



**SAN ANTONIO REGIONAL HOSPITAL**

999 San Bernardino Road, Upland, California 91786 | 909.985.2811 | **SARH.org**

## ***PATIENT RIGHTS***

*This Patient Rights document has been adopted by San Antonio Regional Hospital and incorporates the requirements of the Joint Commission on Accreditation of Healthcare Organizations; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4 and 124960, and 42 C.F.R. Section 482.13, Medicare Conditions of Participation.*

### ***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, spiritual, and personal values, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know 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 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 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 request 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 the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe 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. You will receive 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 your request, a friend or family member may be provided 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, 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 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, and be free of discrimination on the basis of, sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, 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 writing or calling:

San Antonio Regional Hospital  
Patient Services Department  
999 San Bernardino Road  
Upland, California  
909.920.4767

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 a 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 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 and address is:

California Department of Public Health  
464 West 4th Street, Suite 529  
San Bernardino, CA 92401  
909.383.4777

24. File a complaint with the Department of Fair Employment and Housing at [www.dfeh.ca.gov](http://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 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.

## **HOSPITAL POLICIES**

You should be informed of the hospital rules and regulations applicable to your conduct as a patient. You are entitled to information about the hospital's mechanism for the initiation, review, and resolution of patient complaints. If you have a concern about your hospital stay please contact Patient Services, at extension 24767.

San Antonio Regional Hospital is a non-smoking facility. You have the right to expect reasonable safety insofar as the hospital practices and environment are concerned.

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## **PATIENT RESPONSIBILITIES**

You are expected to provide complete and accurate information, including your full name, address, telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required. You are expected to provide the hospital or your Physician with a copy of your advance directive; if you have one. You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products and any other matters that pertain to your health, including perceived safety risks.

You are expected to ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your Physician. You are responsible for the outcomes if you do not follow the care, treatment and services plan. You are expected to actively participate in your pain management plan and to keep your Physicians and Nurses informed of the effectiveness of your treatment.

You are expected to treat all hospital staff, other patients and visitors with courtesy and respect. Abide by all hospital rules and safety regulations including no-smoking and be mindful of noise levels, privacy and the number of visitors you have. You are expected to refrain from behavior that unreasonably places the health of others at risk. You are expected to respect the property of other persons and that of the hospital. You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.