UC Davis Medical Center

Patients’ Rights

• Considerate and courteous care and respect for your spiritual needs, beliefs and values.

• Services of an interpreter, at no cost to you, if you have limited English skills or are hearing impaired.

• Prompt notice to a family member or other representative and your physician of your admission to the hospital.

• Access to the names of the primary doctor and nurse overseeing your treatment and the names and roles of others helping to care for you.

• Information about your current health, treatment and outcomes, recovery and future health status in understandable terms.

• As much information as you need about proposed treatments or procedures that will allow you to provide informed consent or to refuse treatment. This includes procedure or treatment descriptions, medically significant risks, alternate courses of treatment or non-treatment and their risks, and the name of your health-care providers.

• Inquiring about and discussing the ethics of your care, including resolution of conflicts, withholding resuscitative services and foregoing or withdrawing life-sustaining treatment.

• Requesting or refusing treatment; or leaving the health facility against the advice of physicians, to the extent permitted by law.

• Reasonable responses to reasonable requests for service.

• Deciding to participate or not participate in research or clinical trials for your condition that your doctor may suggest. Neither decision will affect your right to receive care.

• Assessment and management of your pain, information about pain relief measures, and participation in pain-management decisions, including a request for or rejection of any or all options to relieve pain, including opiate medication when appropriate.
• Written instructions through an advance directive about your care, including a designated decision-maker, in the event you are unable to make your wishes known.

• All patients’ rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.

• Personal privacy that includes discreet examinations, consultations and case discussions.

• You have the right to be advised why certain persons are present and to ask visitors to leave during sensitive discussions or procedures.

• Privacy curtains will be used in semi-private rooms.

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

• A written “Notice of Privacy Practices” will be provided that explains how your protected health information, also called PHI, will be used and disclosed.

• Written authorization shall be obtained before medical records are made available to anyone not directly concerned with your care, except as required or permitted by law.

• Access to information in your records within a reasonable timeframe, except as specified by law.

• A safe setting, free from all forms of physical abuse or harassment.

• You have the right to protective services, including notifying government agencies of neglect or abuse.

• Treatment free from restraints or seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.

• Reasonable continuity of care and information about your appointments and providers in advance.

• Instructions from your hospital physician on continuing health-care requirements after your hospital stay.

• Information about which rules and policies apply to your conduct while a patient.
• Visitation by family and friends, unless:

• No visitors are allowed because of your condition

• The health facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the 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.

• If you do not have decision-making capability, hospital staff will consider your wishes in following hospital visitation policy. At a minimum, hospital staff will allow visitors from your household.

• An explanation of your medical bill.

• Expressing concerns or complaints about your care without fear that the quality of your care or future access to care will be affected.

• Fully exercising these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity, marital status or the source of payment for care.

• Filing a grievance with UC Davis Medical Center by calling (916) 734-9777 or by writing:

  Patient Relations
  2315 Stockton Blvd.
  Sacramento, CA 95817

• File a grievance with the California Department of Public Health Services by calling (800) 554-0354 or writing to the department at:

  California Department of Public Health Services
  2000 Evergreen St., Suite 210
  Sacramento, CA 95815
Patients’ responsibilities

• To follow UC Davis Health System rules and regulations for patient care and conduct, including smoking and cell phone regulations and the visitor policy.

• To be considerate of UC Davis facilities and equipment and to use them in appropriate, non-abusive ways.

• To refrain from demands for inappropriate or medically unnecessary treatment.

• To respect the rights, privacy and property of other patients and UC Davis personnel.

• To report, to the best of your knowledge, accurate and complete information regarding any matters pertaining to your health to the physicians and other health-care professionals caring for you.

• To be informed and ask questions about your health-care treatment and care.

• To follow the treatment plan recommended by the health-care provider responsible for your care.

• To understand how to continue your care after you leave the hospital.

• To accept the consequences if you choose to refuse treatment or not follow instructions given by your health-care provider.

• To keep appointments and, if you need to cancel an appointment, do so at least 24 hours ahead of time.

• To work with your account representative to make payment arrangements and pay bills promptly.