



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT:** NOTICE OF NAME CHANGE-ALIAS

**Policy No.:** B703.1  
**Supersedes:** July 25, 2018  
**Revision Date:** June 30, 2022  
**Page:** 1 of 3

### **PURPOSE:**

To define the process and the associated operational requirements of issuing a patient alias.

### **POLICY:**

Rancho Los Amigos National Rehabilitation Center (RLANRC) takes necessary precautions to protect the security and privacy of patients, visitors, and workforce members. RLANR shall provide an alias name for patients upon their request or upon the facility's determination of need for patient alias.

Patient Financial Services Staff (PFS) or designee is the only personnel authorized to make a patient name change in the electronic health record. During weekends and holidays, Nursing Resource Supervisor or designee shall change the patient's name in the electronic health record.

### **PROCEDURE:**

#### **A. Inpatient:**

1. If a workforce member becomes aware of security concerns during a patient's admission or outpatient encounter, he or she shall relay this information to the immediate supervisor and Unit Nurse Manager or designee and contact campus Sheriff as indicated.
2. The supervisor (or designee) shall ensure that the Sheriffs Department (Ext. 57042) was notified of the security concern.
3. If the patient requests an alias and or security measures are indicated, the supervisor, or designee and will meet with the patient and/or family member to discuss the following:
  - a. Determine the alias name that will be used.
  - b. Complete a Notice of Name Change-Alias (Attachment #1).
  - c. Submit the completed "Notice of Name Changes" form via email to [rlarequest@dhs.lacounty.gov](mailto:rlarequest@dhs.lacounty.gov) and contact PFS staff at X 57320.  
The recipients of email sent to [rlarequest@dhs.lacounty.gov](mailto:rlarequest@dhs.lacounty.gov) include PFS personnel, Campus Sheriff, Health Information Management, and Telephone operator.
  - d. During weekends and holidays, in addition to the above steps, contact Nursing Resource Supervisor to change patient's name in the electronic health record.

EFFECTIVE DATE: July 1997

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

- e. Patient Financial Services staff will ensure that the patient's name is changed in the electronic health record. If the name change request occurs during evenings, nights, weekends, or Holidays, the Nursing Resource Supervisor or designee shall change the patient's name in the electronic health record to the alias.
  - f. The supervisor (or designee) will notify the treating team.
  - g. If visitor restrictions are indicated, refer to Policy B701 (Visitor Restrictions and Screening).
4. The campus Sheriff will coordinate implementation of any other required security measures and will ensure all security workforce members are on board with the plan.
  5. The patient and or legal surrogate shall be instructed to identify visitors allowed to visit the patient and to inform the visitors of the alias name, the reason for using an alias, and the need for presenting identification when visiting. The patient and family will also be instructed that the alias name should not be given to other persons. Social Work may be contacted to assist the patient in this process and may initiate complex care plan.
  6. The Nurse Manager (or designee) shall ensure that all items that bear the patient's name (ex. Medical Records Board, Wrist Band, Patient Name at the room entrance) are changed to the alias name.
  7. **Upon discharge or upon request by unit or clinic supervisor, PFS staff will change the "Alias" name back to the patient's name.**

**B. Custody Patient:**

Patients in custody are under the legal jurisdiction of the Sheriff's Department or other law enforcement agencies. To ensure the safety of patients, staff, and visitors, all custody patients admitted to Rancho will be assigned an alias.

Custody patients admitted to Rancho shall have an alias assigned by Bed Control personnel. Bed Control personnel shall change the "Alias" name back to the custody patient's name upon discharge or upon request by unit manager or supervisor or designee.

Custody patients who are directly admitted into the Operating Room (OR) shall NOT have an alias while the patient is in the OR or while the patient are in the recovery room. The patient shall have an assigned alias by Bed Control personnel upon transfer to the inpatient units. The admitting unit shall notify Bed Control to assign an alias on any custody patients admitted to the unit without an alias.

**Attachment:** Notice of Name Change—Alias Form

Revised:	MM:gr	October 5, 2010
	RB:jm	June 2012
	CM:IA	September 18, 2013
	CM:CB	September 19, 2017, July 2018, 6/30/22

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER**

**FORM DISTRIBUTION:** Submit completed form to PFS via email at [RLA Request \(rlarequest@dhs.lacounty.gov\)](mailto:rlarequest@dhs.lacounty.gov) and call at X57320.

Afterhours, weekends, and holidays contact Nursing Resource Office at X6886

PATIENT'S NAME	MRUN #	UNIT/CLINIC
REQUESTED ALIAS NAME IS NOT GUARANTEED AND SUBJECT TO FACILITY APPROVAL		
ALIAS NAME ---First Choice		ALIAS NAME ---Second Choice
REASON FOR ALIAS NAME: <input type="checkbox"/> Security Risk—Presence of patient may result in potential or actual danger to patient, visitors, or staff <input type="checkbox"/> Patient is known or suspected to be a victim of violent crime <input type="checkbox"/> High profile patient <input type="checkbox"/> Request by law enforcement personnel <input type="checkbox"/> Other:		

**AUTHORIZATION:** Designation of Alias May be Requested Either by Staff or by the Patient or by the Patient's Surrogate Decision Maker.

**STAFF REQUEST**

Name of Staff:	Signature of Staff:	Date:
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**OR**

**PATIENT REQUEST**

I, \_\_\_\_\_ the undersigned, understand that an alias name assignment has been authorized for the patient identified above. The reasons for this alias name assignment have been discussed with me. For this alias name assignment to be effective, I understand that the following guidelines must be followed:

1. I must provide the Medical Center with names and telephone numbers of a limited number of persons who will be allowed to visit the patient.
2. It has been explained to me that the identified visitors are to be informed of the need to identify the patient by using the alias name and that these visitors must bring identification when visiting.
3. I will make every effort to contact the identified visitors and inform them of the alias name, the reason for using an alias and the need for their presenting identification when visiting.
4. Identified visitors will be informed **NOT** to give out the alias name to other persons.

Signature of Patient or Legal Surrogate:	Date:
Witness Signature:	Date:

*For PFS Staff Use Only:*

Name of PFS Staff Completing the Change:	Date:	Time:
Name of PFS Staff Changing the Alias Back to Patient's Name:		

**PATIENT INFORMATION**

MRUN:

NAME:

DOB/SEX:

FIN

**NOTICE OF NAME CHANGE – ALIAS**

