**Condition H**

*Condition H is a Hoag Hospital initiative that allows patients or family members to pick up a phone and call for immediate assistance in the situation of a medical emergency.*

**Dedicated to making the hospital a safe place for patient care**

At Hoag Hospital we are dedicated to patient-centered care. Your safety is our top priority. We welcome you and your family to partner with us to ensure optimal care during your stay.

Condition H is available to address the needs of the patient in case of an emergency or when the patient has a serious health concern. The call provides our patients and families with an avenue to request immediate help when in need of urgent medical attention.

**When to call**

- If you or your family member believe there has been a worrisome change in the patient’s condition and the healthcare team is not recognizing the concern.
- If after speaking with a member of the health care team (i.e. nurses, physicians), you continue to have serious concerns about how care is being given, managed or planned.

Always contact your nurse for any health care concern.

To access Condition H, please call extension 51231. The operator will ask your name, room number, patient name and patient concern. The operator will immediately activate a Condition H team to assess the situation. Additional clinical support staff will be called in as needed.

In offering our families the Condition H option, we want you to know that you are our partners in care. If you have any questions, please discuss them with one of your healthcare providers.

**When not to call**

Do not call Condition H if concerns are the following:

- Diet
- TV
- Phone
- Temperature in room
- Water pitcher needs to be filled
- Basic environmental concerns
- Housekeeping concern
- Or similar non-medical problems

Please call for staff in your unit for assistance.

**The Josie King Story**

Josie King, an 18 month old little girl, died at Johns Hopkins Children Center in 2001 as a result of a series of hospital errors and poor communication.

Listening to Sorrel King, Josie’s mother, tell her tragic story left a lasting impression on us. We knew that we had to bring a “family lifeline” (Condition H) to our patients at Hoag Hospital.

Condition H permits and encourages patients and family members to summon help.

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**Hoag is Clearing the Air for Quality Healthcare**

As an Orange County leader in the provision of quality healthcare, Hoag Hospital and all other Hoag properties are designated smoke-free zones. Smoking is prohibited at these locations.

Allow us to partner with you in taking this important step to quit smoking by utilizing the smoking cessation resources available through Hoag. For information on the Freedom from Smoking® American Lung Association program, please call 949-764-5511.
Important Patient Safety Information

Hoag Hospital wants you to be safe while under our care. Here’s how you can play an important role by becoming involved and informed.

Become an active member in your health care

• Ask questions and get answers that you understand.
• Include a relative or trusted friend who understands your wishes and preferences and who can speak for you if you cannot.
• Understand any procedure or operation that is recommended, including the benefits, risks, alternatives, and expected outcome if you decide not to proceed.
• To help prevent errors, we place a mark on your skin to identify the correct site prior to certain procedures or operations – you may be asked to help confirm that the mark is correctly placed.

Help us to know who you are

• Always use your legal name for your hospital stay and testing.
• In addition to checking your I.D. wristband, expect that you will be asked to verbally identify yourself many times while you are at the hospital – although it will seem redundant, it is an essential step in ensuring your safety.

Be sure that you know who we are

• You should know the name of the physician who is primarily involved in coordinating your care.
• You should know the name of any other physician or non-physician who is treating you, as well as their role.
• All of your caregivers should identify themselves and explain how they are involved in your care.

Know your medications

• Keep a list of all prescription, herbal, and over-the-counter medications (including vitamins) that you take, and bring the list when you come to the hospital or the doctor’s office.
• Make sure that your physicians and nurses know about any allergies or bad reactions that you have experienced related to medication, food, latex, etc.

• When you are given a new prescription, ask what the medication is for, possible side effects, and interactions with other drugs or foods.
• Know when and how to take your medications.
• Before you leave the hospital, be sure that you have instructions about how to take all your medications – both new prescriptions and your usual medications.

Help us to keep you from falling

• Obey instructions if your nurse tells you that you must have someone help you when getting out of bed.
• Inform your caregivers if you have a tendency to be unsteady on your feet, a history of falling, or if you are dizzy or light-headed.
• Continue to use your cane or walker in the hospital, if you do so at home.
• Since most falls occur when going to the bathroom, ask for assistance in getting to the bathroom ahead of time – try not to wait until an urgent situation occurs.
• Tell the staff if you see spilled liquids on the floor.

