

# Patient Information

September 2023

Hoag Hospital Newport Beach  
One Hoag Drive  
Newport Beach, CA 92658

Hoag Hospital Irvine  
16200 Sand Canyon Avenue  
Irvine, CA 92618

## 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 health care 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 health care providers.

### When not to call

Do not call Condition H if concerns are the following:

- 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.

## Hoag is Clearing the Air for Quality Health Care

As an Orange County leader in the provision of quality health care, 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<sup>®</sup> American Lung Association program, please call 949-764-5511.

# Steps to Improve the Safety of Your Health Care

## 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

Falling is dangerous. Certain conditions and medications may make you have a higher risk of falling. Call a nurse or aide if you need help. Other ways you can stay safe include:

- Follow instructions if your nurse tells you that you must have someone help you when getting out of bed.
- Let your care team know if you can be unsteady on your feet, have a history of falling or if you are dizzy/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.
- If you need help while in the bathroom, there is a pull cord next to the toilet. If you pull it, your care team will be alerted that you need assistance.
- Tell the staff if you see spilled liquids on the floor.

### Help us to prevent infections

Our first priority is your safety.

- We ask that you and your guests practice good hand hygiene.
- 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. Due to infection control guidelines, children under a certain age may not visit specific areas.

### Soap and Water

When to use:

- Hands are visibly dirty
- Upon exiting a room with contact enteric precautions as noted on the isolation sign.
- After sneezing, coughing or blowing your nose
- Before eating
- After using the bathroom

How to use:

- Wet hands with clean running water and add soap
- Thoroughly rub all surfaces of the hands
- Continue rubbing hands for 15-20 seconds
- Rinse hands thoroughly under running water
- Dry hands using a paper towel or air dryer
- If possible, use a paper towel to turn off the faucet and to open the door when exiting the bathroom

**Alcohol-based hand sanitizer**

When to use:

- Entering and leaving the hospital
- Entering and leaving your room
- Prior to eating
- After sneezing, coughing, or blowing your nose

How to use:

- Apply product to the palm of one hand
- Rub hands together
- Rub the product over all surfaces of hands and fingers until hands are dry

**Isolation Rooms**

If you have a disease or germs that could be spread to others, you may be placed in a special precaution room called an isolation room. If you are, there will be a sign outside of your room, along with instructions your visitors must follow when entering your room.

- Hospital staff may wear gloves, gowns and/or masks when in your room.
- Visitors should wear gloves, a gown and/or a mask as directed when visiting.
- Caregivers and visitors should wash hands with soap and water or use hand sanitizer before putting on gloves and after removing them.
- Clean your hands often, especially after using the bathroom and before eating.
- You may be restricted to your room (except for during treatments and tests).

**Before you go home**

There are a few things you can do to ensure you are ready to leave the hospital.

**Confirm:** Have the doctor or a care team member explain to you and your family your diagnosis and what to expect in the next phase of healing.

**Arrange:** As soon as you know when you will be leaving, call a friend or family member to pick you up. You may want to ask them to bring you a fresh change of clothes.

**Review:** Read the instructions on your discharge plan. It explains everything you need to know about medications you may need and what to keep an eye on during your healing.

**Express:** Be sure to express any concerns you have and ask questions when you are given discharge instructions. Do not leave until you understand all of the instructions and what you need to do after you leave the hospital.

**About your valuables and belongings**

Patients are responsible for their personal belongings. Hoag is not responsible for replacing lost or misplaced items, so we recommend you have only essential items while at the hospital. It is best to send home all valuables and belongings that are not essential. Small valuables that you cannot send home can be held in a secured safe with our cashier. Any valuables or belongings including cell phones and electronic devices 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. If you do not have your own container, please request one. Do not leave medical devices, dentures, or hearing aids 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.

