



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER

**SUBJECT:** CODE OF ORGANIZATIONAL ETHICS

**POLICY NO.** 362

<b>CATEGORY:</b> Patient Rights	<b>EFFECTIVE DATE:</b> 1/96
<b>POLICY CONTACT:</b> Azar Kattan	<b>UPDATE/REVISION DATE:</b> 4/24
<b>REVIEWED BY COMMITTEE(S):</b>	

**PURPOSE:**

Harbor-UCLA Medical Center supports the delivery of health care services to our patients in an ethical manner.

**POLICY:**

It is the policy of Harbor-UCLA Medical Center to conduct the business of patient care delivery in an ethical manner. The code of our organizational ethics is reflected in the following statements.

**Patient Care**

We are committed to conducting our business and patient care practices in an ethical manner. We will treat all patients with dignity, respect, and courtesy regardless of their financial status. We will involve patients and their families in care decisions.

Patients and their families have access to the ethical process. They are encouraged to first discuss the issue with their physician. They may at any time access an Administrative Nurse or the Administrative Patient Advocate. The person notified has the responsibility for seeing that the issue is resolved.

We support the patient's right to access protective services.

**Admission, Transfer, Discharge**

We will provide care in response to a patient's request and need as long as it is within the hospital's capacity, and relevant laws and regulations. When the care requested or required by a patient cannot be provided, the patient is fully informed of his or her needs and the alternatives for care. The patient may be transferred to another organization only with his/her full knowledge and consent and the transfer must be acceptable to the receiving organization.

Admission and transfer are not based on patient or hospital economics. Only patients whose specific condition or disease cannot be safely treated at the hospital are diverted or transferred to another hospital.

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**REVISED:** 03/99, 02/02, 02/05, 11/17

**REVIEWED:** 03/99, 02/02, 11/17, 4/24

**APPROVED BY:** \_\_\_\_\_

**Andrea Turner, JD, MBA, CNMT, ACHE**  
Chief Executive Officer

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**Griselda Gutierrez, MD**  
Chief Medical Officer

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**Jason Black, MBA, DNP, RN**  
Chief Nursing Officer



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**Fair Billing Practices**

We are committed to fair billing practices and will only bill for those services, which are provided. Any patient or payer questions about charges are responded to expeditiously. We will also attempt to resolve questions and objections to the satisfaction of the patient while considering the Medical Center's best interest as well.

**Conflict of Interest**

We recognize that the potential for conflict of interest exists for decision-makers at all levels within the Medical Center. The County of Los Angeles, Department of Health Services Policy on Conflict of Interest is intended to govern activities, which may be in conflict with and adversely affect job duties and responsibilities. All employees are required to verify their review of the conflict of interest policy annually.

**Marketing**

We are committed to truth in marketing to all including the public, other providers, and patients.

**Confidentiality**

We recognize the need to maintain patient and other information in a confidential manner. As such, patient information will not be shared in an unauthorized manner and sensitive information concerning personnel and management issues will be available to and utilized only by those individuals authorized to review and act upon such information.

**Resolution of Conflicts**

We recognize that conflicts do arise among those who participate in hospital and patient-care decisions. Employees are encouraged to seek resolution of ethical conflicts with the persons involved whenever possible. When this is not possible, the employee's immediate supervisor must be notified. The person notified has the responsibility for seeking resolution of the conflict. During non-business hours, a representative of Hospital Administration, Medical Administration and Nursing Administration can be accessed by the Nursing Supervisor on duty. The Bioethics Committee or a subset of the Committee may be convened by the Administrator or designee, should it become necessary for resolution of an urgent complex ethical issue regarding patient care. The policies listed below should be reviewed for guidance, as appropriate.

**Related Documents**

- Mission Statement Policy No. 102
- Strategic Plan
- Plan for Provision of Patient Care
- Patients' Rights and Responsibilities Policy No. 333
- Patient Complaints and Grievances Policy No. 343
- Advance Directives Policy No. 129
- Conflict of Interest DHS Policy No. 741
- Informed Consent Policy No. 604A
- Informed Consent by Telephone, Facsimile, Letter and Telegram Policy No. 604B
- Forgoing Treatment Guidelines Policy No. 352A
- Guidelines for Forgoing Life-sustaining Treatment for Minor Patient Policy No. 352B
- Tissue and Organ Donations Policy No. 316
- Human Subjects Research Policy No. 361



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- Do Not Resuscitate Order Guidelines Policy No. 321
- Confidentiality of Patient and Employee Information and Records (Nursing Policy)
- Emergency Transfer of Patients to Other Facilities Policy No. 308A
- Emergency Department Admission Guidelines Policy No. 312
- Medical Records Control Policy No. 619A
- Procedures for Medical Records Control Policy No. 619B
- Consent for Medical Treatment for Patients Lacking Capacity to Provide Consent Policy No. 620
- Complaints Against Physicians and Surgeons Policy No. 621
- Staff Requests Regarding Patient Care Policy No. 224
- Admission of Dying Patients for Palliation of Symptoms or Management of Terminal Illness Policy No. 358
- Pregnancy Termination Policy No. 357
- Spiritual Needs of Patient Policy No. 359
- Confidentiality of Medical Information Policy No. 624