

Patient Rights and Responsibilities

Dignity Health Medical Foundation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. Dignity Health Medical Foundation does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity. Each patient is entitled to compassionate and professionally competent care delivered with respect for each individual.

You have a 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. To communicate effectively with your care team. Receive free and in a timely manner, aids and services if you have a disability or free language services if your primary language is not English. Qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats), qualified interpreters and information written in other languages. For assistance contact any Clinic staff member or the Patient Advocates.
3. Know the name of the licensed health care provider 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 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 Clinic even against the advice of members of the Clinic staff, to the extent permitted by law.
7. Be advised if the Clinic/licensed health care provider 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, 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 provider may refuse to prescribe the opiate medication, but if so, must inform you that there are providers who specialize in the treatment of severe chronic 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. Clinic staff and providers who provide care in the Clinic 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 areas.
12. Confidential treatment of all communications and records pertaining to your care in the Clinic. 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. Know which Clinic rules and policies apply to your conduct while a patient with Dignity Health Medical Foundation.
17. Designate a support person as well as a visitor of your choosing, if you have decision making capacity, whether or not the visitor is related to you by blood, marriage or registered domestic partner status, unless:
 - a. No visitors are allowed.
 - b. The Clinic reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health Clinic staff or other visitor to the Clinic, or would significantly disrupt the operations of the Clinic.
18. Examine and receive an explanation of the Clinic's bill regardless of the source of payment.
19. Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, educational background, sexual orientation, gender identity, marital status, registered domestic partner status, economic status or the source of payment for care.
20. If you believe that the Clinic has failed to provide these services or discriminated in another way related to race, color, national origin, age, religion, sex, gender identity, sexual orientation, or disability, you can file a grievance with a Patient Advocate. If you want to file a grievance with this Clinic, you may do so by writing, calling or emailing:

Dignity Health Medical Foundation (DHMF)
Quality Management, Patient Advocate
P.O. Box 3084
Rancho Cordova, CA 95741-3084
Phone 1-888-242-1555
DHMFPatientAdvocate@DignityHealth.org

If you need help filing a grievance, the DHMF Patient Advocates are available to help you. The Patient Advocate 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, 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 will also be referred to the appropriate Peer Review Committee for review.

21. File a complaint with the Medical Board of California regardless of whether you use the Clinic's grievance process.

The Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Phone 1-800-633-2322
www.mbc.ca.gov

22. File a civil rights complaint with the U.S Department of Health and Human Services, Office of Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone.

US Department of Health and Human Services
200 Independence Ave, SW
Room 509F HHH Building
Washington D.C.20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/fileindex.html>

Patient Responsibilities

Your general responsibilities are...

- Providing, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- Reporting unexpected changes in your condition to the responsible provider.
- Asking questions when you do not understand what you have been told about your care or what you are expected to do.
- Cooperating in the treatment program developed with your provider or other caregivers. You should express any concerns you have about your ability to follow the proposed course of treatment.
- Accepting the consequences of refusing treatment, failing to follow the recommended course of treatment or using other treatments.
- Notifying appropriate persons in the institution of those situations where, in your opinion, your rights are not being respected.
- Respecting the rights of other patients who are also receiving treatment in the Clinic.
- Assuring that the financial obligations of your healthcare are fulfilled as promptly as possible.
- Following Clinic rules and regulations affecting patient care and conduct, including those related to visiting, smoking, and the care of valuables.

Language Assistance Services

If you speak English, language assistance services, free of charge, are available to you.
Call 1-800-481-3293 (TTY: 1-916-349-7525).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-481-3293 (TTY: 1-916-349-7525).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-481-3293 (TTY: 1-916-349-7525).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-481-3293 (TTY: 1-916-349-7525)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-481-3293 (TTY: 1-916-349-7525).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-481-3293 (TTY: 1-916-349-7525) 번으로 전화해 주십시오.

ՈՒՇԱՂԴՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-800-481-3293 (TTY (հեռատիպ) 1-916-349-7525):

تماس دیری گب. توجه: ب رگهه بزان فارسی گ وگتفمی نکى، دتسبى بز تالانى گى ار تروصبان ش ى اربام
فدهارمى ب. دش ابا 1-800-481-3293 (TTY: 1-916-349-7525)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-481-3293 (TTY: 1-916-349-7525) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-481-3293 (телетайп: TTY: 1-916-349-7525).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-481-3293 (TTY: 1-916-349-7525) पर कॉल करें।

إذا كنت تتحدث اذكر اللغة، نإفخدم تاللس اعدة اللغوىة تتوافر كلب. ناجملا اتص لبرقم 1-800-481-3293 (رقم متاف الصم والبككم: 1-916-349-7525).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-481-3293 (ATS : 1-916-349-7525).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-481-3293 (TTY: 1-916-349-7525).

ਧਿਆਨ ਦਫਿ: ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਠਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-481-3293 (TTY: 1-916-349-7525) 'ਤੇ ਕਾਲ ਕਰੋ।

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-481-3293 (TTY: 1-916-349-7525).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-481-3293 (TTY: 1-916-349-7525).