California Department of Public Health  
681 South Parker Street, 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: [hospitalcomplaint@dnv.com](mailto:hospitalcomplaint@dnv.com) or send via regular mail to DNV health care office:

Attn: Complaints  
4435 Aicholtz Road, Suite 900  
Cincinnati, OH 45245

Or you may call toll-free at 866-496-9647.

# Pain Management

## Patient Information

You may experience pain as part of your condition. Some level of pain is likely when you are admitted to the hospital. We will partner with you to understand which pain management options may be most effective for you. We want you to be as comfortable as possible at all times. If you experience pain, inform your care team – especially if your pain worsens or dramatically changes. Our goal is to provide the right amount of medication and/or other techniques, such as deep breathing and movement, so that you can participate in activities that help you return to your best level of functioning.

You may be asked to describe your pain on a scale from zero (0) to ten (10).

### Frequently Asked Questions

**Why is it important that my care team frequently asks about my pain level?**

Your pain may change over time. It is important that we understand what makes your pain better or worse.

### How can my pain be controlled?

Pain medications come in various forms. There are also pain control methods that don't involve medication. Discuss the options with your care team and review the comfort options available.

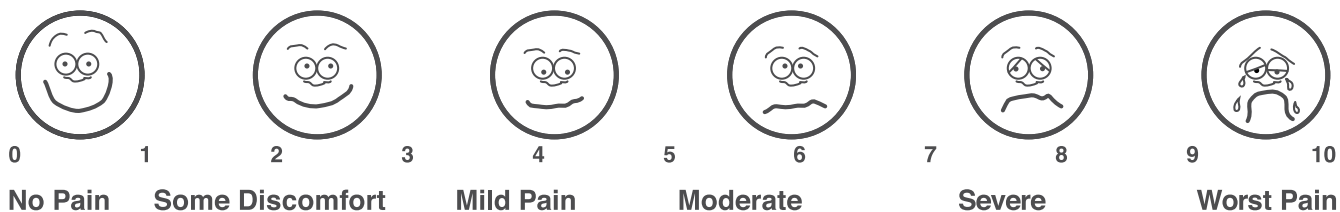
Depending on your plan of care, some options may be restricted until your condition improves. If you need something or have questions, ask your nurse or doctor.

### What if I take pain medication at home?

Discuss all pain medications taken at home prior to admission with your care team, including over-the-counter medications like Tylenol and Motrin. DO NOT bring pain medication to the hospital.

### Why does the nurse need to check my identification band every time he/she brings medication?

For your safety, the nurse must check your identification band every time medication is given. If the nurse does not check your band when giving you medication, remind him or her to do so. Also, never take a medication if you are not sure what it is or why it is being given.



# Common Questions About Your Billing

To speak with a customer service representative from Patient Financial Services, call 949-764-8400. Representatives are also available Monday – Friday, 8:30 a.m. – 4:30 p.m. at the cashier’s window. The cashier’s window is located next to the gift shop in the first floor atrium at Newport Beach and next to the first floor main entrance in Irvine.

## Financial Counselors

Financial counselors are available to discuss financial assistance programs. Call 949-764-5564 to speak to a counselor.

## Insurance Information

Call 800-400-HOAG (4624) or [insurance@hoag.org](mailto:insurance@hoag.org) if you have questions about your plan/network and its affiliates with Hoag.

## Hoag’s Billing Process

All patient deductibles, co-insurance, co-payments and non-covered services are due and will be collected prior to, at the time of service, and/or once your insurance company processes and pays your claim. Many of the insurance companies send you an explanation of benefits which explains how they process the claim and what is considered patient liability and owed by you. 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 payers 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 payers 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?**

All patient deductibles, co-insurance, co-payments and non-covered services are due and will be collected prior to, at the time of service, and/or once your insurance company processes and pays your claim. Many of the insurance companies send you an explanation of benefits which explains how they process the claim and what is considered patient liability and owed by you. We except cash, check, Visa, MasterCard, Discover and American Express.

