Your Rights and Responsibilities as a Patient

Patient Rights
You have the right to:
• exercise your rights without regard to ancestry, age, color, culture, disability (mental and physical, including HIV and AIDS), economic background, educational background, genetic information, gender, gender identity, gender expression, marital status, medical condition (genetic characteristics, cancer, or a record or history of cancer), national origin (includes language use restrictions), race, religion (includes religious dress and grooming practices), and includes pregnancy, childbirth, breastfeeding and/or related medical conditions, sexual orientation, the source of payment for care, and veteran status or any other classification protected by law.
• considerate and respectful care and to be made comfortable. You have the right for your personal values and beliefs to be respected.
• have a family member (or other representative of your choosing) and your own physi- cian notified promptly of an admission to the hospital.
• receive care in a safe setting, free from verbal or physical abuse, harassment or exploitation. You have the right to access protective services including notifying gov- ernment agencies of neglect or abuse.
• knowledge of the name of the physician who has primary responsibility for coordi- nating your care and the names and profes- sional relationships of other physicians and non-physicians who will see you.
• receive information about your health sta- tus, the course of treatment, prospects for recovery, and outcomes of care (including unanticipated outcomes) in terms that you can understand. You have the right to par- ticipate in the development and implemen- tation of your plan of care and you may include or exclude family members from participating in care decisions.
• receive as much information about any proposed treatment or procedure as you may need in order to give informed con- sent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the proce- dure or treatment, the medically significant risks involved in each treatment, 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.
• participate actively in decisions regard- ing medical care. To the extent permitted by law, this includes the right to refuse treatment and to be informed of the medi- cal consequences of such refusal. You do not have the right to receive treatment or services deemed medically unnecessary or inappropriate.
• participate in resolving ethical dilemmas that arise in the course of care, including issues of conflict resolution, withholding resuscitative services, and forgoing or with- drawing life-sustaining treatment. You may consult with a member of the hospital’s eth- ics committee regarding ethical questions and concerns by asking the nurse or physi- cian.
• have your personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. You have the right to be told the reason for the presence of any individual. You have the right to have visitors, if present, prior to an examination and when treatment issues are being discussed, privacy curtains should be used in semi- private rooms.
• confidential treatment of all communica- tions and records pertaining to the care and the stay in Stanford Health Care. You will receive a separate “Notice of Privacy Practices” that explains patients’ privacy rights in detail and how Stanford Health Care may use and disclose protected health information.
• reasonable responses to any reasonable requests made for service.
• leave Stanford Health Care even against the advice of physicians to the extent permitted by law.
• reasonable continuity of care and to know in advance the time and location of appoint- ments as well as the identity of per- sonnel providing your care.
• be informed of any human experimenta- tion or other research/educational projects affecting your care or treatment. You are given a description of alternative services that might be advantageous. You have the right to refuse to participate in such research projects, which will not compro- mise access to services.
• be informed of continuing healthcare requirements following discharge from Stanford Health Care, and if you request, have this information given to a friend or family member.
• examine and receive an explanation of the bill regardless of source of payment.
• know which Stanford Health Care rules and policies apply to your conduct while a patient.
• have all patients’ rights apply to the per- son who has legal responsibility to make decisions regarding medical care on your behalf. This includes the right of the patient’s guardian, next of kin or legally authorized representative to exercise, to the extent permitted by law, the rights of the patient if the patient is: adjudicated incom- petent in accordance with the law, is found by his/her physician to be medically inca- pable of understanding the proposed treat- ment or procedure; is unable to communi- cate his/her wishes regarding treatment; or is an emancipated minor.
• designate visitors of your choosing if you have decision-making capacity, whether or not the visitor is related by blood or mar- riage, unless:
  - no visitors are allowed
  - Stanford Health Care reasonably deter- mines that the presence of a particular visi- tor would endanger the health or safety of a patient, member of the staff or would signifi- cantly disrupt the operation of the facility
  - you have indicated to Stanford Health Care staff that you no longer want this per- son to visit
Stanford Health Care may establish reason- able restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. Visitors may include, but are not limited to, spouses, domestic partners, both different-sex and same-sex significant others, both different-sex and same-sex parents, foster parents, children, other family members, friends, and persons from a patient’s com- munity.
• have your wishes considered for purposes of determining who may visit if you lack decision-making capacity and to have the method of consideration disclosed in the hospital policy on visitation. At a mini- mum, Stanford Health Care shall consider any person living in the household.
• be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
• be provided with information about access- ing protective services (that is, guardian- ship and advocacy services, conservator- ship, and child or adult protective services.)
• appropriate assessment and management of 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 opiates medication or substances from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, bu, if so, must inform you that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that may include the use of opiates.
• formulate advance directives, if you are at least 18 or an emancipated minor, and appoint a surrogate to make healthcare decisions on the patient’s behalf to the extent permitted by law. Stanford Health Care staff providing care shall comply with these directives within the limits of the law. The provision of care is not conditioned on the existence of an advance directive. In the absence of the actual directive, your wishes may be documented in the medical record. Assistance is provided to patients who would like to formulate an advance direc- tive.
• information, at the time of admission, about the Stanford Health Care patient rights policies and mechanism for the ini- tiation, review, and when possible, resolu- tion of patient complaints concerning the quality of care.
• file a grievance/complaint about care, serv- ices or any form of discrimination and be informed of the action taken, with the assurance that future access to and qual- ity of care will not be affected. This may be done in writing or by calling the Patient Representation Department at 650/498- 3333, 300 Pasteur Drive, Stanford, CA 94305.
• file a complaint with the California Department of Public Health, whether or not you use the hospital’s grievance process. CDPH Licensing and Certifying Office Paseo de San Antonio, Suite 235, San Jose, CA 95113; 408/277-1784; fax 408/277-1032.
You may also report a complaint to The Joint Commission:
Mail: Office of Quality Monitoring The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181
Email: complaint@jointcommission.org Phone: (800) 994-6610

