

## Patients' Rights

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 licensed health care practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and nonphysicians 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 access your medical records. You will receive a separate "Notice of Privacy Practices" that explains your rights to access your records. 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, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need 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 course 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.
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 members of the medical staff, to the extent permitted by law.
7. Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure 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 request 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 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 or retaliation by staff.
15. 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.
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 a support person as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, 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 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. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
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 comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.
20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. Exercise these rights without regard to, and be free of discrimination on the basis of, sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care.
22. File a grievance with Torrance Memorial. If you want to file a grievance with this hospital, you may do so by writing or calling: ADMINISTRATION, 3330 LOMITA BLVD., TORRANCE, CA 90505 310-325-9110

(continued on reverse)

You will receive a written acknowledgement within 7 days. The final response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results, and the date of completion. Concerns regarding quality care or premature discharge may also be referred to the appropriate Utilization and/or Quality Committee.

23. File a complaint with the California Department of Public Health. Regardless of whether you use the hospital's grievance process, you may file a complaint with the California Department of Public Health. The California Department of Public Health's address and phone number is: 3400 AEROJET AVE, SUITE 323, EL MONTE, CA 91731 800-228-1019
24. For unresolved patient care or safety concerns; you may also contact The Joint Commission at (800) 994-6610 or the Centers of Medicare Services at 1-877-588-1123.
25. File a complaint with the Department of Fair Employment and Housing at [www.dfeh.ca.gov](http://www.dfeh.ca.gov), (800) 884-1684 or (800) 700-2320 (TTY) or 2218 Kausen Dr., #100, Elk Grove, CA 95758
26. File a complaint with the Medical Board of California at [www.mbc.ca.gov/consumers/complaints](http://www.mbc.ca.gov/consumers/complaints), (800) 633-2322 or 2005 Evergreen St., #1200, Sacramento, CA 95815.

### Your Responsibilities

As a patient, family member, or guardian, you have the right to know all hospital rules and what we expect of you during your hospital stay.

**Provide Information:** *As a patient, family member, or guardian, we ask that you:*

- Provide accurate and complete information about current health care problems, past illnesses, hospitalizations, medications, and other matters relating to your health
- Report any condition that puts you at risk (for example, allergies or hearing problems).
- Report unexpected changes in your condition to the health care professionals taking care of you.
- Provide a copy of your Advance Directive, Living Will, Durable Power of Attorney for health care, and any organ/tissue donation permissions to the health care professionals taking care of you.
- Tell us who, if any, visitors you want during your stay.

**Respect and Consideration:** *As a patient, family member, or guardian, we ask that you:*

- Recognize and respect the rights of other patients, families, and staff. Threats, violence, or harassment of other patients and hospital staff will not be tolerated.
- Comply with the hospital's no smoking policy.
- Refrain from conducting any illegal activity on hospital property. If such activity occurs, the hospital will report it to the police.

**Safety:** *As a patient, family member, or guardian, we ask that you:*

- Promote your own safety by becoming an active, involved, and informed member of your health care team.
- Ask questions if you are concerned about your health or safety.
- Make sure your doctor knows the site/side of the body that will be operated on before a procedure.
- Remind staff to check your identification before medications are given, blood/blood products are administered, blood samples are taken, or before any procedure.
- Remind caregivers to wash their hands before taking care of you.
- Be informed about which medications you are taking and why you are taking them.
- Ask all hospital staff to identify themselves.

**Refusing Care:** *As a patient:*

- You are responsible for your actions if you refuse care or do not follow care instructions.

**Charges:** *As a patient:*

- You are responsible for paying for health care that you received as promptly as possible.

**Cooperation:** *As a patient:*

- You are expected to follow the care plans suggested by the health care professionals caring for you while in the hospital. You should work with your health care professionals to develop a plan that you will be able to follow while in the hospital and after you leave the hospital.