Help us to prevent infections

• Wash your hands with soap and water or use hand sanitizer often; after using the bathroom; after sneezing, blowing your nose or coughing; before eating or whenever your hands are dirty.
• Ask hospital personnel, physicians and your visitors to clean their hands.
• Use a tissue to cover nose and mouth when sneezing and coughing; ask caregivers and visitors to do the same.
• Family and friends who are sick (including nausea, vomiting, diarrhea, cough or rash) should not visit you in the hospital.
If you have a disease or germs that could be spread to others

• You may be placed in special precautions depending on the method your disease or germs may spread to others.
• Know hospital staff may wear gloves, gowns and/or a mask when in your room. Visitors should wear gloves, gown and/or a mask as directed when visiting patients.
• Understand caregivers and visitors should wash hands and use disinfectant hand sanitizers before putting on gloves and after removing them.
• Clean your hands often, especially after using the bathroom and before eating.
• Know you may be restricted to your room (except for treatments and tests).
• Understand you may need special testing. Your doctor will tell you.

Help us to prevent infections associated with devices such as ventilators, central lines and Foley catheters

• Ask your doctors and nurses to explain why you need the device and how long you will have it.
• Understand all caregivers should clean their hands with soap and water or a disinfectant hand sanitizer before and after caring for you.
• Ask your doctor or nurse what steps they are taking to prevent an infection when you have this device.
• Don’t let visitors touch the device.
• Make sure visitors clean their hands with soap and water or disinfectant hand sanitizer before and after visiting you.
• Ask (or your family member can ask) if you still need the device.

For surgical patients

Your Hoag surgical team will take many steps to ensure your safety, including:

• Repeatedly verifying the correct patient, surgery and site
• Marking the procedure site
• Best practices to prevent surgical infections
• A final “time out” to ensure the team is ready to proceed

Before you go home

• Understand what medications you are to take, and how to take them.
• Know whether there are restrictions on your diet or activity.
• Know how to care for any dressings and manage any special equipment.
• Know what follow-up physician appointments you need.
• Understand what danger signs to look for, so you will know to call your physician.
• Make a list of questions to ask before you go home.
• For your convenience, Walgreens has an on-site liaison to assist with delivery of home medication prior to discharge. Please contact your nurse for assistance.

About your valuables and belongings

It is best to send home all valuables and belongings that you will not need while you are here. Any small valuables that you cannot send home can be held in a secured vault with our cashier. Any valuables or belongings that you choose to keep at your bedside will not be the responsibility of the hospital.

Please do not bring any medications with you. The hospital will dispense all medications that you require. Home medications cannot be left at your bedside. Any medications that cannot be sent home must be stored in our pharmacy.

We have containers to store and protect your dentures, and hearing aids – please ask for them and use them. Do not leave medical device on tables, food trays or linens. The hospital will not be responsible for medical devices that are not properly stored.

If you have safety or quality of care concerns

We want to know if you or your family have concerns about your safety and quality of care. We strongly encourage you to discuss these concerns with your physicians and/or the nursing staff – write them down so you won’t forget.

You can also call Hoag’s Patient Relations Department at 949-764-8220, for Hoag Hospital Newport Beach, or 949-517-3470, for Hoag Hospital Irvine.

California Department of Public Health
681 S Parker St, Suite 200, Orange, CA 92868
800-228-5234

Individuals wishing to file a complaint against a DNV accredited hospital, please contact DNV via email at: www.dnvglhealthcare.com or send via regular mail to DNV GL Healthcare office:

Attn: Complaints
400 Techn Center Drive, Suite 100
Milford, OH 45150-2792

Or you may call toll-free at 866-496-9647.
If you are experiencing pain, our goal is to assist you to always keep your pain controlled.

Your rights and pain control
It is normal to experience some pain after surgery or treatment in the hospital, but it should not be severe. There are many ways the doctors and nurses can help to manage your pain.

How does pain affect my recovery?
Unrelieved pain may possibly delay your recovery process because it can prevent mobility. Our goal is to provide enough medication so that you can participate in activities that would help return you to your best level of functioning.

What should I tell my doctor and nurse about my pain?
When you experience pain, inform your physician when making rounds or registered nurse (RN) even if they don’t ask you. They may ask you to describe how your pain is on a scale of 0 (zero) to 10 with 0 being no pain and 10 being the most severe pain you have ever had. They may use a scale, faces or descriptors when asking (see pain scale illustration below).

Why is it important to be asked about my pain level so frequently?
We want to make sure your pain is improving. Your pain may change over time. Also following different activities, tests or procedures, your pain medication may not be working effectively. It is important to report what makes your pain better or worse. The RN and physician will also be monitoring any untoward side effects of the pain medication. Too much pain medicine can make you very sleepy, or cause you to breathe slower and not as deep.

