

Patients Bill Of Rights (6.1.2019)

Every person who enters Pediatric and Adolescent Medicine for care has rights. A copy of these rights will be provided to each patient at the time of registration. If necessary, interpretation services will be provided to the patient to assist in communication of these rights.

While you are a patient at Pediatric and Adolescent Medicine you have the right to:

1. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation or marital status, or the source of payment for care.
2. Be informed of your rights, in advance of providing or discontinuing care, whenever possible.
3. Know the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and non-physicians who will see the patient.
4. Have a family member or representative and your own physician notified promptly of your status.
5. Considerate and respectful care that safeguards cultural, psychosocial and spiritual values.
6. Receive care in a safe setting.
7. Be free from all forms of abuse or harassment.
8. Receive information about your health status, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. Participate actively in decisions regarding medical care including development and implementation of your care plan and to the extent permitted by the law. This includes the right to refuse treatment.
9. Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, the likelihood of achieving the desired results, alternate courses of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
10. Formulate advance directives and have staff and practitioners who provide care comply with these directives or be informed if Pediatric and Adolescent Medicine is unable to honor your advance directive wishes.
11. Identify a surrogate decision maker who can make health care decisions for you if you are unable and have all the patients' rights apply to the this person or others who may have legal responsibility to make decisions regarding medical care on your behalf.
12. Personal privacy.
13. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual.
14. Confidential treatment of all communication, recordings/films and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records and/or films can be made available to anyone not directly related with the care.
15. Access information contained in your medical record within a reasonable time frame.
16. Request an amendment to and receive an accounting of disclosures regarding your health information.
17. Be free from restraints of any form used as a means of coercion, discipline, convenience or retaliation by staff.
18. Reasonable responses to any reasonable requests made for service.
19. Reasonable continuity of care and to know in advance the time and location of appointment as well as the identity of persons providing the care.
20. Examine and receive an explanation of the all charges regardless of source of payment.
21. Know which Pediatric and Adolescent Medicine rules and policies apply to your conduct while a patient.
22. Designate visitors of your choosing, if you have decision making capacity, whether or not the visitor is related by blood or marriage, 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 indicated to the health facility staff that you no longer want this person to visits.
 - ◆ To have your wishes considered for purposes of determining who may visit if you lack decision-making capacity and to have the method of that consideration disclosed in the hospital on visitation. At a minimum, Pediatric and Adolescent Medicine shall include any persons living in the household.These sections may not be construed to prohibit a health facility from otherwise establishing reasonable restrictions upon visitation, including restriction upon the hours of visitation and number of visitors.
23. Request a list of and assistance with accessing protective or advocacy services in the community.
24. Appropriate assessment and management of pain.
25. If you suffer from severe chronic intractable pain, you have the option to request or reject the use of any or all modalities to relieve your pain, including opiate medication. Your doctor may refuse to prescribe you opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of several chronic intractable pains with methods that include the use of opiates.
26. Be informed of any continuing health care requirements following discharge from Pediatric and Adolescent Medicine. Be informed that, with your authorization, Pediatric and Adolescent Medicine may provide a friend or family member with information about your continuing health care requirements.
27. Have complaints/concerns voiced by you or your representative addressed in a respectful manner, as soon as possible.
28. File a grievance. If you want to file a grievance with Pediatric and Adolescent Medicine, you may do so by writing or by calling.

Grievance Department/Patient Account Services
P.O. Box 16028
Newport Beach, CA 92659
Phone 657-241-3600 Fax 657-241-7706

Department of Health Services
Licensing and Certification
3901 Lennane Drive,
Suite 210
Sacramento, CA 95834
(916) 263-5800 or (800)-554-0354