**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 – Foothill Ranch
- Hoag Health Center – Huntington Beach
- Hoag Health Center – Irvine, Sand Canyon
- Hoag Health Center – Irvine, Woodbury
- Hoag Health Center – Irvine, Woodbridge
- Hoag Health Center – Newport Beach
- Hoag Health Center – Tustin Legacy

# Patient Rights

As a patient at Hoag Hospital, you and/or your authorized representative have certain rights and responsibilities that are basic 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.
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 other 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 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 for the assistance or provision of interpretation and translation services, at no charge to you. You have the right to have your needs with vision, speech, hearing, language and cognitive impairments addressed. You and/or your representative 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 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.
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 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 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 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 sex domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by law) or the source of payment for care.
22. File a grievance. If you want to file a grievance with Hoag Hospital Newport Beach or Hoag Hospital Irvine, you may write to: Hoag Hospital Patient Relations, P.O. Box 6100, Newport Beach, California 92658 or call: 949-764-8220. Patient Relations will review each grievance and provide you with a written response within seven business 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 can be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO)
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.
24. File a complaint with DNV Healthcare, Hoag's accrediting agency, by calling toll free 866-496-9647; fax: 281-870-4818; email: [hospitalcomplaint@dnv.com](mailto:hospitalcomplaint@dnv.com); by regular mail: DNV Healthcare USA Inc., Attn: Complaints, 4435 Aicholtz Road, Suite 900, Cincinnati, OH 45245.
25. File a complaint regarding the conduct of a physician by contacting the Medical Board of California at: [Complaint@mbc.ca.gov](mailto:Complaint@mbc.ca.gov), 800-633-2322 or 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815.

## Patient Responsibilities

**As a patient, you and/or your authorized representative 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 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.
- To follow Hoag's rules and regulations affecting patient care at all facilities. Hoag is committed to addressing any behavior which may threaten the safety of the patient, staff, environment or quality of patient care for others. Unacceptable behaviors will be addressed by the staff, Security and/or law enforcement as appropriate. Such disruption may result in your removal from Hoag care or visitor removal from facility.
- To respect the rights and property of others, all facilities and equipment. Those on site are to be considerate of noise level, privacy and visitors permitted as assessed by treating staff.
- To refrain from engaging in disruptive and unacceptable behavior. Examples of unacceptable behavior include, but are not limited to the following: verbal outbursts/yelling, use of profanity, demeaning language (name-calling, racial/ethnic jokes, etc.) throwing objects, verbal threats of violence, use of physical force, sexual assault, and possession or use of weapons or illegal drugs.
- Weapons and illegal drugs are not allowed on any Hoag property or facility and will be confiscated by Security if found. Any firearm or weapon that is considered by any member of Hoag to be dangerous or threatening must be removed from the campus immediately, or surrendered to Security.
- Marijuana is illegal under Federal law. Hoag is a federally funded hospital and marijuana is not allowed on hospital premises for storage or use, with the sole exception as outlined in California's Compassionate Access to Medical Cannabis Act for terminally ill in-patients. This Act allows for the use of medicinal cannabis within certain areas of the hospital for terminally ill patients who are admitted to our hospital, under certain restrictions.
- Patients are provided with necessary medication while under hospital care, and personal medications are expected to be sent home or provided to staff for storage until discharged, as outlined by hospital policy.
- Patients are encouraged to leave personal items at home or give them to a family member or friend for safe keeping. Hoag is not liable for loss or damage to personal items brought onto any Hoag-controlled property.

*Hoag is a smoke and vapor-free campus. Smoking is prohibited in the hospitals, on hospital grounds, and all Hoag-controlled properties. There are no designated smoking areas.*

# Your Right to Make Decisions About Medical Treatment

*The following information explains your right to make health care 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 health care decisions for me?**

Yes. You may tell your doctor that you want someone else to make health care decisions for you. Ask the doctor to list that person as your health care “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 health care 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 health care 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 health care 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 health care 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 health care 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 health care 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 health care decisions on your behalf – a health care 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 health care 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:

- A Power of Attorney For Health Care lets you name an agent to make decisions for you. Your agent can make most medical decisions – not just those about life-sustaining treatment – when you can't speak for yourself. You can also let your agent make decisions earlier, if you wish.
- You can create an Individual Health Care 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 health care 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 Health Care Ethics Committee is also available.