How can my pain be controlled?
Pain medications come in the form of pills, injections, patches, epidurals and patient controlled analgesia (PCA). If your pain is well controlled, you will be better able to complete important tasks, such as walking to prevent blood clots and deep breathing exercises to prevent pneumonia.

What if my pain is not controlled?
The RNs and physicians need your help to evaluate how the medication is working. Inform them if you have pain that is not relieved and/or in any location other than what you expected. There may be another medication that will work better for you.

What if I take pain medications at home?
Discuss all pain medications taken at home prior to admission including over the counter medications like Tylenol™ and Motrin™. This will help the physician manage your pain more effectively. Do not bring pain medications with you.

What if I have chronic pain?
Let your RN and physician know what type of ongoing chronic pain you have been experiencing, and what medications or treatments have been effective for you.

What are common side effects of pain medications?
Common side effects of narcotics can include: Nausea, itchiness, constipation, difficulty urinating, and sedation. If you are bothered by any of these side effects tell the RN and/or physician. The staff will be checking your breathing and sedation level on a regular basis.

If you develop any unusual feelings while receiving medication, notify the RN immediately.

Does the RN need to check my identification armband every time they bring me a medication?
Yes, for your safety. If the RN does not check your armband when administering a medication, remind them to do so. They will thank you. Also, never take a medication that you are not sure what it is and why it is being given.

Can I become addicted to pain medicine?
Many patients express this concern and as a result are hesitant to take pain medications. Research has shown that addiction to pain medication is very unlikely. Effective pain management is essential to the healing process.
Thank you for choosing Hoag as your care provider. Our goal is to provide you with excellent care and to make the billing process as easy as possible. Our business office has prepared this guide to answer the most commonly asked questions about your bill. If you have additional questions, please call 949-764-8400.

Hoag’s Billing Process

All patient deductibles, co-insurance, co-payments and non-covered amounts are due and will be collected prior to or at the time of service. We accept cash, check, Visa, MasterCard, Discover and American Express.

Medicare Enrollees

We will bill Medicare and any supplemental insurance following receipt of Medicare’s payment. Once your supplemental insurance has been billed, you will receive periodic statements advising you of any balance due or uncovered amount. These amounts are patient liability and due upon receipt of the statement.

PPO/HMO and Medicare Risk Members (Managed Care)

We will bill any Hoag contracted insurance payer. We do expect any unmet deductible, co-insurance or co-payments or non-covered to be paid at the time or before services are rendered. These amounts will be applied to your account pending your insurance payer’s processing of your claim. Once final payment is received a statement of any remaining amount due will be sent to you.

Medi-Cal/CalOPTIMA

With verified eligibility and receipt of any monthly share of the cost, we will bill Medi-Cal/CalOptima for authorized services and covered services.

Worker’s Compensation

We will bill any approved Worker’s Compensation payer with an approved pre-certification and authorization number. If the employer has not accepted liability for the claim, Worker’s Compensation cannot be accepted or billed.

Foreign Travel Insurance

We do not accept or bill Foreign Travel Policies. We will expect payment for all services and provide you with a receipt which you can submit to your insurance. They will reimburse you directly.

Cash

Those patients without insurance coverage or who may wish to pay for their services directly will be expected to make full payment at the time or before services are rendered. We do offer a self pay discount which will be applied before payment is accepted. We will supply you with a paid receipt for your records, insurance or tax purposes. For a quote on services, please call 949-764-8275.

Balance Billing – Patient Responsibility

If you are unable to pay for your portion of your bill in full, please contact us to arrange payment options at 949-764-8400.

Common Questions about your Billing

Do you bill my insurance company?

Yes, in most situations. Please remember to present your current insurance information at time of registration so we may determine if we accept it or have contractual arrangements. If you fail to provide your insurance information we will place you in our system as self-pay which means all statements and financial obligations are your responsibility. Many payers have very limited claim filing deadlines, therefore it is important to provide your current insurance card immediately.

Will you bill my secondary policy too?

Yes. Upon receiving payment or denial from your primary insurance, we will gladly bill your secondary insurance for any remaining balance.

Will I receive an itemized statement?

If at any time you wish to receive an itemized statement of your charges and payments, please call our Customer Service at 949-764-8400. Our representatives will gladly request one be sent to you.

