

WELCOME.....	I
SPEAK UP	I
MISSION, VISION, VALUES	2
YOUR HEALTH CARE TEAM.....	2
VISITING HOURS/VISITING AREAS	3
ADMISSION	4
MAGGIE’S CAFE.....	4
VALUABLES	4
TELEPHONES	4
TELEVISIONS	4
WHILE YOU ARE A PATIENT/DISCHARGE.....	5
THE IMPORTANCE OF HAND WASHING	5
PNEUMOCOCCAL VACCINE	6
PREVENTING FALLS.....	6
ADVANCE DIRECTIVE	7-8
CLERGY	9
SPECIAL SERVICES	9
INTERPRETERS.....	10
RESTRAINTS	10
PAIN MANAGEMENT	11
FINANCIAL POLICIES/ARRANGEMENTS.....	12-14
PATIENT RIGHTS	14-15
USTED TIENE EL DERECHO	16-17
PATIENT RESPONSIBILITIES.....	17-18
NOTICE OF PRIVACY PRACTICES (HIPAA).....	18-21
CORPORATE COMPLIANCE	22
SMOKING & YOUR HEALTH.....	23-24
HOSPITAL BILLING INFORMATION	25
CONTACT INFORMATION	26
DEPARTMENT LOCATIONS.....	27

Welcome to Your Community Hospital

During your hospitalization, meeting your needs is our #1 goal. Your comfort and care is everyone's responsibility. Our Patient Relations Coordinator is here to ensure that we are meeting your needs and is available to speak to you Monday-Friday at ext. 3260. If you have any questions or concerns Saturday or Sunday, you may leave a message. After your discharge you may be randomly selected to complete our patient experience survey. Your input is important to us and we hope that you will participate, allowing us the opportunity to hear your voice. Welcome to Dameron Hospital!

SPEAK UP!

AT DAMERON HOSPITAL PATIENTS ARE ENCOURAGED TO SPEAK UP!

SPEAK UP if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.

PAY ATTENTION to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals. Don't assume anything.

EDUCATE yourself about your diagnosis, the medical tests you are undergoing, and your treatment plans.

ASK a trusted family member or friend to be your advocate.

KNOW what medications you take and why you take them. Medication errors are the most common health care mistakes.

USE a hospital, clinic, surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation against established, state-of-the-art quality and safety standards, such as that provided by The Joint Commission. The Joint Commission, together with the Centers for Medicare and Medicaid Services (CMS), launched a national campaign (Speak Up!) to urge patients to take a role in preventing health care errors by becoming active, involved and informed participants on the health care team. Visit www.jointcommission.org for more information on Speak Up! initiatives.

PARTICIPATE in all decisions about your treatment. You are the center of the health care team.

MISSION

We support physicians and our employees in providing quality patient care in a safe and caring environment.

VISION

Being the hospital in our community that physicians prefer, patients request, and employees choose.

VALUES

Leadership - exists throughout all levels of the organization in alignment with our vision and mission.

Integrity - means consistently demonstrating our values by individual and collective actions.

Teamwork - a committed team working collaboratively to ensure that we support each other to fully reach our effectiveness.

Service Excellence - we are in the ultimate people business. Everything we do is based upon respect and appreciation for the individuality of physicians, patients, families, co-workers, and vendors.

Financial Stability - deliver high quality services in an effective, efficient and economical manner to meet the hospital's long-term commitment to our community.

YOUR HEALTH CARE TEAM

Physician: The physician admits you, directs your care, and writes medical orders for your plan of care. The physician works closely with your RN to ensure that treatments meet your needs and expectations. Please consult your physician if you have questions related to your plan of care or illness.

Unit Coordinator/Charge Nurse: Unit Coordinators/Charge Nurses are Registered Nurses with extensive clinical expertise and managerial experience and they are your direct link to the Nursing Management and Hospital Administration. The Unit Coordinator/Charge Nurse is responsible for assigning, directing, and coordinating the care of the patients on each individual unit and assists in the development of the Interdisciplinary Care Plan. The Unit Coordinator/Charge Nurse communicates with the health care team, and is available to help you and your family with any problems or concerns that may arise.

Registered Nurse (RN): The Registered Nurse is responsible for directing and coordinating your care and plays a key role in managing, planning, and documenting your nursing care. The RN will obtain your health history, list your concerns, and communicate with your doctors in order to individualize your plan of care. Throughout your stay, the RN will coordinate various support services to ensure timely diagnostic services, and treatment plans to speed your recovery. Your RN performs complex procedures, administers medications, and provides close observations.

Licensed Vocational Nurse (LVN): The LVN is an integral part of the nursing team and assists in delivering your nursing care based upon the plan of care developed by the Registered Nurse. The LVN administers medications and performs procedures under the guidance of the RN.

Respiratory Care Practitioner (RCP): The RCP assists with your technical and/or respiratory care needs.

Certified Nursing Assistant (CNA): The CNA assists your RN/LVN in providing for your personal care and comfort needs.

Unit Clerk: The Unit Clerk provides secretarial and phone reception on the unit where you are staying.

General Information

FOR OUR PATIENTS AND VISITORS

In order to enhance the quality of care, specific visiting hours and regulations have been established for each unit. *The nurse is to use discretion on visiting times and number of visitors based on each patient's individual situation.* If you need additional information, please check with the nurse on the unit.

VISITING THE PATIENT

The daily visiting hours for patients are as follows:
 Medical-Surgical/Telemetry(Cardiac Monitoring).
 9:00 a.m. - 8:30 p.m. Each patient may have two (2) visitors at a time.

CVICU/CCU

Each patient may have two (2) visitors (age 14 or over) for no more than 10 minutes each hour.
 No visitors allowed during shift change*
 6:30 a.m. - 8:00 a.m.
 6:30 p.m. - 8:00 p.m.

*Shift change allows time for the nurse caring for the patient to share vital information on the patient's progress with the oncoming nurse.

LABOR AND DELIVERY

Visitors at bedside are limited to three (3) persons (16 years or over).

MATERNITY

Designated significant other, visitors under 16 limited to siblings.
 9:00 a.m. - 10:00 p.m.
 Other visitors (16 years or over)
 9:00 a.m. - 8:30 p.m.
 No more than two (2) visitors at one time.

