

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: PATIENT RIGHTS	Original Issue Date: 7/11/75	Policy # 200
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Policy Owner(s): Chair Ethics Committee Executive Sponsor(s): Chief Medical Officer		
Departments Consulted: Ethics Resource Committee Medical Administration Office of Regulatory Affairs Fetus/Infant/Child Ethics Committee	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: Chief Medical Officer
		Chief Executive Officer

PURPOSE

To ensure that patient rights are respected and safeguarded, and guidelines for compliance are described for application and implementation.

POLICY

The Medical Center's personnel, programs, and services shall comply with the State of California legal and regulatory mandates regarding patient rights when providing treatment, health evaluation, and/or observation.

PROCEDURE

- Inpatient wards shall post copies of the Patients' Rights and Patients' Responsibilities in English and Spanish.
- Ambulatory Clinics and Emergency Treatment Areas shall post copies in areas of the buildings that are accessible to patients.
- Areas providing care for the mentally ill or mentally disturbed shall comply with the Welfare and Institutions Code.
- All persons employed in the Medical Center shall receive orientation covering patient rights and responsibilities as follows:

PATIENT RIGHTS

Patient rights are of paramount importance and must be respected and observed. The Medical Center's patients have rights to: (adapted from California Healthcare Association, Patient Rights)

- Considerate and respectful care, and to be made comfortable, and the right to respect their cultural, psychosocial, spiritual, and personal values, beliefs, and preferences.
- Have a family member (or other representative of their choosing) and their own physician notified promptly of their admission to the hospital.

- Know the name of the physician who has primary responsibility for coordinating their care and the names and professional relationships of other physicians and non-physicians who will see them.
- Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms they can understand. Patients have the right to effective communication and to participate in the development and implementation of their plan of care. Patients have the right to participate in ethical questions that arise in the course of their care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
- Make decisions regarding medical care and receive as much information concerning any proposed treatment or procedure, as they 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.
- Request or refuse treatment, to the extent permitted by law. However, patients do not have the right demand inappropriate or medically unnecessary treatment or services. Patients have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
- 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. Patients have the right to refuse to participate in such research projects.
- Reasonable responses to any reasonable requests made for service.
- 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. 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 pain with methods that include the use of opiates.
- Formulate advance directives. This includes designating a decision maker if the patient becomes incapable of understanding a proposed treatment or becomes unable to communicate their 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
- Have personal privacy respected. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Patients have the right to be told the reason for the presence of any individual. Patients have the right to have visitors leave prior to

an examination and when treatment issues are being discussed. Privacy curtains will be used in non-private rooms.

- Confidential treatment of all communications and records pertaining to their care and stay in the hospital. Patients will receive a separate “Notice of Privacy Practices” that explains their privacy rights in detail and how we may use and disclose their protected health information.
- Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation, or harassment. Patients have the right to access protective services including notifying government agencies of neglect or abuse.
- Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience, or retaliation by staff.
- 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.
- Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. Patients have the right to be involved in the development and implementation of their discharge plan. Upon their request, a friend or family member may be provided this information also.
- Know which Medical Center rules and policies apply to their conduct while a patient.
- Designate a support person as well as visitors of your choosing, if the patient has 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, member of the Medical Center staff, or other visitor to the facility, or would significantly disrupt the operations of the facility.
- The patient has told the staff that he or she no longer wants a particular person to visit.

However, a facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The facility must inform the patient (or their support person, where appropriate) of their visitation rights, including any clinical restrictions or limitations. The 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.

- Have their wishes considered, if the patient lacks 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 Medical Center policy on visitation. At a minimum, any person living in the patient's household shall be included.

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- Examine and receive an explanation of the Medical Center’s bill regardless of the source of payment.
- Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity, disability, medical condition, marital status, registered domestic partner status, or the source of payment for care.
- File a complaint or grievance with the Medical Center, County Department of Health Services, California Department of Public Health, and/or other agencies having jurisdiction over the Medical Center and be informed of the action taken.

RESPONSIBILITY

All Employees
Administration
Attending Staff

PROCEDURE DOCUMENTATION

Attending Staff Manual
Nursing Services Policy Manual
Departmental Policy and Procedure Manuals

REFERENCES

California Code of Regulations, Title 22, Section 70707
California Probate Code, Sections 4733-4735
DHS Policy #322, Patients' Bill of Rights
California Healthcare Association
Joint Commission Standards (Ethics, Rights, and Responsibilities)

REVISION DATES

April 1, 1995; October 20, 1998; October 31, 2000; April 9, 2002; April 19, 2005; September 23, 2008; March 6, 2014; April 8, 2014; July 14, 2015; July 23, 2021