Who can I call if I have questions about my bill?

Please call our Customer Service department at 949-764-8400. Our representatives will be happy to help answer and questions you may have.

Does Hoag Hospital accept assignment from Medicare?

Yes. By accepting assignment, Hoag Hospital agrees not to bill the patient for any covered Medicare service. In certain situations Medicare may not cover a service, apply a cap of dollar limits or disallow a service in conjunction another. In these situations you may be asked to sign an Advanced Beneficiary Notification (ABN) which notifies you of the Medicare limitation and potential patient liability amount. In addition, we do bill patients for deductibles, co-insurance amounts and non-covered services.
Do you accept my insurance company’s payment as payment in full?

Patients are responsible to pay for their deductibles, co-insurance, co-pay amounts and non-covered services as indicated by their insurance company once they process and pay your claim. Many of the insurance companies send you an explanation of benefits which explains how they processed the claim and what is considered patient liability and owed by you.

Who else might I receive a bill from?

Hoag Hospital does not employ any of the hospital-based physicians. You will be billed separately by each physician involved in your care. These physicians generally include your surgeon, assistant surgeon, anesthesiologist, radiologist, hospitalists, pathologist, cardiologist, and any physician who may interpret an exam ordered by one of your physicians. Additionally, we may collect specimens at our outpatient laboratory which may be sent to an outside location. The external laboratory would bill you directly for the services provided.

Will my insurance cover these services?

Coverage may vary. Please call your insurance company Member Services department for further assistance.

What does the balance I am being billed for represent?

The balance after your insurance has paid reflects any remaining amount not payable under your policy.

Why do I have more than one account number?

A separate accounting number is generated for each outpatient date of service and each inpatient admission. This enables us to bill for specific charges and diagnosis related to your care for that date of service, and enables your insurance company to process your service under the specific portion of your coverage. If you have reoccurring services, such as physical therapy or radiation therapy, a separate monthly account is created.

**Facts to Know**

Be sure to read and understand your available benefits and coverage limits. If you are unclear on any coverage, contact your insurance company for guidance.

- Please contact your insurance company for authorization for hospital services if it is a plan requirement. You may be heavily penalized, or services may be denied by your carrier, if authorization is not obtained in the timeframe your policy indicates.
- Hoag Hospital offers patient estimates of out of pocket expenses based on services ordered by your physician. These are only estimates and the final balance due is based solely on your insurance carrier’s processing of the claim.

- Diagnosis and clinical information are supplied by your physician or based upon the documentation generated as a part of your care. Any questions regarding diagnosis coding should be discussed with your physician.

**Contact Us**

Financial Counselors are available for those patients needing information regarding financial assistance programs for coverage options. A representative can be reached at 949-764-5564.

Customer Service is available Monday through Friday from 8:30 a.m. – 4:30 p.m. to assist you with any billing related questions. You can reach the representatives at 949-764-8400.

In accordance with AB 1627, Hoag provides access to its charge-master to patients. Please contact Customer Service at 949-764-8400 to arrange an appointment.

Our Patient Financial Service also provides billing for services rendered at the following Hoag facilities:

- Hoag Hospital Newport Beach
- Hoag Hospital Irvine
- Hoag Breast Care and Imaging Center
- Hoag Family Cancer Institute
- Hoag Health Center – Aliso Viejo
- Hoag Health Center – Costa Mesa
- Hoag Health Center – Huntington Beach
- Hoag Health Center – Irvine
- Hoag Health Center – Fountain Valley
- Hoag Health Center – Newport Beach
- Hoag Health Center – Woodbury
- Hoag Health Center – Woodbridge
- Hoag Newport Surgicare
As a patient at Hoag Hospital, you have certain rights and responsibilities that are inherent in your health care. To receive the best possible care, it is important that you play an active role in your medical treatment. It is the responsibility of your health care team to include you in that process.

You have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, pastoral and spiritual needs, and your personal values, dignity, beliefs, and preferences.

2. Have a family member (or other representative of your choosing) and your own physician be notified promptly of your admission to the hospital. Your family, as appropriate and as allowed by law, with your permission or your surrogate decision maker's permission, can be involved in your care, treatment and service decisions.

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 non-physicians 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 effective communication and assistance with the provision of interpretation and translation services, at no charge to you. You have the right to have your needs for vision, speech, hearing, language and cognitive impairments addressed. You have the right 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 courses of treatment or nontreatment 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 requests 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 the pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe opiate medication but, if so, must inform you that there are physicians who specialize in the treatment of severe chronic 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 with this information also.