NICU (Newborn Intensive Care Unit)

Unlimited visiting for parents with the exception of shift change as listed below:
 6:30 a.m. - 7:30 a.m. and
 6:30 p.m. - 7:30 p.m.
 No more than two (2) visitors at one time. A banded individual or a designee of the mother's choice should accompany all visitors. Healthy siblings may visit for 5 minutes if prior arrangements have been made with the NICU staff. No Visitors in the event of a Unit emergency.

PEDIATRICS

Unlimited visiting for parents and one parent may spend the night.
 Healthy siblings under the age of 13 may visit for 15 minutes per day.
 Parents or designated adults are allowed to visit patients in isolation.
Other visitors: Limited to two (2) at one time 8:30 a.m.- 8:30 p.m.

ENDOSCOPY

Each patient may have one (1) visitor, at the discretion of the nursing staff, during the admission and the post procedure observation phase. Visitors are not allowed in the procedure rooms while the procedure is in progress.

EMERGENCY DEPARTMENT

Each patient may have one (1) visitor at the discretion of the staff.

CLERGY

May visit all the units at any time. Please stop at the front lobby information desk to sign in and receive an Identification badge.

VISITOR AND WAITING AREAS

Families of patients in surgery may wait in the Main Lobby on the First Floor.

There is a small waiting area available on each floor opposite the elevators. Visitors are asked to use this seating area when it is necessary to leave the patient's room. (Visitors must leave the patient room upon the request of the nurse.) All children must be attended at all times and should be over the age of 14.

MAGGIE'S CAFE

A full-service cafeteria open to the public is located on the lower level of the hospital. Featuring: grill, deli, hot entrees, soup, salad bar, and snacks.

Breakfast: 6:00 a.m. to 10:00 a.m.

Lunch/Dinner: 10:45 a.m. to 7:00 p.m.

Late Dinner: 11:00 p.m. to 3:00 a.m.

Serve-yourself sandwiches, salads, and beverages are always available.

Café is CLOSED between 3:00 a.m. and 6:00 a.m.

ADMISSION

Hospital admitting is available on a 24-hour basis please follow your physician's advice as to actual time of admittance. Financial arrangements should be made with our credit manager (ext: 3114) prior to admission.

It is necessary that you sign the Conditions of Admission Form, which includes an authorization for medical and surgical treatment. You will also be asked to sign personal financial liability and assignment of insurance benefits forms.

If you are to have surgery or undergo special procedures, the nurse will ask you to sign a form for *Authorization for and consent to surgery or special diagnostic or therapeutic procedures*. Parents must sign forms on admission for children under 18 years of age. The admitting clerk will notify you when your room is ready, and you will be escorted to your room.

VALUABLES

The hospital is not responsible for lost or stolen items. When you arrive, if you have valuables with you (such as checkbooks, watches, rings, earrings, necklaces, wallets, purses, briefcases, or prescription drugs), please send them home with a relative or trusted friend. The Admitting Department will only keep cash, jewelry, and credit cards in the hospital safe located in the cashier's office. You may retrieve these items at anytime. *Dentures, hearing aids, eyeglasses, and other personal items are the responsibility of the patient and must be placed in a special container provided by your nurse.*

SURGERY RECEPTION DESK

A surgery reception service is located on the first floor of the hospital, near the elevators, where members of the Auxiliary relay information directly from the operating and recovery rooms. The service is provided Monday through Friday. After hours the hospital operator is available for surgery information.

TELEPHONES

Patients in medical, surgical, telemetry, and maternity nursing units have telephones at their bedside. FOR LOCAL CALLS dial 9+ the 7-digit number. FOR LONG DISTANCE CALLS, dial 9+0. Please let the operator know if you prefer a particular long distance service when placing a long distance call. Long distance calls made from bedside telephones must be charged to your home telephone, credit card, or the number you are calling. Incoming collect calls are not accepted. TTY phones are available for hearing impaired patients. When calling a patient, the hospital number is (209) 944-5550 please ask for the patient by name.

TELEVISIONS

Color televisions are provided in each room for your enjoyment. Please keep volume at a level that will not disturb other patients. Remember if sharing a room please be considerate.

HOSPITAL AUXILIARY

Hospital Auxiliary (volunteers) make regular rounds offering courtesy coffee to patients and visitors on the nursing floors. Auxiliary volunteers also deliver your flowers, plants, mail and staff the Information Desk, and perform escort service. We couldn't do it without them!

A gift shop operated by the Auxiliary is located in the lobby on the first floor. Your family and friends are invited to this unique shop. Profits are given to the hospital for important projects that benefit our patients.

WHILE YOU ARE A PATIENT

As a hospitalized patient, you may expect that your case discussion, consultation, examination and treatment will be regarded confidential. Your medical record is available to be seen by those involved in your care, and those who must evaluate your care after you leave the hospital; it may also be available in medical research projects or to your insurance company to substantiate your hospitalization. You and your physician should fully discuss your condition so that you will have the information necessary to give an informed consent to your proposed treatment. You will want to know about specific procedures or treatments and your period of recovery. You will also want to discuss what, if any, are the alternatives to the proposed treatment. You have the right to refuse treatment to the extent permitted by law and be informed of the medical consequences of the refusal.

Dameron Hospital is committed to assuring that you receive excellent care as our patient. If you have any questions, please ask your physician or other personnel involved in your care. If you have concerns, you may write the Hospital Administrator or Patient Relations Coordinator: Dameron Hospital, 525 W. Acacia, Stockton, CA 95203; or call (209) 944-5550.

DISCHARGE FROM THE HOSPITAL

DISCHARGES FROM THE HOSPITAL SHOULD BE COMPLETED PRIOR TO 11:00 A.M. Please make your arrangements for transportation accordingly. Your doctor will tell you when you are ready to go home from the hospital. Your nurse will discuss your discharge instructions and you will be escorted by our staff to your car.

