

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient at St. John's Health, we want to encourage you to be well informed and involved in your care by speaking openly with your health care team and taking part in your treatment choices. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities during your stay. We invite you and your family to join us as active members of your care team.

Your Rights

1. RECEIVE INFORMATION about our organization, its services, its practitioners and providers, and patients' rights and responsibilities.
2. RECEIVE CONSIDERATE and respectful care, recognition of your dignity, and respect for your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences.
3. HAVE FAMILY MEMBERS (or a representative of your choosing) and your own physician notified promptly of your admission.
4. DESIGNATE A REPRESENTATIVE to participate in your care and treatment.
5. KNOW THE NAME of the physician who has responsibility for coordinating your care and the names and professional relationships of other physicians and providers who will see you.
6. RECEIVE INFORMATION about your health status, course of treatment, prospects for recovery and outcome 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 your care, including issues of conflict, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
7. MAKE DECISIONS regarding medical care, and receive as much information about any proposed treatment or procedure 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.
8. RECEIVE A CANDID DISCUSSION of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
9. REQUEST OR REFUSE TREATMENT, to the extent permitted by law. If you refuse a recommended treatment, you will receive other needed and available care. You do not have the right to demand medically unnecessary or inappropriate treatment or services. You have the right to leave the hospital against the advice of physicians.
10. RECEIVE REASONABLE RESPONSES to any reasonable requests made for services.
11. TO REFUSE to participate in medical research projects.
12. THE RIGHT to receive the visitors who you designate: a spouse, a domestic partner, same-sex partner, family member, or a friend. You have the right to deny visitation at any time, and to be informed of any clinical restriction or limitation on such rights.
13. APPROPRIATE ASSESSMENT, information, pain management, and participation in pain management decisions. You may request or reject the use of any or all medication. The doctor may refuse to prescribe opiate medication, but must inform you that there are physicians who specialize in the treatment of severe pain with methods that include the use of opiates.
14. FORMULATE ADVANCE DIRECTIVES. This includes designating a decision maker if you become unable to understand a treatment or to communicate your wishes regarding care. Hospital staff and providers 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.
15. HAVE PERSONAL PRIVACY RESPECTED. Case discussion, consultation, examination and treatment are confidential. 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 examination and when treatment issues are being discussed.

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16. **CONFIDENTIAL TREATMENT** of all records and communications about your care.

17. **RECEIVE CARE** 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.

18. **BE FREE FROM RESTRAINTS** and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.

19. **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.

20. **BE INFORMED** of continuing health care requirements following discharge from the hospital. Upon your request, a friend or family member may be provided with this information also.

21. **KNOW WHICH HOSPITAL RULES** and policies apply to your conduct while a patient.

22. **DESIGNATE A SUPPORT PERSON** to be present throughout the stay unless restricted by policy and to make decisions regarding visitation.

23. **EXAMINE AND RECEIVE** an explanation of the hospital's bill regardless of source of payment.

24. **EXERCISE THESE RIGHTS** without regard to age, sex, socioeconomic status, educational background, race, color, religion, ancestry, national origin, culture, language, sexual orientation, gender identity or expression, physical or mental disability, marital status or the source of payment for care.

25. **FILE OR VOICE** a complaint, grievance, appeal or seek independent assessment about the organization, the care provided, or rights as a patient. To receive a timely response without reprisal or prejudicial treatment.

Concerns not Resolved:

At St. John's Health, your satisfaction with all care provided is important to us. You may contact the Patient Experience Department and discuss issues that did not meet your expectations. You may call the Patient Experience Department during your hospitalization by dialing extension 7479. You may also contact the Chief Nursing Officer at extension 7202 or the Chief Executive Officer at extension 7525. We encourage you to voice your opinion regarding the care you have received and we will welcome your comments.

26. **FILE A COMPLAINT** with the State or DNV regardless of the use the hospital's grievance process.

Your Responsibilities

1. **PROVIDE**, to the extent possible, information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. You and your family must report perceived risks in your care and unexpected changes in your condition to the medical provider.

2. **FOLLOW** the plans and instructions for care that you have agreed on with your practitioners. This may include following the instructions of nurses and health personnel as they carry out the coordinated plan of care and treatment by the physician's orders.

3. **ASK QUESTIONS** or acknowledge when you do not understand the treatment course or care decision.

4. **KEEP APPOINTMENTS** and when unable to do so, to notify the responsible medical care provider or medical facility.

5. **ACCEPT OWNERSHIP** if you refuse treatment or do not follow the medical provider's instructions.

6. **ASSURE THE FINANCIAL OBLIGATIONS** for your health care treatment are fulfilled as promptly as possible.

7. **FOLLOW ALL** medical facility rules and regulations affecting care and conduct, including those that prohibit offensive, threatening, and/or abusive language or behavior, and the use of tobacco, alcohol, or illicit drugs or substances. Help ensure that your visitors are aware of and follow these rules.

8. **BE CONSIDERATE** of the rights of other patients and medical facility personnel. Be respectful of the property of other persons and of the medical facility by maintaining civil language and interactions.

Website:

<https://www.dnvhealthcareportal.com/patient-complaint-report>

Email: hospitalcomplaint@dnv.com

Phone: 866-496-9647

Fax: 281-870-4818

Mail: DNV Healthcare USA Inc.

Attn: Hospital Complaints

1400 Ravello Dr

Katy, TX 77449

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Your Visitor Rights

Patients are encouraged to have a Support Person such as a family member, domestic partner, friend or other individual who is present to support the patient during the course of care and may exercise the patient's visitation rights on the patient's behalf if patient is unable to do so. Such individual may, but need not be, an individual legally responsible for making medical decisions on the patient's behalf. As a patient you may withdraw or rename your support person at any time

In some cases there may be Justified Clinical Restriction of visitors defined as any clinically necessary or reasonable restriction or limitation imposed by the organization on a patient's visitation rights which restriction or limitation is necessary to provide safe care to patient or other patients. SJMC will accept verbal or written communication from a patient (or Support Person) designating individuals who should be allowed/denied visitation rights. In the event the patient is a minor, the legal parent/guardian of the minor shall be given the opportunity to verbally designate the individuals permitted to visit the minor patient.