### Important Notice

Discrimination is against the law. Torrance Memorial complies with the applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Torrance Memorial does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Torrance Memorial provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Torrance Memorial also provides free language services to people whose primary language is not English, such as: Qualified interpreters or Information written in other languages. If you believe that Torrance Memorial has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Ingrid Cobb, Administration, 3330 Lomita Blvd., Torrance, CA 90505, (310) 325-9110, TTY 800-643-2255 (Client ID 201142), 310-784-4801 (fax), or [ingrid.cobb@tmmc.com](mailto:ingrid.cobb@tmmc.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance Ingrid Cobb is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, electronically through the Office of Civil Rights Complaint Portal <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, (800) 368-1019, TDD 800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Acknowledgement of Signatures

The undersigned acknowledges that he/she has been informed of these Patients' Rights and Responsibilities and received a copy of these rights.

\_\_\_\_\_  
SIGNATURE OF PATIENT/PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

If other than Patient, include relationship: \_\_\_\_\_

\_\_\_\_\_  
HOSPITAL REPRESENTATIVE



**Patients' Rights**

Patient Identification

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-643-2255 (TTY: 1-800-643-2255) Client ID 201142.

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-643-2255 TTY: : 1-800-643-2255) Client ID 201142.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-643-2255 (TTY: : 1-800-643-2255) Client ID 201142.

Filipino

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-643-2255 (TTY: 1-800-643-2255) Client ID 201142.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-643-2255 (TTY: 1-800-643-2255) Client ID 201142 번으로 전화해 주십시오.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐԷ ՀԻՄՆԱԿՆԵՐ ԿՐԻՄՈՒՄ ԵՐ ՀԱՅԵՐԵՆ, ԱՍՊԱ ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-643-2255 (TTY: (հեռատիպ) 1-800-642-2255) Client ID 201142

Persian

ن آگهی از ترمو ص ب ین ابز ت ال ی ه س ت ، د ین ک یم و گ ت ف گ ی س ر اف ن ابز ه ب ر گ ا : ت و ج ه ب ر ای ش ما ف ر ا ه م می ب ا ش د . ب ا ( TTY: 1-800-642- 5522 ) . د یری گ ب س ام ت 1-800-642-2255 Client ID 201142

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-643-2255 (телетайп: 1-800-643-2255) Client ID 201142.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-643-2255 TTY:1-800-643-2255) まで、お電話にてご連絡ください。 Client ID 201142

Arabic

ب ە المجان لك ت ە تواف ر ال لغوي ە م ل ح و ظ ە : إذا ك نت ت ە تحدث اذك ر ال ل ع ە ، ف ە ین خدمات ال م س ا ع د ە ال صل 1 ب ر ق م -346-008- 1 :وال بكم ال ص م ه ا ت ف ر ق م-) 5522 --(5522-346-008 Client ID Client ID 201142

Punjabi

ਿਧਆਨ ਿਦਓ :ਜੇ ਤੁਸਯੋ ਪੰ ਜਾਬੀ ਬੋਲਦੇ ਹੋ ,ਤਯੋ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।-1 800-643-2255 (TTY:-1 1-800-643-2255)' ਤੇ ਕਾਲ ਕਰੋ। Client ID 201142

Mon-Khmer Cambodian

្រុបយ៉ត្ត: េបើសិនជាអ្នកនិយាយ ភាសាេខ្មែរ, េសេវាជំនួយេខ្មែរភាសា េងយមិនគិតលុយេឡេ គឺអចមានសេវាេខ្មែរអ្នក។ ូរ ូរសេវា 1-800-643-2255 (TTY: 1-800-643-2255) ។ Client ID 201142

### Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-643-2255 (TTY: 1-800-643-2255). Client ID 201142

### Hindi

ध्यान दः यद आप हदं बोलते ह तो आपके िलए मफु त म भाषा सहायता सेवाएं उपलब्ध ह। 1-800-643-2255 (TTY: 1-800-643-2255) पर कॉल कर।  
Client ID 201142

### Thai

เรียน :ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โ1 -800-643-2255 TTY:800-643-2255 Client ID 201142