THE IMPORTANCE OF HAND WASHING

We at Dameron Hospital strive to provide quality patient care in a safe and caring environment. One of the best ways we give safe care as health care providers is to wash our hands when needed, which is the best way to prevent the spread of infection. Whether you are a patient at Dameron Hospital or have medical procedures elsewhere, always insist on proper hand washing for your protection.

You should expect members of your Health Care Team to wash their hands at these times:

- **before and after any procedure requiring the use of gloves, *including*:**
 - drawing blood
 - starting IVs
 - providing wound care or oral care
 - after assistance with toileting
 - after contact with blood or secretions
- **before preparing or giving medications**
- **before and after contact with you or your equipment**
- **after the health care worker covers a sneeze/cough or blows their nose**

Please feel free to Speak Up if you notice your Health Care Team member does not wash their hands. They may have washed their hands just before coming into the room (*for example*: before putting on gloves to draw blood or before preparing your medication).

PNEUMOCOCCAL PNEUMONIA VACCINE

Pneumococcal pneumonia is to blame for up to 40,000 deaths each year in the U.S. Influenza kills up to 36,000 people each year. A vaccine can prevent both of these diseases. Your nurse will ask you if you have received either of these vaccines.

If you have not received the vaccines and you are over age 65 (for the Pneumococcal Pneumonia vaccine) or over age 50 (for the Influenza vaccine) and/or have long-term health problems such as heart or lung disease, you will be offered the vaccines. A card will be given to you to help you keep a record of your vaccine history. Usually one dose of the Pneumococcal vaccine is all that is needed. Sometimes a second one is recommended if you were under 65 when you received the vaccine. An Influenza vaccine is needed every year from October-March.

PREVENTING FALLS

Sometimes the risk of falling increases when you are ill. You may be weak and unsteady after surgery or being in bed for a period of time. Tubes, IVs and other equipment may limit your ability to move around easily. The new and strange hospital room may confuse you and add to the chance of falling.

Call for staff help if you have any of these warning signs: feeling dizzy, weak, light-headed, nausea, or waking up and not knowing where you are.

Ways you may protect yourself:

- * Keep your call light within reach.
- * Do not try to get out of bed or the chair alone if you feel weak, dizzy, or have been told not to get up without help.
- * Wear slippers or non-slip socks that fit well.
- * Ask for a night-light to be left on if necessary.
- * Do not try to climb over or around side rails.
- * Do not depend on bedside trays or chairs for secure handholds.
- * Use your walker or cane if you have them.
- * Do not try to get up without help if you cannot walk safely with your IVs or tubes.
- * Call for spills to be wiped up quickly.

For your safety:

- Do not try to walk by yourself.
- Side rails may be placed “up” to help you turn over in bed and keep you safe. When your rails are raised, please push the call light for help.
- Do not try to climb over or around side rails.

What is an Advance Health Care Directive or AHCD?

An Advance Health Care Directive (AHCD) is the best way to make sure that your health care wishes are known and considered when, for any reason, you are unable to speak for yourself. By completing an “Advance Health Care Directive” form, California law allows for the following:

1. To appoint another person as your “health care agent” or “attorney-in-fact.” This person has the legal authority to make health care decisions for you when you are no longer capable of doing so yourself.
2. To inform the health care providers of your limits regarding treatments. For example, you may not desire to receive treatment that only prolongs the dying process if you are terminally ill. (Your health care agent or attorney-in-fact is bound by law to make decisions regarding your treatment in accordance with the limits, if any, that you have set.)

An Advance Health Care Directive is completely voluntary and can be revoked at any time. No one can require you to complete an AHCD before admission to any hospital or health care facility and/or deny health care insurance benefits as a result of your AHCD.

What is the difference between an Advance Health Care Directive and a “Living Will”?

The AHCD is the legally recognized format for a “living will” in the state of California. It replaces previously used forms such as the Natural Death Act Declaration and the Durable Power of Attorney for Health Care. The “living will” did not allow you to do the following:

1. To indicate specific instructions and desires rather than simply to “not receive life sustaining treatment if you are terminally ill or permanently unconscious.” The AHCD allows you to state your wishes about refusing or accepting life sustaining treatment in any situation. This includes any situation which you are unable to make your own health care decisions, and not just when you are “in a coma, a persistent vegetative state, or terminally ill.”
2. To name a person or persons to make your health care decisions for you when you are unable to do so.

What if I already have a Durable Power of Attorney for Health Care or a Natural Death Act Declaration? Is it still valid, or must I complete a new Advance Health Care Directive?

All valid Durable Powers of Attorney for Health Care (DPAHC) and Natural Death Act Declarations remain valid. Unless your DPAHC has expired, been changed, or been revoked by you, it remains valid. The only exception to this is if your DPAHC was executed before 1992; these documents had an expiration date and should be replaced.

Do I need a lawyer to complete an Advance Health Care Directive?

No. You do not need a lawyer to assist you in completing an AHCD form. The only exception applies to individuals who have been involuntarily committed to a mental health facility and wish to appoint their conservator as their agent.

Who may I appoint as my agent?

You may appoint almost any adult to be your agent. You may choose a member of your family, such as your spouse or an adult child, a friend, or someone else you trust. You can also appoint one or more “alternate agents” in case the person you select as your health care agent is unavailable or unwilling to make a decision. (If you appoint your spouse and later get divorced, the Advance Health Care Directive remains valid, but your first alternate agent will become your agent.)

It is important that you talk to the people you plan to appoint to make sure they understand your wishes and agree to accept this responsibility. Your health care agent will be immune from liability so long as he or she acts in good faith.

The law prohibits you from choosing certain people to act as your agent(s). You may not choose your doctor, or a person who operates a community care facility (sometimes called a “board and care home”) or a residential care facility in which you receive care. The law also prohibits you from appointing a person who works for the health care facility in which you are being treated, or the community care or residential care facility in which you receive care, unless that person is related to you by blood, marriage, adoption, or is a co-worker.

I want to provide more specific health care instructions than those included on this form. How do I do that?

You may write detailed instructions for your health care agent and physician(s). To do so, simply attach one or more sheets of paper to the form, write your instructions, write the number of pages you are attaching in the space provided at the end of Section 5. Sign and date the attachments at the same time you have the form witnessed or notarized.

How much authority will my health care agent have?

