

22. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling:

Patient Safety/Risk Manager (530) 841-6327  
Fairchild Medical Center  
444 Bruce Street  
Yreka, CA 96097

The grievance committee will review each grievance and provide you with a written response within seven (7) 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).

23. 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:

California Department of Health Services  
Chico District Office  
126 Mission Ranch Blvd.  
Chico, CA 95926  
Toll Free: (800) 554-0350

24. File a complaint with The Joint Commission (the organization that accredits hospitals) at the following:

Joint Commission  
Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
Toll Free: (800) 994-6610  
Email: [complaint@jcaho.org](mailto:complaint@jcaho.org)

*This Patient Rights document incorporates the requirements of the Joint Commission on Accreditation of Healthcare Organizations; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4, and 124960; and 42 C.F.R. Section 482.13 (Medicare Conditions of Participation)*

## ADULT PATIENT RESPONSIBILITIES

*You have the responsibility to:*

1. Provide accurate and complete information concerning your present complaints, past medical history, and other matters relating to your health.
2. To communicate, whenever possible, with your physician or nurse about any pain you're experiencing.
3. For making known whether you clearly comprehend the course of your medical treatment and what is expected of you.
4. For following the treatment plan established by your physician, including the instructions of nurses and other health professions carrying out the physician's orders.
5. For keeping appointment and for notifying Fairchild Medical Center or the physician when you are unable to do so.
6. For your actions shall you refuse treatment or choose to not follow your physician's orders.
7. For assuring that the financial obligations of your hospital care are fulfilled as promptly as possible.
8. For following hospital policies and procedures.
9. For being considerate of the rights of other patients and hospital personnel.
10. For being respectful of your personal property and that of other persons at Fairchild Medical Center.
11. You are responsible to assist in the control of noise and the number of visitors.
12. For observing the facility-wide no smoking policy. Smoking is permitted only in designated areas.



Fairchild Medical Center

## Adult Patient Rights and Responsibilities



Fairchild Medical Center

444 Bruce Street  
Yreka, CA 96097

---

## ADULT PATIENT RIGHTS

It is the policy of Fairchild Medical Center to respect your rights while you are a patient. The following are those rights and how you can address any violation of them.

### ***You have the right 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. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians 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 effective communication and to participate in the development and implementation of your plan of care.
5. 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.
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 physicians, to the extent permitted by law.
7. Be advised if the hospital/personal physician 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 severe chronic 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.
15. 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.
16. 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.
17. Know which hospital rules and policies apply to your conduct while a patient.
18. Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, 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.However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.
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 be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household.
20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, disability, sexual orientation or marital status or the source of payment for care.