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

18. Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, 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 that 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 sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, same sex domestic partner status, sexual orientation, gender identity, educational background, economic status or the source of payment for care.

22. File a grievance. If you want to file a grievance with Hoag Hospital Newport Beach, you may write to: Hoag Hospital Patient Relations, P.O. Box 6100, Newport Beach, CA 92658, or call: 949-764-8220. If you want to file a grievance with Hoag Hospital Irvine, you may write to: Hoag Hospital Patient Relations, 16200 Sand Canyon Ave., Irvine, CA 92618, or call: 949-517-3470.

   The grievance committee will review each grievance and provide you with a written response within seven days. The written response will contain the name of the person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO). For Medicare grievances, you may also contact Livanta, 9090 Junction Drive, Suite 10, Annapolis Junction, MD 20701, 877-588-1123.

23. File a complaint with the California Department of Public Health regardless of whether you use the hospital’s grievance process. The California Department of Public Health’s phone number and address is: California Department of Public Health, 681 South Parker Street, Suite 200, Orange, CA 92868, 800-228-5234 . You can also file a complaint with DNV GL Healthcare, the accrediting agency by calling toll free 866-496-9647; regular mail: Attn: Complaints, 400 Techne Center Drive, Suite 100, Milford, OH 45150, website: www.dnvglhealthcare.com, “Hospital Complaint” link.
As a patient, you have the following responsibilities:

- To provide complete and accurate information about present complaints, past illnesses, hospitalizations, medications, advance directives and other matters relating to your health.
- To ask questions when you do not understand information or instructions.
- To follow the instructions and treatment plan recommended by your physician and health care team.
- To report changes in your condition to your physician or a member of your health care team as soon as possible.
- To be involved in your own care including plans for pain control and discharge planning.
- To tell your doctor if you believe you cannot follow through with your plan of care or treatment.
- To accept the consequences for the outcomes if you do not follow instructions for care and service plans or if you refuse treatment.

- To follow the hospital’s rules and regulations affecting patient care and conduct.
- To be considerate of the rights of other patients and hospital staff, and to respect the property of other persons and the hospital.
- To notify your care providers if you have any safety concerns or questions regarding your care or environment.
- To provide accurate and timely information concerning your sources of payment and to work with the hospital to meet your financial commitments, when needed.
- To provide a copy of your written advance directive, if you have completed one.

_Hoag Hospital is a smoke-free facility. Smoking is prohibited in the hospital and on hospital grounds. There are no designated smoking areas._
Your Right to Make Decisions About Medical Treatment

The following information explains your right to make healthcare decisions and how you can plan now for your medical care if you are unable to speak for yourself in the future.

A federal law requires us to give you this information. We hope this information will help increase your control over your medical treatment.

Who decides about my treatment?
Your doctors will give you information and advice about treatment. You have the right to choose. You can say “Yes” to treatments you want. You can say “No” to any treatment that you don’t want – even if the treatment might keep you alive longer.

How do I know what I want?
Your doctor must tell you about your medical condition and about what different treatments and pain management alternatives can do for you. Many treatments have “side effects.” Your doctor must offer you information about problems that medical treatment is likely to cause you.

Often, more than one treatment might help you – and people have different ideas about which is best. Your doctor can tell you which treatments are available to you, but your doctor can’t choose for you. That choice is yours to make and depends on what is important to you.

Can other people help with my decisions?
Yes. Patients often turn to their relatives and close friends for help in making medical decisions. These people can help you think about the choices you face. You can ask the doctors and nurses to talk with your relatives and friends. They can ask the doctors and nurses questions for you.

Can I choose a relative or friend to make healthcare decisions for me?
Yes. You may tell your doctor that you want someone else to make healthcare decisions for you. Ask the doctor to list that person as your healthcare “surrogate” in your medical record. The surrogate’s control over your medical decisions is effective only during treatment for your current illness or injury or, if you are in a medical facility, until you leave the facility.

What if I become too sick to make my own healthcare decisions?
If you haven’t named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes everyone doesn’t agree about what to do. That’s why it is helpful if you can say in advance what you want to happen if you cannot speak for yourself.

Do I have to wait until I am sick to express my wishes about health care?
No. In fact, it is better to choose before you get very sick or have to go into a hospital, nursing home, or other healthcare facility. You can use an Advance Health Care Directive to say who you want to speak for you and what kind of treatments you want. These documents are called “advance” because you prepare one before healthcare decisions need to be made. They are called “directives” because they state who will speak on your behalf and what should be done.