Only when you become unable to make your own decisions concerning your health care, will your agent have the legal authority to speak for you. Your agent will be able to accept or refuse medical treatment, have access to your medical records, make decisions about the donation of your organs, authorize an autopsy, and dispose of your body in the event of your death.

If you do not want your agent to have all or some of these decision-making powers, you may write a statement in the AHCD form specifying your wishes. Your agent cannot authorize convulsive treatment, psychosurgery, sterilization, abortion, or placement in a mental health treatment facility. When you become incapacitated, your agent must make decisions that are consistent with any instructions you have written in the Advance Health Care Directive form or made known in other ways, such as by telling family members, friends or your doctor. If you have not made your wishes known, your agent must decide what is in your best interests, considering your personal values to the extent they are known.

Remember, your health care agent will not be held responsible for your bill, unless that person is someone who would normally be responsible for you, such as your spouse. However, unless you have made other arrangements, your agent may be responsible for costs related to the disposition of your body after you die.

What should I do with the AHCD form after I complete it?

Make sure that it has been properly signed, dated and either notarized or witnessed as instructed on the form. Keep the original in a safe place. Give copies to the people you have appointed as your agents. Send a copy to your physician(s), to your insurance company, relatives, and hospital(s) where you have been an inpatient. You should make a distribution list of the people and places that you have sent a copy of your AHCD and keep it with the original document. This is important should you want to change your AHCD in any way.

What happens if I change my mind after completing an AHCD?

An AHCD can be revoked or changed at any time, either verbally or in writing. You may revoke all or part of it, including the appointed agents. You should notify everyone on your distribution list and provide him or her with your new AHCD.

Will paramedics and other emergency personnel honor my AHCD?

Yes. If they have been made aware of your AHCD before they start any resuscitative efforts, and the AHCD clearly instructs them not to start these efforts, your wishes should be respected. You may also want to complete the "Do Not Resuscitate" (DNR) form and obtain a "Do Not Resuscitate EMS" medallion.

Will my AHCD be valid in other states?

An AHCD meets California law requirements and may or may not be honored by other states. However, most states will recognize a legally executed AHCD. If you have questions in relation to other states, you should consult a lawyer, medical society or physician of that state to determine its laws in relation to your AHCD.

What should I do if I don't have an AHCD in place before I come into the hospital?

Current federal and California laws allow a patient to verbally execute an AHCD as long as you are not comatose or confused to the point that you lack decision-making capacity. Should you need to execute an AHCD, you can do so by talking with your doctor or nurse, letting him/her know your wishes and having those wishes documented in your medical record.

What if I have complaints concerning the AHCD requirements?

Should you or your family have any complaints regarding the AHCD requirements, contact: Department of Health Services. Further assistance is available through Dameron Hospital's Social Services Department.

OUR SPECIAL SERVICES

NUTRITION SERVICES

The Food Service Department of Dameron Hospital wants to make your meals as enjoyable as possible. Menus are provided for those on a regular diet and for most modified diets. Menus from which to select the next day's meals are sent with your meal (usually breakfast) and are collected later that same day.

Food Service also provides a pediatric menu for children 2-18 years.

Our Food Service staff is available to help you with any special needs and will be visiting you on their routine rounds or upon special request. If your physician prescribes a special diet for you, the Dietician will help guide you and answer any questions regarding your prescribed diet. If you must follow the diet at home, the Dietician will give you information on what foods to purchase and suggestions on how to prepare the proper foods.

Special arrangements can be made with Food Service for a family member to enjoy a meal with the patient. Arrangements should be made in advance by contacting the Food Service Department or the nursing staff on the unit. The tray will be a selection from the day's regular menu, and will be delivered with the patient trays at a cost of \$5.00, please make arrangements in advance.

CLERGY

You may request to be visited by a member of the clergy. If you specify a particular minister, priest, or rabbi in the area, we will gladly make arrangements for the visit.

PHARMACY SERVICES

The pharmacy staff distributes medications for inpatients. We also provide drug information services to patients, the medical community, and the nursing staff. The pharmacists are available to answer questions and counsel you concerning medications prescribed for you.

The charges for pharmaceuticals on the patient's bill will be itemized and appear as inpatient charges. Take-home medications (those prescriptions written by the physician for the patient to take home at the time of discharge from the hospital) can be filled at Dameron's Linacia Pharmacy or the pharmacy of your choice.

SOCIAL SERVICES

A Clinical Social Worker is available to you and your family to help with psychosocial problems that may result from your illness or disability. Our Social Service Department will assist with your discharge needs and help you obtain special equipment, financial assistance, attendant help, special living arrangements, or transportation. Prior to your discharge you will be provided information on convalescent care, nursing homes, rest homes, and home-care programs. This assistance must be ordered by your physician.

PATHOLOGY AND CLINICAL LABORATORY

The Dameron Hospital Pathology and Clinical Laboratories combine services to provide comprehensive information to the physician on your state of health, diagnosis, and treatment. Your hospital stay may be preceded by a pre-surgical appointment for laboratory testing and followed by additional tests on an outpatient basis. During your hospitalization, skilled pathologists, medical technologists, phlebotomists and technicians continually monitor the quality of testing to ensure validity and accuracy.

HOME HEALTH CARE

Getting well at home, in the comfort of familiar surroundings, is not only more pleasant, but often more effective. Dameron Hospital Home Health Care provides physician-directed care that is individualized to meet your specific needs within your home. This continuity of care allows you to live as normally as possible within the constraints of your illness. To qualify for Home Health Care Services you must be under the care of a physician and need skilled intermittent, part-time nursing and/or therapy. For further information, contact our Home Health Care Department at (209) 461-3103.

INTERPRETERS

If you need such assistance, please notify the receptionist at the Information Desk as you enter the Hospital. You should also notify your nurse if you have interpreter needs, the nurse will access the use of interpreters.

ETHICS COMMITTEE

Dameron Hospital has an Ethics Committee that can assist with any questions that may arise regarding your treatment wishes. They can be reached by calling The Director of Medical Staff at ext: 3149.

