



*Sutter Auburn  
Faith Hospital*

*A Sutter Health Affiliate*

# Patient Rights

While you are a patient at Sutter Auburn Faith Hospital, 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 admission to the hospital.
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 the hospital 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 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. Leave the hospital even against the advice of physicians.
20. 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.

21. Be advised if hospital/personal physician proposes to engage in or perform human experimentation affecting care or treatment. You have the right to refuse to participate in such research projects without fear or compromise to your care.
22. Examine and receive an explanation of the hospital charges regardless of source of payment.
23. Know which hospital rules and policies apply to your conduct while a patient.
24. Designate visitors of your choosing, if you have 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. You have indicated to the health facility staff that you no longer want this person to visit.
  - D. 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, the hospital 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.

25. Request a list of and assistance with accessing protective or advocacy services in the community.
26. Appropriate assessment and management of pain.
27. 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 pain with methods that include the use of opiates.
28. Be informed of any continuing health care requirements following discharge from the hospital. Be informed that, with your authorization, the hospital may provide a friend or family member with information about your continuing health care requirements following discharge from the hospital.
29. Have complaints/concerns voiced by you or your representative addressed in a respectful manner, as soon as possible.
30. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling:

Sutter Auburn Faith Hospital  
 Quality Management Department  
 11815 Education Street  
 Auburn, CA 95602  
 (530) 888-4511

The Quality Department will review each grievance and provide you with a written response within 45 days. The written response will contain the name of a person to contact at the hospital, 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 or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).

31. File a complaint with the State Department of Health Services regardless of whether you use the hospital's grievance process. The state Department of Health Service's phone number and address is:

Department of Health Services  
 Licensing and Certification  
 630 Bercut Dr. #B  
 (916) 341-6840 or (916) 341-6847  
 (916) 341-6845 or (800) 554-0354