

Statement of Patient Rights and Responsibilities

A patient has the *right* to...

- Receive information about rights, patient conduct and responsibilities prior to surgery or procedure.
- Receive care in a safe setting that is free from all forms of abuse, neglect or harassment. Be treated with respect, consideration and dignity.
- Be provided appropriate personal privacy.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Be provided, to the degree known, complete information concerning diagnosis, evaluation, treatment and know who is providing services and who is responsible for the care. When the patient’s medical condition makes it inadvisable or impossible, the information is provided to a person designated by the patient or to a legally authorized person.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed and given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Have disclosures and records treated confidentially and be given the opportunity to approve or refuse record release except when release is required by law.
- Exercise his or her rights without being subject to discrimination or reprisal with impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- Be informed on how to exercise the right to voice complaints and grievances regarding treatment or care provided or lack of without reprisal.
- Have a person appointed under State law to act on the patient’s behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient’s rights to the extent allowed by State law.
- Refuse treatment to extent permitted by law and be informed of medical consequences of this action.
- Know if medical treatment is for purposes of experimental research and to give his consent or refusal to participate in such experimental research.
- Have the right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- A prompt and reasonable response to questions and requests.

- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care and know, upon request and prior to treatment, whether the facility accepts the Medicare assignment rate.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- Know the facility policy on advance directives.
- Formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his/her medical record.
- Be informed in writing the names of physicians who have financial interest and ownership in the facility.
- Have properly credentialed and qualified healthcare professionals providing patient care.
- Be fully informed of the scope of services available at the facility, provisions for after-hours emergency care and related fees for services rendered him or her.

A patient is *responsible* for...

- Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, unless specifically exempted from this responsibility by his/her provider.
- Providing to the best of his or her knowledge, accurate and complete information about his/her health, present complaints, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements, any allergies or sensitivities, and other matters relating to his or her health.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Following the treatment plan recommended by his health care provider.
- Be respectful of all the health providers and staff, as well as other patients.
- Providing a copy of information that you desire us to know about a durable power of attorney, health care surrogate, or other advance directive.
- His/her actions if he/she refuses treatment or does not follow the health care provider’s instructions.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to his health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Keeping appointments.

COMPLAINTS

Please contact us if you have a question or concern about your rights or responsibilities.
You can ask any of our staff to help you contact the following:

ADMINISTRATOR	Sarah Sterling
ADDRESS	2700 Low Court 2nd Floor Fairfield CA 94534
PHONE NUMBER	707-432-2700
STATE AGENCY	CA Dept of Public Health, Licensing & Certification, ATTENTION: District Manager
ADDRESS	
PHONE NUMBER	(800) 554-0354 or (866) 784-0703
ACCREDITING ENTITY	
ADDRESS	
PHONE NUMBER	

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227) or online at <https://www.cms.gov/Center/Special-Topic/Ombudsman-Center.html>..The role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help you need to understand your Medicare options and to apply your Medicare rights and protections.



2700 Low Court 2nd Floor, Fairfield, CA 94534

Privacy Officer: Ana Canaya. Business Office Supervisor

CanayaA@SutterHealth.org

(707) 432-2722

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.