For assistance at Hoag Hospital Newport Beach, please contact Hoag Patient Relations at 949-764-8220 or Hoag Care Management at 949-764-8225. For assistance at Hoag Hospital Irvine, please contact Hoag Patient Relations at 949-764-8220 or Hoag Care 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.*

# Notice of Privacy Practices

Effective Date: November 1, 2022

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?

This Notice describes the privacy practices of Hoag Health System, including Hoag Memorial Hospital Presbyterian, Hoag Clinic, and each of their affiliated entities, physicians and medical groups (collectively referred to as “Hoag”). This Notice applies to physicians, allied health professionals, other health care providers, staff, non-employee volunteers, and other personnel providing services to you at a facility or office operated by one of the entities above.

These Hoag entities may share your medical information with each other for treatment, payment or health care operations purposes as described in this Notice. This Notice applies to all of the records of your care generated at Hoag whether made by Hoag personnel or your personal doctor when caring for you at Hoag, unless your individual provider gives you their own notice of privacy practices that describes how they will protect your medical information.

## Our Responsibility to You Regarding Your Medical Information

We understand that your medical information 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 typically use or disclose your health information for the following reasons:

### Treatment

We may use and disclose your medical information 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 your medical information to people, places and entities outside of Hoag for the purpose of coordinating your care. 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 your medical information 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 your medical information to support our health care operations. These uses and disclosures are necessary to make sure that our patients receive quality care and cost effective services. For example, we may use your medical information to review our treatment and services, and evaluate the performance of our staff in caring for you.

Unless you instruct us otherwise, we may also use or disclose your medical information for the following purposes:

- **Fundraising Activities:** We may use your medical information to contact you to solicit support for certain fundraising activities related to our operations. In such cases, we would only release a limited amount of your medical information, such as demographic information, dates of services, and your contact information. **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 Hoag 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 Hoag hospital directory, please notify the admission staff.**

- **Family and Friends:** We may release your medical information 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 health care 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 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.** You can choose not to have your information shared through any of our HIE networks that is, “opt out”) at any time. You may do this by contacting the Hoag Health Information Management Department at 949-764-8326, Option 5 or HoagMedicalRecords@hoag.org.

*We may be required to 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 your medical information 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 share your medical information as required or permitted by law to public health authorities or government agencies whose official activities include preventing or controlling disease, injury, or disability. These disclosures include reporting communicable diseases, reactions to medications, problems with products or adverse events, for immunization registries, reporting abuse or neglect, or for vital statistics such as reporting births or deaths.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Law Enforcement:** We may disclose your medical information to law enforcement officials upon their request, but only authorized by law, such as to identify or locate a suspect, fugitive, material witness or missing person.
- **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, 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.
- **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 your medical information in response to a court or administrative order. We may also disclose your medical information 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 your 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 your medical information 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 your medical information to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law. We may also release your medical information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

- **Multidisciplinary Personnel Teams:** We may disclose your 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.
- **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 for your written authorization before using or disclosing your medical information. 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. 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 certain disclosures we have made of your medical information. The accounting will provide information about disclosures made outside of Hoag 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. The first list you request will be free. For additional requests, 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 Hoag Privacy Officer listed in this Notice.

## 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 Hoag Privacy Officer at the following:

Hoag Corporate Compliance Office  
Attn: Hoag Privacy Officer  
One Hoag Drive, Newport Beach, CA 92663  
949-764-4427  
CorporateCompliance@hoag.org

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.

Hoag is committed to the prevention of intimidating or retaliatory actions against any individual for the exercise by the individual of any right established, or for participation in any process provided, for filing complaints against the covered entity.