



VALLEY PRESBYTERIAN  
HOSPITAL

# Patient's Rights and Responsibilities



## Your Rights as a Patient

1. Considerate and respectful care, and to be made comfortable. You have the right to have your cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the licensed healthcare practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and nonphysicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to access your medical records. You have the right to effective communication and to participate in the development and implementation of your plan of care. The hospital provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

qualified sign language interpreters and written information in other formats, including large print audio accessible electronic formats, and other formats. The hospital also provides free language assistance services to people whose primary language is not English which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services just let a nurse, physician or person registering you know.

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.

5. Make decisions regarding 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 nontreatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.

6. 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 hospital even against the advice of members of the medical staff, to the extent permitted by law.
7. Be advised if the hospital/licensed healthcare practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. 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 pain with methods that include the use of opiates.
10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital 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.
11. 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.
12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
13. Receive care in a safe setting, 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 of neglect or abuse.

14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
15. 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.
16. Be informed by the physician, or a delegate of the physician, of continuing healthcare requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may also be provided this information.
17. Know which hospital rules and policies apply to your conduct while a patient.
18. Designate a support person, as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, 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 told the health facility staff that you no longer want a particular person to visit.

Please note that a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

19. Have your wishes considered, if you lack decision making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.

20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. Exercise these rights without regard to, and be free of discrimination on the basis of sex including sex characteristics, intersex traits, pregnancy or related conditions; sexual orientation; gender, gender identity/expression and sex stereotypes, economic status, educational background, race, color, religion, ancestry, national origin (including limited English proficiency and primary language), age, disability, medical condition, marital status, registered domestic partner status, genetic information, citizenship, immigration status (except as required by federal law) or the source of payment for care.
22. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling. Please send written requests to:  
Valley Presbyterian Hospital  
Attn: Risk Management  
15107 Vanowen Street  
Van Nuys, CA 91405  
or call 818.902.5745.

The grievance committee will review each grievance and provide you with a written response within 30 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).

Patients needing assistance expressing concerns about grievances related to allegations of discrimination and record-keeping of such grievances, and coordinating implementation of language-access, effective communication, auxiliary aids/ services, and reasonable modification procedures by contacting the Section 1557 Officer at 818.902.2997 or [Section1557Officer@valleypres.org](mailto:Section1557Officer@valleypres.org).

23. File a complaint with the California Department of Public Health, DNV Healthcare, California Department of Fair Employment and Housing, or U.S. Department of Health and Human Services regardless of whether you use the hospital's grievance process.

**California Department  
of Public Health**

Licensing & Certification Office  
3400 Aerojet Ave., Unit 323  
El Monte, CA 91731  
800.228.1019

## **DNV Healthcare**

DNV Healthcare USA Inc.  
Attn: Hospital Complaints  
4435 Aicholtz Road, Suite 900  
Cincinnati, OH 45245  
866.496.9647 or fax 281.870.4818  
hospitalcomplaint@dnv.com  
www.dnvhealthcareportal.com/  
patient-complaint-report

## **Department of Fair Employment and Housing**

800.884.1684  
contact.center@dfeh.ca.gov

## **U.S. Department of Health and Human Services Centralized Case Management Operations**

200 Independence Avenue, S.W.  
Room 509F, HHH Bldg.  
Washington, D.C. 20201  
800.368.1019, fax 202.619.3818,  
TDD 800.537.7697  
[https://ocrportal.hhs.gov/ocr/  
smartscreen/main.jsf](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)

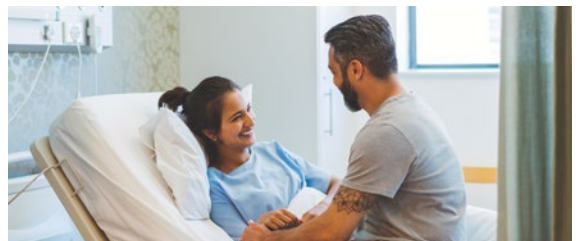
24. For issues related to physicians, complaints can be filed with the Medical Board of California.

## **Medical Board of California**

800.633.2322  
[www.mbc.ca.gov/Breeze/  
Complaints.aspx](http://www.mbc.ca.gov/Breeze/Complaints.aspx)

## **Your Responsibilities as a Patient**

1. Be considerate to all hospital personnel and other patients and ensure that your visitors are also considerate to other patients and hospital personnel.
2. Observe all hospital rules.
3. Supply accurate and complete medical history information to your physicians and others. You have the responsibility to participate in your care in order to make informed choices. If you do not follow the treatment plan agreed upon, you have the responsibility to understand the consequences of your actions.
4. Notify your physician or other health care providers if the designated treatment plans cannot be followed or you have any changes in your health status.
5. Keep appointments and the responsibility for informing the hospital when you cannot keep your appointment.
6. Provide information necessary to ensure processing bills by the hospital and to plan for the payment of those bills as soon as possible.



This Patient Rights document incorporates the requirements of the DNV; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4 and 124960; 42 C.F.R. Section 482.13 (Medicare Conditions of Participation), and 45 C.F.R Section 92.10 (Notice of Nondiscrimination).



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