In California, the part of an advance directive you can use to appoint an agent to make healthcare decisions is called a Power of Attorney For Health Care. The part where you can express what you want done is called an Individual Health Care Instruction.

Who can make an advance directive?
You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

Who can I name as my agent?
You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

When does my agent begin making my medical decisions?
Usually, a healthcare agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the Power of Attorney for Health Care that you want the agent to begin making decisions immediately.

How does my agent know what I would want?
After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in your advance directive.
What if I don’t want to name an agent?

You can still write out your wishes in your advance directive, without naming an agent. You can say that you want to have your life continued as long as possible. Or you can say that you would not want treatment to continue your life. Also, you can express your wishes about the use of pain relief or any other type of medical treatment. Even if you have not filled out a written Individual Health Care Instruction, you can discuss your wishes with your doctor, and ask your doctor to list those wishes in your medical record. Or you can discuss your wishes with your family members or friends. But it will probably be easier to follow your wishes if you write them down.

What if I change my mind?

You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, you must sign a statement or tell the doctor in charge of your care.

What happens when someone else makes decisions about my treatment?

The same rules apply to anyone who makes healthcare decisions on your behalf – a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your Health Care Instructions or, if none, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest.

The people providing your health care must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.

Will I still be treated if I don’t make an advance directive?

Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you. Remember that:

- You can create an Individual Healthcare Instruction by writing down your wishes about health care or by talking with your doctor and asking the doctor to record your wishes in your medical file. If you know when you would or would not want certain types of treatment, an Instruction provides a good way to make your wishes clear to your doctor and to anyone else who may be involved in deciding about treatment on your behalf.

These two types of Advance Health Care Directives may be used together or separately.

How can I get more information about making an advance directive?

Ask your doctor, nurse, social worker, or healthcare provider to get more information for you. You can have a lawyer write an advance directive for you, or you can complete an advance directive by filling in the blanks on a form.

Hoag has the Advance Health Care Directive form available for download on its website. Forms can be downloaded at [www.hoag.org](http://www.hoag.org).

Information from Hoag Hospital

Be a responsible patient by being pro-active in your health care. Hoag Hospital is your partner in health care, working to provide care efficiently and fairly to all patients and the community.

At Hoag, resources from nursing, social services, patient relations, pastoral care and other disciplines are available to help address your concerns. Hoag’s multi-disciplinary Healthcare Ethics Committee is also available.

For assistance at Hoag Hospital Newport Beach, please contact Hoag Patient Relations at 949-764-8220 or Hoag Case Management at 949-764-8225. For assistance at Hoag Hospital Irvine, please contact Hoag Patient Relations at 949-517-3470 or Hoag Case Management at 949-517-3436.

To implement Public Law 101-508, the California Consortium on Patient Self-Determination prepared this brochure in 1991; it was revised in 2000 by the California Department of Health Services, with input from members of the consortium and other interested parties, to reflect changes in state law.
Effective Date: June 2014

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

Who Does this Notice Apply to?

As an affiliated member of St. Joseph Health System and Covenant Health System we, along with other affiliated members of St. Joseph Health System and Covenant Health System, participate in the St. Joseph Health and Covenant Health Organized Health Care Arrangement (OHCA) in order to share medical information to manage joint operational activities. A list of the OHCA’s affiliated members, also known as care partners (“Care Partners”), is available at http://www.stjhs.org/Our-Network.aspx. A paper copy is also available upon request. The privacy practices in this notice will be followed by:

• Care Partners of the OHCA (i.e., hospitals, skilled nursing facilities, community clinics and physician groups).
• Physicians and allied health professionals having staff privileges participating in the OHCA, in connection with hospital-based episodes of care (i.e. medical staff at hospitals).
• All departments and units of a Care Partner participating in the OHCA.
• Any member of a volunteer group that is authorized by a Care Partner participating in the OHCA.
• All employees, staff and other personnel of a Care Partner participating in the OHCA.
• Any business associate of a Care Partner with whom members of the OHCA share medical information.

Our Responsibility to You Regarding Your Medical Information

We understand that medical information about you is personal. We are committed to protecting the privacy of your medical information. In order to comply with certain legal requirements, we are required to:

• Keep your medical information private.
• Provide you with a copy of this notice.
• Follow the terms of this notice.
• Notify you if we are unable to agree to a restriction that you have requested.
• Accommodate your reasonable requests to communicate your medical information by alternative means or at alternative locations.
• Notify you following a breach of your unsecured medical information, as required by law.