THE USE OF RESTRAINTS IN PATIENT CARE

Dameron Hospital is dedicated to creating an environment that promotes individual rights and dignity. It is our policy to limit the use of restraining devices. We strive to use preventive and alternative strategies, focusing on the well-being of the patient.

Why may it be necessary to place a patient in restraints?

Sometimes patients exhibit behaviors that make it necessary to apply restraints. This is done so that the patient:

- Doesn't hurt himself/herself or others.
- Doesn't interfere with the safe completion of the treatments that he/she needs.
- Doesn't harm or damage the Hospital environment.

What are some of the behaviors that might make a patient need restraints?

Some of the behaviors are: confusion, restlessness, poor judgment, combativeness, agitation.

What do the Doctors/Physicians and Nurses do to avoid placing a patient in restraints?

The Nurses and Doctors/Physicians try many alternatives before placing a patient in restraints. We try talking to the patient, reminding him/her where he/she is, and also explain what treatments he/she is receiving. Despite our best efforts, we are not always effective in safely managing some patients without using restraints. If you know of anything that may help to calm the patient, please let the staff know.

How can I help keep my loved one out of a restraining device?

The best method to keep patients out of restraints is to surround them with people that they know and love. Dameron encourages families and friends to visit patients as often as they can and to bring the patients familiar things (like a favorite pillow or some photos from home).

What else can I do to keep my family member out of restraints?

If possible, a member of the nursing staff will call a family member when a restraining device is considered necessary. We will discuss with you the patient's behavior and ask someone in the family to assist in reducing the patient's confusion and anxiety by coming to the Hospital and staying with the patient.

How long will such a device be used?

Patients are reassessed frequently by Doctors/Physicians and Nurses in order to evaluate the continued need for restraints. Restraining devices are removed as soon as the Doctor/Physician feels the safety risks are lessened.

Will restraints interfere with the care of my family member?

No. Patients in restraints are assessed at regular intervals and provided food, water, toileting and position changes. Treatments and tests will not be delayed or postponed.

If I have questions, whom may I call?

If you have any questions or concerns, please discuss them with the Registered Nurse who is caring for your family member.

PAIN MANAGEMENT

The staff of Dameron Hospital believes that no patient should endure unnecessary pain. Because pain is sometimes present during a hospital stay, we encourage you to discuss your pain concerns with your doctors and nurses.

The goal of this information is to help you understand your pain and how that pain can be managed while you heal. It is our goal to work with you to identify and safely manage your pain, and we will check with you frequently to ensure you are as comfortable as possible.

- Relieving pain is healthier than enduring the stress of unrelieved pain.
- Pain control can help you enjoy greater comfort while you heal. By controlling your pain, you can get well faster and become active sooner.
- Ask for pain medicine when the pain starts. The amount or type of pain you feel may be different from other patients who have undergone the same procedure.
- You may set a pain goal. This means that we will work to keep your pain at or below the level you deem acceptable.
- Taking drugs for pain does not create drug dependency.
- The pain scale is used to help assess the intensity of your pain and determine how effective pain control measures have been working.

Types of Pain Management

- Intravenous medications
- Epidural or intrathecal routes
- Intramuscular injections
- Oral medication
- Transdermal patches
- Relaxation techniques

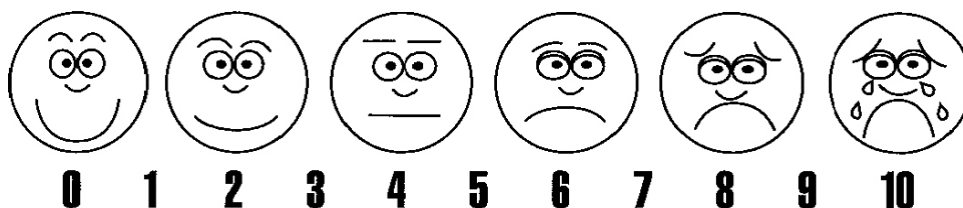
Pain Bill of Rights

As a patient at Dameron Hospital Association, you have the right to receive appropriate care with privacy and dignity.

As a patient at Dameron Hospital, you have the right to:

- ◆ Discuss a pain treatment plan with your caregiver, and make adjustments as appropriate.
- ◆ Have access to the best level of pain relief available.
- ◆ Have a respectful caregiver who understands that you are the best judge of your pain.
- ◆ Receive a timely response to your request for pain control and follow up.
- ◆ Receive treatment that includes pain prevention and adequate relief.
- ◆ Have your preferences for pain relief supported by your caregivers.
- ◆ Receive education on alternative pain control techniques with encouragement and coaching.

The Pain Scale



FINANCIAL ARRANGEMENTS

Patients Covered by Insurance

Your health care insurance is a contract between you and your insurance company. You should familiarize yourself with the terms of your insurance coverage. Please provide us with your insurance information at the time of registration. We will submit a claim to your insurance as a courtesy, however, you are responsible for your account. You will be asked to assign your insurance benefits directly to the hospital. Amounts not covered by insurance, such as deductibles or co-pays, will be due prior to discharge. For your convenience, MasterCard, Visa, American Express and Discover cards are accepted.

Verification of Insurance Coverage

It is the responsibility of the patient or patient's representative to verify that their insurance covers services rendered at Dameron Hospital.

HMO or PPO

Your plan may have special requirements, such as receiving services from a preferred provider or prior authorization for certain tests or procedures. It is your responsibility to make sure the requirements of your insurance plan have been met. If your plan's requirements are not followed, you may be financially responsible for all or part of the services you receive. Some professional or physician services may not be contracted within your insurance company's "provider network." If an out-of-network professional or physician provides you services, it is likely that you will be responsible for those expenses.

Medicare

We will need a copy of your Medicare card to verify eligibility and to process your Medicare claim. Deductibles and co-payments are the responsibility of the patient, unless supplemental insurance information is provided. You should be aware that the Medicare program specifically excludes payment of certain items and services. For more information about your Medicare coverage please refer to your Medicare & You handbook. If you do not have a handbook, you can visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) for assistance.

Medi-Cal

We will need a copy of your Medi-Cal Benefits Identification Card (BIC) to verify eligibility and to process your Medi-Cal claim. Medi-Cal also has payment limitations on a number of services and items. Some Inpatient/ Outpatient services require a Treatment Authorization Referral (TAR) from your primary care physician. Please have this referral with you when you arrive for registration.

