BEAR VALLEY COMMUNITY HOSPITAL

41870 Garstin Drive | P.O. Box 1649 | Big Bear Lake, CA 92315 | (909) 866-6501

PATIENT RIGHTS

You have the right to:

1. Respectful care. Receive considerate and respectful care and be made comfortable. Your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences will be respected.

2. Admission notification. Have a family member or other representative of your choice and your own physician notified promptly of your admission to the hospital.

3. Care team identification. Know the name of the licensed healthcare practitioner primarily responsible for coordinating your care, as well as the names and professional relationships of physicians and nonphysicians involved in your care.

4. Information about care. 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 ethical questions arising in your care, including decisions about resuscitation and life-sustaining treatment.

5. Care planning and informed decisions. Participate in the development and implementation of your plan of care. You, or your representative as allowed under state law, have the right to make informed decisions, to participate in care planning and treatment, and to request or refuse treatment. You have the right to receive the information reasonably necessary for informed consent, including the nature of a proposed treatment or procedure, significant risks, alternatives, and who will perform it, except as permitted by law in emergencies. You may leave the hospital against medical advice to the extent permitted by law. These rights do not entitle you to demand treatment or services considered medically unnecessary or inappropriate.

6. Research participation. Be informed if your hospital or practitioner proposes research or experimentation affecting your care or treatment and refuse to participate.

7. Reasonable requests. Receive reasonable responses to reasonable requests for services.

8. Pain management. Receive appropriate assessment and management of pain, information about pain and relief measures, and an opportunity to participate in pain-

management decisions. You may request or reject pain-relief methods to the extent permitted by law.

9. Advance directives. Formulate advance directives, including designating a healthcare decisionmaker if you cannot make or communicate decisions. Hospital staff and practitioners will comply with valid advance directives in accordance with applicable law. Rights may be exercised by a legally authorized representative when appropriate.

10. Personal privacy. Have your personal privacy respected. Discussions, consultations, examinations, and treatments will be conducted discreetly. You may ask why individuals are present during your care and as appropriate, request that visitors leave during examinations or private discussions.

11. Confidentiality of records. Receive confidential treatment of communications and clinical records pertaining to your care. The hospital will provide a separate Notice of Privacy Practices describing how protected health information may be used and disclosed.

12. Access to medical records. Access your medical records, including current medical records, upon an oral or written request. You may request the form and format of your records, including electronic form when records are maintained electronically, if readily producible. Otherwise, the hospital will provide a readable hard copy or another format agreed upon by you and the hospital, within a reasonable time frame. The hospital will not frustrate legitimate efforts to obtain records and will actively seek to provide access as quickly as its recordkeeping system permits.

13. Safe setting and protection from abuse. Receive care in a safe setting and be free from physical, mental, sexual, or verbal abuse; harassment; corporal punishment; neglect; and exploitation. You may seek protective or advocacy services, including notifying government agencies of abuse or neglect.

14. Restraints and seclusion. Be free from restraint or seclusion imposed as a means of coercion, discipline, convenience, or retaliation. Restraint or seclusion may be used only when necessary to protect the immediate physical safety of you, a staff member, or others, and must end at the earliest possible time. You have the right to safe implementation of restraint or seclusion by trained staff.

15. Continuity of care. Receive reasonable continuity of care and information about upcoming appointments, locations, and the identity of people providing your care.

16. Discharge planning. Be informed of continuing healthcare needs and options following discharge. You have the right to participate in your discharge plan and, at your request and as permitted by law, have a friend or family member receive discharge information.

17. Hospital rules. Know which hospital rules and policies apply to your conduct as a patient.

18. Visitation. Be informed of your visitation rights, including clinically necessary or reasonable restrictions, in advance of care when possible. Subject to your consent, you may receive visitors whom you designate, including a spouse, domestic partner (including a same-sex domestic partner), family member, or friend; you may withdraw or deny consent to any visitor at any time. The hospital may impose clinically necessary or reasonable restrictions to protect health and safety or hospital operations and will explain them. Visitation privileges will not be restricted, limited, or denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors have full and equal visitation privileges consistent with your preferences.

19. Visitation when unable to decide. Have your wishes considered when you lack decision-making capacity in determining who may visit, as described in the hospital visitation policy and applicable law.

20. Billing information. Examine and receive an explanation of your hospital bill, regardless of the source of payment.

21. Equal treatment. Exercise these rights without discrimination on the basis of sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity or expression, disability, medical condition, marital status, registered domestic partnership, age, genetic information, primary language, citizenship or immigration status where protected by law, or source of payment for care.

22. Grievances. You or your representative may file a complaint or grievance orally or in writing with Bear Valley Community Hospital at (909) 866-6501, 41870 Garstin Drive, P.O. Box 1649, Big Bear Lake, CA 92315. Concerns that cannot be resolved by staff present or require further investigation are reviewed through the hospital grievance process by Risk Management. A formal written response will be sent within seven (7) days after the grievance is acknowledged and will identify the hospital contact person, summarize the review and findings, describe actions taken, and provide a resolution date or expected timeline if the grievance remains open. If the grievance cannot be resolved within seven days, you will be informed of the delay and expected resolution date. While it remains unresolved, written status updates will be provided at least every thirty (30) calendar days. You may complain to an appropriate external regulatory agency whether or not you use the hospital grievance process.

23. California Department of Public Health. File a complaint with the California Department of Public Health (CDPH), Licensing and Certification, San Bernardino District

Office: 464 West Fourth Street, Suite 529, San Bernardino, CA 92401; (909) 383-4777; toll free (800) 344-2896.

24. Civil rights complaints. File a civil rights complaint with the California Civil Rights Department: https://calcivilrights.ca.gov; (800) 884-1684; TTY (800) 700-2320. You may also contact other appropriate state or federal agencies.

25. Medical Board complaints. File a complaint involving a physician with the Medical Board of California: https://www.mbc.ca.gov/Consumers/Complaints/; (800) 633-2322.

Acknowledgement of Patient Rights

I acknowledge that I have been informed of my Patient Rights and have been oUered a copy of this notice. A refusal or inability to sign does not waive these rights.

Patient / Representative Signature: _____

Date: _____

If acknowledgement cannot be obtained, document the reason and good-faith eUort in accordance with hospital policy.