How We May Use and Disclose Medical Information About You

We may disclose information when you request us to do so, but we may require you make the request in writing.

Treatment

We may use and disclose medical information about you for your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also disclose medical information about you to people, places and entities beyond our Care Partners who may be involved in your medical care after you leave our facility. For example, we may give your physician access to your medical information to assist your physician in treating you.

Payment

We may use and disclose medical information about you to obtain payment. For example, we may give your health plan information about a surgery you received so your health plan will pay us or reimburse you for that surgery.

Health Care Operations

We may use and disclose medical information about you to support our health care operations. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

How Will My Information Be Used or Disclosed

• Appointment Reminders: We may use your medical information to contact you to remind you of scheduled appointments.
• Treatment Alternatives: We may use and disclose medical information about you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
• Health-Related Products or Services: We may use and disclose your medical information to tell you about our health-related products or services that may be of interest to you.
• Fundraising Activities: We may use your medical information to contact you to solicit support for certain fundraising activities related to our operations. You will have an opportunity to opt-out of receiving such communications.
• Hospital Directory: Unless you tell us otherwise, we will list your name, location in the facility, general condition, and religious affiliation in a hospital directory, if applicable. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name, including members of the media. If you would like to opt-out of being in the hospital directory, please notify the admission staff.
• Family and Friends: We may release medical information about you to a family member, friend, or any other person involved in your medical care. We may also give information to those you identify as responsible for payment of your care.
• Health Information Exchange: We may participate in one or more health information exchanges (HIEs) and may electronically share your medical information for treatment, payment and healthcare operations purposes with other participants in the HIEs. HIEs allow your health care providers to efficiently access and use medical information necessary for your treatment and other lawful purposes. The inclusion of your medical information in an HIE is voluntary and subject to your right to opt-out if you receive services in the State of California. If you do not opt-out of this exchange of information, we may provide your medical information in accordance with applicable law to the HIEs in which we participate. More information on any HIE in which we participate and how you can exercise your right to opt-out can be found at: http://www.stjhs.org/HIE or http://www.stjosephhoaghealth.org or you may call us toll-free at (844) 256-4HIE (4443). If you receive services in the States of Texas or New Mexico, we will not include your medical information in an HIE unless you specifically consent to us doing so. If you opt-out, or do not consent to participating in the HIEs if you receive services in the States of Texas or New Mexico, we will continue to use your medical information in accordance with this notice and applicable law, but will not make it available to others through the HIE.

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without your prior authorization for the following purposes:
• Research: We may use and disclose medical information about you for research purposes. All research projects are subject to a special approval process through an appropriate committee.
• Required by Law: We may disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.
• Public Health: We may disclose your medical information for public health activities. These disclosures generally include the following:
  – to public health authorities to prevent or control disease, injury, or disability;
  – to public health agencies, or other authorized entities, as permitted by state law, that maintain registries of certain information, such as immunization registries, for purposes of conducting public health surveillance, public health investigations, and public health interventions;
  – to report births and deaths;
  – to report the abuse or neglect of children, elders, and dependent adults;
  – to notify you of recalls of products you may be using;
  – to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  – to notify the appropriate government authority if we believe a competent adult patient has been the victim of abuse, neglect, or domestic violence (we will only make this disclosure if you agree or when required by law).
• To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
• Law Enforcement: We may disclose medical information about you to law enforcement officials upon their request:
  – in response to a court order, subpoena, warrant, investigative demand, or other similar process;
  – to help identify or locate a suspect, fugitive, material witness, or missing person;
  – about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim’s agreement;
  – about a death we believe may be the result of criminal conduct;
  – about criminal conduct occurring on our premises;
  – in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
• Health Oversight: We may disclose your medical information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.
• Business Associates: There are some services provided through contracts that we have with business associates. For example, St. Joseph Health System and Covenant Health System are business associates of the OHCA, and we may provide your medical information to either in order to coordinate your care and for purposes of health care operations. A company who bills insurance companies on our behalf is also our business associate, and we may provide your medical information to such a company so the company can help us obtain payment for the health care services we provide. To protect your medical information we require our business associates to appropriately safeguard your information through a written agreement.
• Notification: We may use or disclose your information to notify or assist in notifying a family member, personal
representative, or another person responsible for your care, of your location and general condition.