Stanford Health Care has interpretation available in all languages including sign, at no cost. Please call Interpreter Services at 650/723-6940.

Stanford Health Care cuenta con servicios de interpretación disponible en todos los idiomas, incluido idioma de señas, sin costo alguno. Por favor llame al Servicio de interpretación al 650/723-6940.

在斯坦福医院，我们提供多种语言的传译服务。如果您需要传译服务，请致电: 650/723-6940。

Patient Responsibilities
You have the responsibility to:
• make informed decisions. Gather as much information as you need. You may be asked to consent in writing to certain tests, proce- dures, or operations. You should ask ques- tions to fully understand each document to be signed.
• understand. If the explanation of the medi- cal problem or treatment is not clear, ask such questions as:
  a. Why is the treatment recommended?
  b. What risks or side effects are involved?
  c. What alternatives are available?
  d. Will the treatment cause discomfort or pain?
• be honest. Give an accurate, complete medical history and report changes in your health to your medical practitioner. This includes reporting your degree of pain and the effects or limitations of treatment for pain.
• respect others. Be considerate of others by allowing them privacy, limiting visi- tors, and maintaining a quiet atmosphere. Telephones, televisions, radios, and lights should be used in a manner agreeable to others.
• follow the treatment plan. Tell your doctor if you believe you cannot follow through with the treatment plan and why you can- not. Find out about the consequences of refusing treatment or of selecting an alter- native treatment not recommended by the medical team. You do not have the right to receive treatment that is considered medi- cally unnecessary or inappropriate.
• recognize, as a medical teaching institu- tion, Stanford Health Care has a commit- ment to the education of future healthcare professionals. Patients receiving medical care in Stanford Health Care are a part of this process.
• follow the Stanford Health Care rules and regulations affecting patient care and con- duct.
• recognize the effect of lifestyle on your per- sonal health. Patients and their families have the right to request discharge planning services. For assistance, please call 650/723-5091.