

## Patient Rights

**All patients shall have rights which include, but are not limited to:**

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Knowledge of the name of the licensed health care practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating the care, and the names and professional relationships of physicians and non-physicians who will see the patient.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms that the patient 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.
5. Request the services of an interpreter if needed, at no cost. If you need these services contact Language Services, 714-456-6731.
6. Receive as much information about any proposed treatment or procedure as the patient 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 medically significant risks involved, 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.
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 hospital even against the advice of members of the medical staff, to the extent permitted by law.
8. Be advised if hospital/licensed health care practitioner acting within the scope of her or her professional licensure proposed to engage in or perform human experimentation affecting care or treatment. The patient has the right to refuse to participate in such research projects.
9. Reasonable responses to any reasonable requests made for service.
10. Appropriate assessment and management of your pain, information about your 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.
11. 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

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regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

12. 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. 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 the care and the 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. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.

14. 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.

15. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.

16. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of persons providing the care.

17. Be informed by the physician, or a delegate of the physician, of continuing health care 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 be provided this information also.

18. Know which hospital rules and policies apply to the patient's conduct while a patient.

19. Designate a support person as well as visitors of his/her choosing if the patient has decision-making capacity, whether or not the visitor is related by blood, or registered domestic partner status, 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 the patient no longer wants this person to visit.

However, 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.

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20. Have the patient's wishes considered for purposes of determining who may visit if the patient lacks the decision-making capacity. 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 the household and any support person pursuant to federal law.

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

22. Exercise rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care.

23. To be provided free aids and services for people with disabilities to communicate.

24. All patients have the right to file a grievance. If you want to file a grievance with this hospital, you may do so by calling Patient Experience at 714-456-7004, or write to:

Patient Experience  
UC Irvine Health  
P.O. Box 14091  
Orange, CA 92868-4091

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. If you do not receive an acknowledgement letter within 7 days, please reach out to ensure we have received your grievance. You may contact us by phone (714.456.7004) or via email ([healthexperience@hs.uci.edu](mailto:healthexperience@hs.uci.edu)).

Concerns regarding quality of care or premature discharge will also be referred to the Grievance Committee.

25. All patients have a right to file a grievance with the California Department of Public Health (CDPH) regardless of whether you use the hospital's grievance process. Grievances may be filed by phone, fax, or writing to CDPH.

CDPH  
681 S. Parker Ave, Ste. 200  
Orange, CA 92868  
(714) 567-2906 (Phone)  
(714) 567-2815 (Fax)

26. File a grievance with The Joint Commission (TJC) by calling 800-994-6610, faxing 630-792-5636 or emailing [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org). You may also write to: Office of Quality & Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

27. File a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

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<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)