

# HOAG ORTHOPEDIC INSTITUTE

## PATIENT RIGHTS

### 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, pastoral, and spiritual needs, and your personal values, dignity, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician be notified promptly of your admission to the hospital. Your family, as appropriate and as allowed by law, with your permission or your surrogate decision maker's permission, can be involved in your care, treatment, and service decisions.
3. Knowledge of 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 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 access your medical records. You will receive a separate "Notice of Privacy Practices" that explains your rights to access your records. 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. Participate in decisions regarding medical care including the right to 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 the medical staff, to the extent permitted by law.
7. Be advised if the hospital/licensed health care practitioner acting within the scope of their 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 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 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. Written permission must be obtained before the medical records can be made available to anyone not directly concerned with your care. Included in this packet is the 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 with 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 or marriage or registered domestic partner, 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 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, citizenship, primary language, or immigration status (except as required by federal law), sexual orientation, gender identity/expression, age, genetic information, disability, medical condition, marital status, registered domestic partner status or the source of payment for care.
22. File a grievance. If you want to file a grievance with Hoag Orthopedic Institute, you may write to:  
Hoag Orthopedic Institute  
Attn: Administration  
16250 Sand Canyon Avenue Irvine, CA 92618  
Or call: 949-727-5259  
  
The grievance committee will review each grievance and provide you with a written response within 30 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 the quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Committee(s).  
For Medicare grievances you may also contact:  
Livanta, BFCC-QIO Program Area 5  
10830 Guilford Road, Suite 312, Annapolis Junction, MD 20701  
877-588-1123
23. File a complaint with the California Department of Public Health regardless of whether you use the hospital's grievance process.  
California Department of Public Health  
681 South Parker Street, Suite 200  
Orange, CA 92868  
800-228-5234  
  
You can also file a complaint with DNV Healthcare USA Inc., our accrediting agency by calling toll free 866-496-9647 or go to the following link:  
[www.dnvhealthcareportal.com/patientcomplaint-report](http://www.dnvhealthcareportal.com/patientcomplaint-report)  
DNV Healthcare  
Attn: Complaints  
4435 Aicholtz Road, Suite 900  
Cincinnati, OH 45245  
Fax: 1-281-870-4818 Attn: Complaints
24. File a complaint with the Civil Rights Department at  
[www.calcivilrights.ca.gov](http://www.calcivilrights.ca.gov)  
800-884-1684 or 800-700-2320 (TTY) or  
2218 Kausen Dr., #100,  
Elk Grove, CA 95758.
25. File a complaint with the Medical Board of California at  
[www.mbc.ca.gov/consumers/complaints](http://www.mbc.ca.gov/consumers/complaints)  
800-633-2322 or  
2005 Evergreen St., #1200,  
Sacramento, CA 95815.