



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: PATIENT RIGHTS AND RESPONSIBILITIES

Policy No.: B509
Supersedes: August 30, 2018
Reviewed: June 14, 2022
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PURPOSE:

To clarify Rancho Los Amigos National Rehabilitation Center's policy regarding the rights and responsibilities of patients.

POLICY:

All persons seeking medical treatment from Rancho Los Amigos National Rehabilitation Center shall be treated in accordance with all applicable Federal, State, and local laws.

RESPONSIBILITIES:

All persons seeking medical treatment also have the responsibility to cooperate with the Medical Center staff and participate to their best ability, in their diagnostic and treatment plans.

It is the responsibility of all personnel at this Medical Center to adhere to this policy.

PROCEDURE:

Patient Rights and Responsibilities and Notice of Privacy Practices will be posted in English and Spanish in or near each ambulatory care clinic and specific treatment areas within the institution. Each inpatient is given a copy of the Patient Rights and Responsibilities and Notice of Privacy Practices, in either English or Spanish. Other translations are available, when indicated.

To ensure that patients' rights are respected, all personnel will perform responsibilities as defined within their job descriptions, their professional scopes of practice, and the code of ethics for the Medical Center and their profession.

In the event that a patient files a complaint, this will not in itself serve to compromise a patient's future access to care.

REFERENCE: The Federal Register, Section 70707, California Administrative Code
The Joint Commission
DHS, Policy 361.2

Attachment A - Patients' Rights and Responsibilities
Attachment B—Patient Responsibilities

Reviewed: June 25, 2013 C.Dorsey, M. Custer
April 22, 2016 C. Dorsey, C. Blakely
June 14, 2022 CM

EFFECTIVE DATE: November 1, 1991

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Attachment A

PATIENT RIGHTS

Patients have the right to:

1. Considerate care, which is respectful of your cultural, psychosocial, spiritual and personal values, beliefs and preferences.
2. Have a family member (or other chosen representative) 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 resolutions 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 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 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 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 in such case must inform you that there are physicians who specialize in the treatment of 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 the patient's 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 must be provided with 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 request, a friend or family member may also be provided this information.
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 the 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 calling: **Patient Advocate at 562-385-7036.**

Your grievance will be reviewed and you will be provided with a written response. The response will contain the name of a person to contact at the organization, 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).

23. 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 is (800) 228-5234.**

- 24. File a complaint with the Department of Fair Employment and Housing at www.dfeh.ca.gov, (800) 884-1684 or (800) 700-2320 (TTY) or 2218 Kausen Dr., #100, Elk Grove, CA 95758.
- 25. File a complaint with Medical Board of California at www.mbc.ca.gov/consumers/complaints, (800) 633-2322 or 2005 Evergreen St., #1200, Sacramento, CA 95815.
File a complaint with The Joint Commission at www.jointcommission.org, (800) 994-6610 or One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.

Attachment B

PATIENT RESPONSIBILITIES

Patients have the responsibility to:

1. Provide accurate and complete information about your medical complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
2. Report unexpected changes in your medical condition to your doctor or nurse.
3. Inform your doctor or nurse when you do not understand a proposed treatment plan and what is expected of you.
4. Cooperate with the agreed upon treatment plan recommended by your doctor and follow the instructions of your doctors and nurses.
5. Keep appointments or notify the hospital or clinic if you are unable to do so.
6. Accept the consequences of any refusal of treatment after you have discussed the treatment plan with your provider and have understood the possible consequences of refusal.
7. Provide financial information as necessary to qualify for healthcare benefits and fulfill financial obligation not covered by insurance.
8. Request health information and/or education as needed.