Prior Authorization/Non-Covered Services

Depending on your insurance, services ordered may require prior authorization. Failure to do so may result in non-payment for services rendered. Please contact your insurance company to ensure services are covered.

Patients Not Covered by Insurance

We encourage our uninsured patients to apply for assistance programs. Following discharge from the hospital you will receive an itemized bill along with information on how to apply for financial assistance. Signage in English and Spanish is also posted in the hospital registration area and Emergency Department to provide patients who don't have insurance with information on what to do.

Except in the case of emergency, patients without insurance are required to pay a deposit at the time of registration. This is a deposit only. Payment on the account balance is due within 30 days of the initial billing, unless other payment arrangements have been made. If payment is not received within 30 days, the account will become delinquent and a FINANCE CHARGE of 10% per annum may be charged. For your convenience, MasterCard, Visa, American Express and Discover cards are accepted.

FINANCIAL ASSISTANCE

Government Assistance Program

If you are uninsured you may be eligible for medical assistance programs funded by County, State or Federal Agencies. Please contact our Patient Accounting Department for more information about these programs. A hospital representative is available to assist you in applying for these programs. There is no cost to you for this assistance. We encourage you to apply.

Uninsured Patient Discount

If your income is at or below 350% of the Federal poverty level and you are uninsured, you may qualify for financial assistance. Please contact our Credit and Collections Department to speak with a representative about our charity assistance and discount programs.

Financial Assistance for Patients Not Covered by Insurance

If your income is at or below 350% of the Federal poverty level and you are uninsured, you may qualify for financial assistance. Please contact our Credit and Collections Department to speak with a representative about our charity assistance and discount programs.

Financial Assistance for Patients Covered by Insurance

An insured patient that falls at or below 350% of the Federal poverty level who does not receive a discounted rate as a result of third party coverage, and has annual out of pocket medical costs in the prior 12 months that exceed 10% of family income, may be eligible for financial assistance. Please contact our Credit and Collections Department to speak with a representative about our charity assistance and discount programs.

How to Apply for Financial Assistance

Charity assistance application forms may be obtained from the Registration Department, or by calling our Patient Accounting Department. The Patient Accounting Department will mail you a form to complete including instructions on where to mail the completed application and required income documentation.

Payment Plans

Payment plans that are reasonable for the amount owed may be arranged for those unable to pay their account in full. A FINANCE CHARGE of 10% per annum will be charged. It is important that you call our office within 30 days of your first billing notice to discuss your payment options.

FINANCIAL POLICY

When an account becomes delinquent all costs of collection will be added to the original account, including court costs and attorney fees. Accounts that are paid within the 30-day period following initial billing will not be subject to any additional costs.

INFORMATION REGARDING YOUR BILLS

HOSPITAL BILL

All patients should familiarize themselves with the terms of their insurance coverage. This will help you understand your insurance benefits and requirements.

Your hospital bill will reflect services provided to you by the hospital during your stay. Please contact our Patient Accounting Department with questions about your hospital bill. Have your patient account number and date of your visit available at the time of your call. A Patient Accounting representative will be available to assist you Monday through Friday, 7:00 a.m. to 5:00 p.m., excluding holidays.

Professional or Physician Services

During your hospital visit, other professionals or physicians may be involved with your care and they have their own billing office. Charges for professional or physician services are not part of your hospital bill. Professional or physician services include, but are not limited to:

- Anesthesiologists
- Emergency Department Physicians
- Pathologists
- Physicians
- Radiologists

Professional or physician service bills will come directly from the provider, and you should contact them with questions regarding their bills. (*Refer to page 25 for their contact information.*) The hospital is unable to assist you with these claims.

If you provide us with insurance information at the time of your visit it will be made available to the professional or physician that provided you service. As a result of separate billing practices, Dameron Hospital cannot ensure professional or physician services are contracted within your insurance company's "provider network." If an out-of-network professional or physician provides you services, it is likely that you will be responsible for those expenses.

PATIENTS RIGHTS

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, spiritual, and personal values, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
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 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 foregoing 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 physicians, to the extent permitted by law.
7. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
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 pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of 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 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.
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 be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household.
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, sexual orientation, educational background, economic status or the source of payment for care.
22. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling DAMERON HOSPITAL 525 W. Acacia Stockton, CA 95203 (209) 944-5550. The grievance committee will review each grievance and provide you with a written response within 30 days. The written response will contain the name of a 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).
23. File a complaint with the state Department of Health Services regardless of whether you use the hospital's grievance process. The state Department of Health Service's phone number and address is: DEPARTMENT OF HEALTH SERVICES 630 Bercut Drive, Ste. B, Sacramento, CA 95814 (916) 341-6845. Complaints: (800) 554-0354 Fax: (916) 341-6840.

This Patient Rights document incorporates the requirements of The Joint Commission; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4, and 124960; and 42 C.F.R. Section 482.13 (Medicare Conditions of Participation).

Usted tiene el derecho a:

1. Atención considerada y respetuosa, y a estar cómodo. Tiene derecho a que se le respeten sus valores, creencias y preferencias culturales, psicosociales, espirituales y personales.
2. Que a un familiar (o algún otro representante de su elección) y a su propio médico se les notifique oportunamente de su admisión al hospital.
3. Conocer el nombre del médico que sea el principal responsable de coordinar su atención y los nombres y relaciones profesionales de otros médicos y personal que lo verán.
4. Recibir información acerca del estado de su salud, diagnóstico, pronóstico, el curso de tratamiento, las expectativas de recuperación y resultados de la atención (incluso los resultados no previstos) en términos que usted pueda entender. Tiene derecho a la comunicación eficaz y a participar en el desarrollo e implementación de su plan de atención. Tiene derecho a participar en preguntas éticas que surjan en el curso de su atención, incluyendo asuntos de resolución de conflictos, rehusarse a recibir servicios de resucitación, y rechazar a o retirar el tratamiento para mantenerlo vivo.
5. Tomar decisiones relacionadas con la atención médica, y recibir tanta información acerca del tratamiento o procedimiento propuesto según lo necesite, con el fin de dar un consentimiento informado o rechazar un curso de tratamiento. Excepto en casos de emergencia, esta información deberá incluir una descripción del procedimiento o tratamiento, los riesgos médicos considerables involucrados, cursos alternos de tratamiento o no tratamiento y los riesgos involucrados en cada uno, y el nombre de la persona que llevará a cabo el procedimiento o tratamiento.
6. Solicitar o rechazar tratamiento hasta el grado que lo permita la ley. Sin embargo, no tiene derecho a exigir tratamiento o servicios inadecuados o médicamente innecesarios. Tiene derecho a dejar el hospital aun contra el consejo de los médicos hasta el grado que lo permita la ley.
7. Que le avisen si el hospital/médico personal propone involucrarlo en experimentos humanos, o practicárselos, que afecten el cuidado de su salud o tratamiento. Tiene derecho a rechazar su participación en dichos proyectos de investigación.
8. Respuestas razonables a cualquier solicitud razonable de servicio.
9. Evaluación y control adecuado de su dolor, información acerca de su dolor, medidas para aliviar el dolor y participar en las decisiones referentes al control del dolor. Usted puede solicitar o rechazar el uso de cualquiera o todas las modalidades para aliviar dolor, incluyendo medicación opiácea, si sufre de un dolor grave crónico no tratable. El médico puede negarse a recetarle medicamento opiáceo, pero de hacerlo, deberá informarle que existen médicos que se especializan en el tratamiento de dolor grave crónico no tratable con métodos que incluyen el uso de opiáceos.
10. Formular órdenes con anticipación. Esto incluye designar a alguien que tome decisiones si usted queda incapacitado de entender un tratamiento propuesto o queda incapacitado de comunicar sus deseos relacionados con su atención. El personal del hospital y los médicos que ofrezcan la atención en el hospital deberán apearse a estas órdenes. Todos los derechos del paciente aplican a la persona que tenga la responsabilidad legal de tomar decisiones relacionadas con la atención médica a nombre suyo.
11. Que se respete su privacidad personal. La discusión del caso, consultas, exámenes y tratamiento son confidenciales y deben llevarse a cabo discretamente. Tiene derecho a que le digan la razón de la presencia de cualquier individuo. Tiene derecho a que los visitantes salgan antes de un examen, y cuando se discutan cuestiones del tratamiento. Se utilizarán cortinas para su privacidad en las habitaciones semi privadas.
12. Recibir trato confidencial de todas las comunicaciones y registros relacionados con su atención y permanencia en el hospital. Le enviaremos un “Informe de Normas de Confidencialidad” por separado, el cual explica sus derechos sobre la privacidad en detalle y el modo en que podemos utilizar y divulgar su información médica protegida.
13. Recibir atención en un lugar seguro, libre de abuso, negligencia, explotación o acoso mental, físico, sexual o verbal. Tiene derecho al acceso de servicios de protección y defensoría, inclusive a notificar a las agencias gubernamentales sobre negligencia o abuso.
14. Estar libre de restricciones y reclusión de cualquier forma utilizada como medio de coerción, disciplina, conveniencia o represalia por parte del personal.
15. Continuidad razonable de la atención y a conocer con anticipación la hora y la ubicación de las citas, así como la identidad de las personas que ofrecen la atención.
16. Estar informado por el médico o un delegado del médico, de los requerimientos y opciones continuos de atención de la salud después de ser dado de alta del hospital. Usted tiene el derecho para estar implicado en

el desarrollo y la realización de su plan de descarga. Si usted lo solicita, un amigo o familiar también podrá recibir esta información.

17. Conocer las reglas y normas del hospital que corresponden a su conducta mientras sea paciente.
18. Designar visitantes de su elección, si tiene capacidad de tomar decisiones, ya sea que los visitantes se relacionen o no por parentesco o matrimonio, a menos que:
 - No se permitan visitas.
 - Las instalaciones determinan razonablemente que la presencia de un visitante en particular podría poner en peligro la salud o seguridad de un paciente, un miembro del personal de las instalaciones de salud o algún otro visitante de las instalaciones de salud, o interrumpiría considerablemente las operaciones de las instalaciones.
 - Usted le ha dicho al personal de las instalaciones de salud que ya no quiere que lo visite una persona en particular.

Sin embargo, las instalaciones de salud pueden establecer restricciones razonables para las visitas, incluyendo restricciones al horario de visitas y al número de visitantes.
19. Que se consideren sus deseos, si no tiene capacidad para tomar decisiones, para fines de determinar quién puede visitarlo. La política del hospital respecto a las visitas revelará el método de esa consideración. Como mínimo, el hospital deberá incluir a cualquier persona que resida en su hogar.
20. Examinar y recibir una explicación de la cuenta del hospital, independientemente de la fuente de pago.
21. Ejercer estos derechos sin considerar género, raza, color, religión, ancestros, origen nacional, edad, invalidez, condición médica, estado civil, orientación sexual, antecedentes educativos, situación económica, o la fuente del pago por la atención.
22. Usted tiene el derecho de presentar una queja. Si desea presentar una queja en este hospital, puede hacerlo por escrito o por teléfono dirigiéndose a DAMERON HOSPITAL 525 W. Acacia Stockton, CA 95203 (209) 944-5550. El comité de quejas analizará cada queja y le dará una respuesta por escrito dentro de 30 días. La respuesta por escrito incluirá el nombre de la persona con la que debe comunicarse en el hospital, las medidas tomadas para investigar la queja, los resultados del proceso conciliatorio, y la fecha de finalización del proceso conciliatorio. Las inquietudes relacionadas con la calidad de la atención o el alta prematura también se derivarán a la Organización de Revisión Profesional de la Utilización y Calidad de los Servicios (Utilization and Quality Control Peer Review Organization [PRO]) correspondiente.
23. También tiene el derecho de presentar una denuncia ante el Departamento de Servicios de Salud (Department of Health Services) del estado independientemente de si utiliza el proceso de presentación de quejas del hospital. El número de teléfono y domicilio del Departamento de Servicios de Salud del estado es: DEPARTMENT OF HEALTH SERVICES 630 Bercut Drive, Ste. B, Sacramento, CA 95814 (916) 341-6845. Complaints: (800) 554-0354 Fax: (916) 341-6840.

