

PATIENT RIGHTS

We recognize that each patient has unique healthcare needs and we encourage a partnership between the patient and the healthcare team. We encourage patients or their legally designated representative to participate in discussions and decisions about their treatments, options, alternatives, risks, and benefits.

As a patient at UCSF Medical Center or UCSF Children's Hospital, 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, personal values, beliefs and preferences, and to access pastoral care to meet your spiritual needs.
- 2.** Request the services of an interpreter if needed, at no cost to you.
- 3.** Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
- 4.** Know the name of the physician/provider who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
- 5.** Receive information about your health status, diagnosis, 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.
- 6.** Make decisions regarding your 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.
- 7.** 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 health facility even against the advice of physicians, to the extent permitted by law.
- 8.** Be advised if the physician/provider proposes to engage in or perform research and clinical trials affecting your care or treatment. You have the right to refuse to participate in such research projects and your decisions will not affect your right to receive care.
- 9.** Reasonable responses to any reasonable requests made for service.
- 10.** 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 chronic intractable pain with methods that include the use of opiates.
- 11.** Formulate advance directives. You have the right to give instructions about your healthcare. You also have the right to name someone else to make decisions for you, including designating a health care decision-maker. You may designate a decision-maker if you wish to have someone else make treatment decisions for you or in the event you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Physicians/providers who provide care in the health facility 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.
- 12.** 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.
- 13.** Confidential treatment of all communications and records pertaining to your care and stay in the hospital. Basic information may be released to the public unless you request otherwise. Written authorization shall be obtained before medical records are made available to anyone not directly concerned with your care, except as otherwise required or permitted by law.
- 14.** Access information contained in your records within a reasonable time frame, except in certain circumstances specified by law.
- 15.** Receive a written "Notice of Privacy Practices" that explains how your protected health information (PHI) will be used and disclosed.
- 16.** Receive care in a safe setting, free from mental, verbal, physical or sexual abuse and neglect, exploitation, or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
- 17.** Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
- 18.** Receive reasonable continuity of care and to know in advance the time and location of your appointments as well as the identity of the persons providing the care.
- 19.** Be informed by the physician/provider of continuing health care requirements following discharge from the hospital. Upon your request, a friend or family member may also be provided this information.
- 20.** Know which rules and policies apply to your conduct while a patient.
- 21.** 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 health facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the 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, the health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.
- 22.** Have your wishes considered if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household, except when excluded for reasons listed in #21 above.
- 23.** Examine and receive an explanation of your medical bill regardless of the source of payment.
- 24.** 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. *
- 25.** Express concerns or complaints about your care with the assurance that the quality of your care or future access to care will not be compromised. You have the right to expect a reasonable and timely response to your concerns.
- 26.** Expect that UCSF Medical Center staff shall observe these patients' rights and that all patients' rights apply to the person who may have legal responsibility to make decisions regarding your medical care on your behalf.
- 27.** File an internal complaint or grievance with UCSF Medical Center by writing or calling: The Patient Relations Department at UCSF Medical Center, 350 Parnassus Avenue, Suite 603, Campus Box 0208, San Francisco, CA 94143-0208, (415) 353-1936, FAX: (415) 353-8556, TTY (415) 885-3TTY. You have the right to be informed of the outcome or response to your complaint or grievance.
- 28.** The grievance committee will review each grievance and provide you with a written acknowledgment as well as a written resolution. The response will include the name of a contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the process was completed.
- 29.** File an external complaint or grievance with the State Department of Health Services regardless of if you use the hospital's grievance process, in writing or by calling: The Department of Health Services, Licensing and Certification, 350 90th Street, 2nd floor, Daly City, CA 94015, Phone (800) 554-0353 or TTY (916) 657-3042. You may also file a complaint with your health plan insurer or other external organization.
- 30.** File a grievance regarding a physician or podiatrist with: The Medical Board of California/Board of Podiatric Medicine, 1426 Howe Avenue Suite 54, Sacramento, CA 95825-2322, Phone: (800) 633-2322.
- 31.** File a written privacy complaint internally with the UCSF Medical Center, Patient Relations Department or file a privacy complaint externally with The Department of Health and Human Services Office for Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, CA 94102, Phone (415) 437-8310, FAX (415) 437-8329, TDD (415) 437-8311.
- 32.** File a complaint or grievance regarding quality of care, a coverage decision, or premature discharge appeal with Lumetra, Medicare's Quality Improvement Organization at (800) 841-1602/ (800) 881-5980 (TDD) if you are a Medicare patient.
- 33.** Contact the Joint Commission's Office of Quality Monitoring, if you feel your concerns about patient care or safety have not been adequately addressed by UCSF Medical Center. Call (800) 994-6610, Email complaint@jointcommission.org, FAX (630) 792-5636 or write to Division of Accreditation Operations, Office of Quality Monitoring-Joint Commission-One Renaissance Boulevard, Oakbrook Terrace, IL 60181.
- 34.** File a discrimination complaint or grievance based on a physical or mental disability with the hospital's Compliance Coordinator at: The Patient Relations Department, UCSF Medical Center, 350 Parnassus Avenue, Suite 603, Campus Box 0208, San Francisco, CA 94143-0208, (415) 353-1936, FAX: (415) 353-8556, TTY (415) 885-3TTY.

**It is the policy of UCSF Medical Center not to engage in discrimination against or harassment of any person employed or seeking employment or patient care with UCSF Medical Center on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), pregnancy, ancestry, marital status, age, sexual orientation, gender identity, citizenship, or status as a covered veteran (special disabled veteran, Vietnam era veteran, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). Non-discrimination information is available in an alternative form of communication to meet the needs of persons with sensory impairments.*