- **Funeral Directors, Medical Examiners, and Coroners:** We may disclose medical information to funeral directors, coroners or medical examiners consistent with applicable law in order for them to carry out their duties.

- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

- **Organ and Tissue Donation:** Consistent with applicable law, we may disclose medical information to organ procurement organizations or other entities for the purpose of tissue donation and transplant.

- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **National Security:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Multidisciplinary Personnel Teams:** We may disclose medical information to a multidisciplinary personnel team relevant to the protection, identification, management or treatment of (i) an abused child and the child’s parents, or (ii) elder abuse and neglect.

- **Food and Drug Administration (FDA):** We may disclose certain medical information to the FDA relative to reporting adverse events.

- **Workers’ Compensation:** We may disclose medical information necessary to comply with laws relating to workers’ compensation or other similar programs established by law.

- **Correctional Institutions:** Should you be an inmate of a correctional institution, we may disclose medical information necessary for your health and the health and safety of other individuals to the institution or its agents.

- **Organized Health Care Arrangement:** We participate in an Organized Health Care Arrangement (OHCA), as described in the beginning of this notice, with certain other health care providers and may share medical information with such other providers as necessary to carry out treatment, payment and health care operations. For example, your medical information may be shared across the OHCA in order to assess quality, effectiveness and cost of care.

- **Special Categories of Information:** In some circumstances, your medical information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain types of medical information (e.g., HIV test results, mental health records, and alcohol and substance abuse treatment records). Government health benefit programs, may also limit the disclosure of beneficiary information for purposes unrelated to the program and the care provided to the beneficiary.

### Other Uses Or Disclosures Of Medical Information

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing medical information about you. Specific examples of uses and disclosures requiring your authorization include: (i) most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record); (ii) subject to limited exceptions, uses and disclosures of your medical information for marketing purposes; and (iii) disclosures that constitute the sale of your medical information. If you authorize us to use or disclose your medical information, you can later revoke that authorization by notifying us in writing of your decision, except to the extent that we have taken action in reliance on your authorization.

### Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- **To request in writing** a restriction on certain uses or disclosures of your medical information for treatment, payment or health care operations (e.g., a restriction on who may access your medical information). Although we will consider your request, we are not legally required to agree to a requested restriction, except we must agree to your written request that we restrict a disclosure of information to a health plan if the information relates solely to an item or service for which you have paid out of pocket in full. We are required to abide by such a request, unless we are required by law to make the disclosure. It is your responsibility to notify any other providers about this restriction.

- **To obtain a paper copy of this notice upon request, even if you have agreed to receive this notice electronically, by contacting the Admitting or Registration Department.**

- **To inspect and obtain a copy of your medical information, in most cases. If you request a copy (paper or electronic), we may charge you a reasonable, cost-based fee.**

- **To request in writing** an amendment to your records if you believe the information in your record is incorrect or important information is missing. We could deny your
request to amend a record if the information was not created
by us, is not maintained by us, or if we determine the record
is accurate. If you receive services in the State of California,
you may appeal, in writing, a decision by us not to amend
your record. Even if we deny your request for amendment,
you have the right to submit a written addendum with
respect to any item or statement in your record you believe
is incomplete or incorrect.

• To obtain an accounting of disclosures stating who and
where your medical information has been disclosed for
purposes other than treatment, payment, health care
operations or where you specifically authorized a use or
disclosure in the past six (6) years. The request must be in
writing* and state the time period desired for the accounting.
After the first request, there may be a charge for additional
requests made within a twelve (12) month period.

• To request that medical information about you be
communicated to you in a certain way or at a certain
location. For example, you can ask that we only contact you
at work or by mail.

*All written requests or appeals should be submitted to the
applicable Privacy Officer listed on the next column.

Changes to this Notice

We reserve the right to change this notice at any time. We
have the right to make the revised notice effective for any
medical information we already have as well as any information
we receive in the future. If we make a material change to this
notice, we will post the revised notice at our location where
you receive services and on our website and make the revised
notice available upon request.

Complaints

If you have any questions or would like additional information,
or if you believe your privacy rights have been violated, you
can contact the Privacy Officer listed below:

Hoag Corporate Compliance Office
One Hoag Drive
Newport Beach, CA 92663
949-764-4427

You may also file a complaint with the U.S. Department
of Health and Human Services Office of Civil Rights, 200
Independence Avenue, S. W., Washington, DC 20201. Filing a
complaint will not negatively affect the treatment or coverage
that you receive.