekeeping, we request that you leave all valuables at home. Should you bring valuables or personal items such as jewelry, credit cards, cash, etc. to the hospital, we'll ask that a family member or friend take them home for you. However, if it is necessary to maintain valuables or personal property at the hospital during your stay, please notify your caregiver who will assist you. Your caregiver will complete an inventory of items and place those items in an envelope to be housed in a safe during your stay. Because we cannot be responsible for lost, stolen or damaged personal property kept in your possession, we strongly encourage you to leave valuables at home or, if necessary, submit them to your caregiver for deposit into our safe. If an item kept in your possession becomes lost, please let your caregiver know. We will try our best to locate your lost item.

♥ NO SMOKING POLICY

For the health, protection and comfort of our patients, visitors and staff, the hospital is a non-smoking facility. We also prohibit smoking on hospital grounds. We appreciate your compliance and that of your family and friends with this policy.