



Patient Rights and Responsibilities

The hospital respects the rights of the patient, recognizes that each patient is an individual with unique health care needs, and because of the importance of respecting each patient's personal dignity, provides considerate, respectful care focused upon the patient's individual needs.

The hospital affirms the patient's right to make decisions regarding his/her medical care, including the decision to discontinue treatment, to the extent permitted by law.

The hospital assists the patient in the exercise of his/her rights and informs the patient of any responsibilities incumbent upon him/her in the exercise of those rights.

The patient (or his/her family or legal representative) has 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. Receive a copy of this "Patient Rights and Responsibilities" document in advance of patient care being furnished or discontinued whenever possible.
3. Present any conflicts or complaints he/she has in regard to the quality of care. Any complaint or concern may be presented by contacting the nursing supervisor at the nurse's desk. All issues will be reviewed, investigated and responded to in a timely manner.
4. Participate in the development and implementation of his/her plan of care and to make decisions involving his/her health care, including managing pain effectively. Receive information about the illness, the course of treatment and prospects for recovery in terms that the patient can understand.
5. Know the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and other caregivers who will see the patient.
6. Accept medical care or to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or nontreatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
7. Formulate advance directives and appoint a legal representative to make health care decisions on his/her behalf to the extent permitted by law and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
8. Have a family member or representative of his/her choice and his/her physician notified promptly of his/her admission.
9. Designate visitors of his/her choosing, if the patient has decision-making capacity, whether or not the visitor is related by blood or marriage, 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.
 - c) The patient has indicated to the health facility staff that he/she no longer wants this person to visit.

10. Have his/her wishes considered for purposes of determining who may visit if the patient lacks decision-making capacity and to have the method of that consideration disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in the household.

This section may not be construed to prohibit a health facility from otherwise establishing reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.

11. Personal privacy.

12. Care in a safe setting.

13. Be free from all forms of abuse or harassment and have full consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.

14. Confidentiality of his/her clinical records and access to information contained in his/her clinical records within a reasonable time frame.

15. Be free from restraints of any form that are not medically necessary or are used as a means of coercion or discipline.

16. The hospital's reasonable response to his/her requests and needs for treatment or service, within the hospital's capacity, its stated mission, and applicable laws and regulations.

17. Reasonable responses to any reasonable requests made for service.

18. Leave the hospital even against the advice of physicians.

19. Reasonable continuity of care and advance notice of the time and location of appointments as well as the identity of persons providing the care.

20. Be informed of continuing health care requirements following discharge from the hospital.

21. Examine and receive an explanation of the bill regardless of source of payment.

22. Considerate and respectful care including:

a) Consideration of psychosocial, spiritual and cultural variables that influence the perception of illness.

b) Optimal comfort and dignity of the dying patient through treating primary and secondary symptoms, effectively managing pain, and acknowledging the psychosocial and spiritual concerns of the patient and family.

23. Participate in the consideration of the ethical issues that arise in the care of the patient. Ethical concerns may be addressed directly to the administrator or through the nursing supervisor. The administrator may consult with the ethics committee for further discussion of the issue and then respond to the patient in a timely manner.

24. Be informed of any human experimentation or other research/educational projects affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.

25. If at any time, the patient/family requests a transfer to another setting or if the needs exceed the hospital's capacity, the hospital will assist in the transfer to another facility upon approval of that facility.

26. The patient's guardian, next of kin, or legally authorized responsible person has the right to exercise, to the extent permitted by law, the rights delineated on behalf of the patient if the patient has been adjudicated incompetent in accordance with law, is found by his/her physician to be medically incapable of understanding the proposed treatment or procedure, is unable to communicate his/her wishes regarding treatment or is a minor.

Patient Responsibilities

1. The patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.
2. The patient has the responsibility to report unexpected changes in his/her condition to the responsible practitioner.
3. The patient is responsible for reporting whether he/she clearly understands a contemplated course of action and what is expected of him/her.



PATIENT RIGHTS AND RESPONSIBILITIES

Acknowledgement of Receipt

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Patient Rights and Responsibilities* of Menlo Park Surgical Hospital. Our *Patient Rights and Responsibilities* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Patient Rights and Responsibilities* is subject to change. If we change our notice, you may obtain a copy of the revised notice by calling our admissions staff at (650) 324-8500.

If you have any questions about our *Patient Rights and Responsibilities*, please call (650) 324-8500.

I acknowledge receipt of the *Patient Rights and Responsibilities* of Menlo Park Surgical Hospital.

Patient's Name: _____

Signature: _____ Date: _____

(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Patient's Name: _____

Reason why the acknowledgement was not obtained:

Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the *Patient Rights and Responsibilities* document.

Other: _____

Signature of provider representative: _____

Date: _____