

# Patient Rights

Palo Alto Medical Foundation (PAMF) is committed to providing high-quality, cost-effective health care to our patients. We believe every patient deserves to be treated with respect, dignity and concern. We will do our best to serve you.



## While you are a patient at PAMF, you have the right to:

Have access to treatment without regard to age, race, color, ancestry, national origin, disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, sexual orientation, citizenship, veteran status, primary language, immigration status, educational background, economic status or the source of payment for care. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability and not on the basis of fear or prejudice.

Considerate and respectful care, and to be made comfortable. You have the right to have respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences. You have the right to expect personnel who care for you to be qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of care.

Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for you.

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.

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.

Be informed of credentialed health care providers' educational background and professional licensure verification if requested.

Be fully informed of the scope of services available at the facility, provisions for after-hours emergency care and related fees for services rendered.

Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted your transfer.

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. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution.

Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need, to the extent known by the physician, in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.

Request or refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the facility, even against the advice of physicians, to the extent permitted by law. You must accept responsibility for your actions should you refuse treatment or not follow the instructions of the physician or facility.

Be a participant in decisions regarding the intensity and scope of treatment. If you are unable to participate in those decisions, your rights shall be exercised by your designated representative or other legally designated person.

Have family members (or other representatives of your choosing) and your own physician notified promptly of your admission to the hospital.

Confidential treatment of all communications and records pertaining to your care and stay in the facility. 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.

Have access to and/or copies of individual medical records in accordance with the release of information policy and applicable state and federal laws.

Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health facility, or as permitted or required by applicable state and federal law or a third-party payment contract.

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 as appropriate.

Communicate with the health care providers in confidence and have the confidentiality of your health care information protected in accordance with the HIPAA health information privacy rule.

Be advised if the facility/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.

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

Express grievances/complaints and suggestions at any time and be informed of procedures to do so when requested. You may file a complaint with this facility by referring to the contact information provided in site specific postings and online.

Expect the facility to establish a process for prompt resolution of patient complaints and grievances.

Make recommendations regarding PAMF's patients' rights.

Reasonable responses to any reasonable requests made for service.

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

Receive the care necessary to help regain or maintain your maximum state of health and, if necessary, cope with death.

Know which facility rules and policies apply to your conduct while a patient.

Expect the facility to agree to comply with federal civil rights laws that assure it will provide interpretation for individuals who are not proficient in English. The facility presents information in a manner and form, such as TDD, large-print materials, Braille, audio tapes and interpreters, that can be understood by hearing-impaired and sight-impaired individuals.

Be informed of the facility's policy regarding advance directives/living wills. If an adverse event occurs during treatment at the facility, resuscitative or stabilizing measures will be initiated before transferring you to an acute care hospital.

Change care or specialty physicians if other comparable physicians are available within the organization.

## Patient Responsibilities

You also have certain responsibilities while you are a patient at PAMF to:

Provide caregivers with the most accurate and complete information regarding present complaints, current medications or treatments being rendered by other physicians and over-the-counter and dietary supplements taken, past illnesses and hospitalizations, unexpected changes in your condition, allergies or sensitivities, or any other patient health matters.

Engage in behaviors which promote your own health, such as good nutrition, appropriate physical activity and health risk avoidance, and to seek periodic health screening evaluations as recommended by your care provider.

Understand your health problems and participate in developing mutually agreed upon treatment goals to the degree possible.

Report whether the planned course of treatment and what is expected of you is clearly understood, and to notify the provider(s) if you cannot follow the health care instructions provided.

Follow the treatment plan agreed upon with the health care providers responsible for your care.

Report unexpected changes in health to the responsible provider.

Keep appointments and, when unable to do so for any reason, notify the facility and provider as far in advance as possible.

Arrange for a responsible adult to take you home after your surgery/procedure.

Provide information about and/or a copy of any living will, power of attorney or other advance directives.

Observe prescribed rules of the facility during your stay and treatment and, if instructions are not followed, forfeit the right to care at the facility and be responsible for the outcome.

Respect the property of others and the facility.

Treat all providers and staff and other patients with courtesy and respect and assist in the control of noise and other distractions, and, if engaged in racist, offensive or threatening statements and behavior, may forfeit the right to care/treatment at the facility.

Promptly fulfill financial obligations to the facility and to agree to pay any expenses not covered by insurance.

Provide all information necessary to qualify for any financial or insurance assistance requested.

Identify any patient-safety concerns.

## Other

Additional rights/responsibilities specific to Sutter Health hospitals and ambulatory surgery centers can be found posted within those facilities.

## Submission and Investigation of Grievances

You have the right to express grievances about the care and services provided or file a complaint with the Palo Alto Medical Foundation without being subjected to discrimination or reprisal. The Palo Alto Medical Foundation will be responsible for providing you with a written response within 30 days of the results of the investigation, if requested by you. You can also file a grievance directly with your health insurance company.

A complaint may be made in writing or by calling:

**Online Feedback –**  
PAMFPatientRelations@sutterhealth.org

**Billing Concerns/Questions –** (866) 681-0745

**Patient Relations Phone –** (888) 850-4598

The Patient Bill of Rights is also located on our website at [pamf.org](http://pamf.org).