

Patient Rights and Responsibilities

You have the right to:

1. Impartial access to treatment, regardless of race, religion, sex, sexual orientation, ethnicity, age or handicap; exercising of his/her rights by a patient while receiving care or treatment in the facility without coercion, discrimination or retaliation.
2. Considerate and respectful care and to be made comfortable. You have the right to respect for your personal values and beliefs.
3. Reasonable responses to any reasonable requests made for service.
4. Receive care in a safe setting, free from verbal, sexual, physical, and mental abuse, harassment, corporal punishment and involuntary seclusion. Be free from restraints (physical or chemical) and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff. You have the right to access protective services, including notifying the government agencies of neglect or abuse.
5. 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 patient rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf. Exercise advance directives regarding decisions at the end of life in accordance with federal and state laws.
6. 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.
7. To access information contained in your clinical records maintained by the facility. To have your medical record read only by individuals directly involved with your treatment or the monitoring of its quality and by other individuals only on your written authorization or that of your legally authorized representative.
8. 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 of your protected health information.
9. Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the patients rights when the patient is unable to do so, without coercion, discrimination or retaliation.
10. Informing each patient, or when appropriate the patients representative (as allowed under state law) of the patients rights in advance of furnishing or discontinuing patient care whenever possible.
11. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
12. Designate a support person as well as visitors of your choosing, if you have decision making capacity, including, but not limited to, your spouse, domestic partner (including a same sex domestic partner), another family member, or a friend, unless: a) no visitors are allowed, b) 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, or c) 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.

13. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of those considerations 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.
14. Know the identity and professional status of individuals providing service and to know the name of the physicians and other practitioners primarily responsible for your care. You also have the right to know the reasons for any proposed change in the Professional Staff responsible for your care. Know the relationship of the facility to other persons or organizations participating in the provision of your care.
15. Receive information about your health status, 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 resolution, withholding resuscitative services, and foregoing or withdrawing life-sustaining treatment.
16. Be fully informed in advance of care or treatment and actively participate in the planning of your care, planning and treatment. 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 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.
17. Consent, request or refuse treatment after being adequately informed of the benefits and risks of, and alternatives to treatment. The right to consent or refuse treatment must not be construed as a mechanism to demand medically unnecessary or inappropriate care. However, you do have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.
18. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research projects without compromising his/her access to services.
19. To have access to an interpreter if you do not speak or understand the predominant language of the community.
20. 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 opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that include the use of opiates.

21. Know the reasons for your transfer either within or outside the facility.
22. Be informed of the source of the facility's reimbursement for services, and the limitations which may be placed upon your care.
23. Examine and receive an explanation of the hospital's bill regardless of the source of payment. To access the cost, itemized when possible, of services rendered within a reasonable time.
24. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, registered domestic partner status, or the source of payment for care.
25. Know which hospital rules and policies apply to your conduct while a patient.
26. All patients' money, credit cards and jewelry will be kept separate and intact per hospital's patient valuable policy.
27. Be informed by the physician, or delegate of the physician, of continuing health care requirements following discharge from the hospital. Upon your request, a friend or family member may be provided this information also.
28. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or calling:

Director of Quality and Regulations
Tahoe Forest Hospital District
P.O. Box 759
Truckee, CA 96160 (530)587-6011

The grievance committee will review each grievance and provide you with a written response. The written response will provide 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.

29. If you want to file a complaint with the State Department of Health, regardless of whether you use the hospital's grievance process, you may do so by writing or calling:

In California:

California Department of Public Health
126 Mission Ranch Boulevard
Chico, CA 95926
Tel: (530) 895-6711
Toll Free: (855) 804-4205

In Nevada:

Bureau of Health Care Quality and
Compliance (BHCQC)
Northern Nevada Office
727 Fairview Drive, Suite E
Carson City NV 89701
Phone: 775-684-1030

These Patient Rights incorporate the requirements of Title 22 and other California laws, the Nevada Revised Statutes, and Medicare Conditions of Participation