Este documento de Derechos de los Pacientes incorpora los requisitos de la Comisión Conjunta The Joint Commission; Título 22, Código de Reglamentos de California (California Code of Regulations), Artículo 70707; Artículos 1262.6, 1288.4 y 124960 del Código de Salud y Seguridad y Artículo 482.13 del Título 42 del Código de Reglamentos Federales (Code of Federal Regulations) (Condiciones de participación de Medicare).

PATIENT RESPONSIBILITIES

- **Providing information.** Patients and families, as appropriate, must provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to their health. Patients and their families must report perceived risks in their care and unexpected changes in their condition. They can help the hospital understand their environment by providing feedback about service needs and expectations.
- **Asking questions.** Patients and families, as appropriate, must ask questions when they do not understand their care, treatment, and service or what they are expected to do.
- **Following instructions.** Patients and their families must follow the care, treatment, and service plan developed. They should express any concerns about their ability to follow the proposed care plan or course of care, treatment, and services. The hospital makes every effort to adapt the plan to the specific needs and limitations of the patients. When such adaptations to the care, treatment, and service plan are not recommended, patients and their families are informed of the consequences of the care, treatment, and service alternatives and not following the proposed course.

- **Accepting consequences.** Patients and their families are responsible for the outcomes if they do not follow the care, treatment, and service plan.
- **Following rules and regulations.** Patients and their families must follow the hospital's rules and regulations.
- **Showing respect and consideration.** Patients and their families must be considerate of the hospital's staff and property, as well as other patients and their property.
- **Meeting financial commitments.** Patients and their families should promptly meet any financial obligation agreed to with the hospital.

HOSPITAL RULES AND REGULATIONS

REFUSAL OF TREATMENT

The patient is responsible for his or her outcomes if he or she refuses treatment or does not follow the practitioner's instructions.

OUR PLEDGE REGARDING MEDICAL INFORMATION-HIPAA

The following notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review it carefully. Dameron Hospital Association understands that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of care and services you receive as a patient at the hospital. Dameron Hospital uses this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by the hospital personnel or your personal Doctor. Your personal Doctor may have different policies or notices regarding the Doctor's use and disclosure of your medical information created in the Doctor's Office or Clinic.

This notice will tell you about the ways in which Dameron Hospital may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

DAMERON HOSPITAL IS REQUIRED BY LAW TO: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of this notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

FOR TREATMENT: Dameron may use medical information about you to provide you with medical treatment or services. Medical information may be disclosed to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. 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. Additionally, Dameron may disclose information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy, or others we use to provide services that are part of your care.

FOR PAYMENT: Dameron may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to (and payment may be collected from) you, an insurance company or a third party.

FOR HEALTH CARE OPERATIONS: Dameron may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. This information could be used to evaluate our services and the performance of our staff caring for you. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

APPOINTMENT REMINDERS: Dameron may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

TREATMENT ALTERNATIVES: Dameron may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED BENEFITS and SERVICES: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

HOSPITAL DIRECTORY: Dameron may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends, and clergy can visit you in the hospital and generally know how you are doing.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: We may release information about you to a friend or family member who is involved in your medical care or give the information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

RESEARCH: Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. Our Medical Staff Department has complete details regarding medical research. Dameron will always ask for your specific authorization if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

AS REQUIRED BY LAW: Dameron will disclose medical information about you when required to do so by federal, state, or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: Dameron 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.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION: To facilitate organ or tissue donation and transplantation we may release medical information to organizations that handle organ procurement.

MILITARY AND VETERANS: If you are a member of the armed forces whether United States or foreign, we may release medical information about you as required by military command authorities.

WORKERS' COMPENSATION: Dameron may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS: Dameron may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the abuse or neglect of children, elders and dependent adults;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify the Department of Motor Vehicles if the patient has had a loss of consciousness or seizure;
- 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 patient has been the victim of abuse, neglect or domestic violence. Dameron will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES: Dameron may disclose medical information to a health oversight agency for activities as required by law. These activities are necessary for the government to monitor health care systems, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a 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 a written notice to you) or to obtain an order protecting the information requested.

LAW ENFORCEMENT: Dameron Hospital releases medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To 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 person's agreement;
- About a death believed to be the result of criminal conduct;
- About criminal conduct at the hospital; and
- 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.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: Dameron may release medical information to a coroner or medical examiner. We may also release medical information to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release medical information about you to authorized referral officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: We may disclose medical information about you to authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state and to conduct special investigations.

INMATES: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

RIGHT TO INSPECT AND COPY: You have the right to inspect and request copies of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review in writing.

RIGHT TO AMEND: If you feel that medical information we have about you is incorrect or incomplete, you may ask to have the information amended or corrected.

To request an amendment, your request must be made in writing and submitted to Medical Records Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support that request. In addition, we may deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make an amendment:

- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete;
- You have the right to request an amendment for as long as the information is kept by or for the hospital.

RIGHT TO ACCOUNTING OF DISCLOSURES: You have the right to request an “accounting of disclosures.” This is a list of the disclosures made of medical information about you, to other than our own uses for treatment, payment and health care operations, as those functions are described above. To request this list or accounting of disclosures, you must submit your request in writing to Medical Records Department.

Your request must state a time period which may not be longer than six years and may not include dates before April 14th, 2003. The first list you request within a 12-month period will be free. For additional lists, charges may apply for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before charges are incurred.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to Medical Records Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Medical Records Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE

Dameron Hospital reserves the right to change this notice, to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. A current copy of the privacy practices notice will be posted in the hospital. The notice will contain on the first page, in the top right-hand corner, the effective date. Additionally, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer at 209-944-5550. Any complaints are to be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we have provided for you.

NOTICE OF PRIVACY PRACTICES
EFFECTIVE APRIL 14, 2003
DAMERON HOSPITAL ASSOCIATION

CORPORATE COMPLIANCE

The Corporate Compliance Program and the Code of Conduct provides guidance for our organization to conduct business with integrity and in accordance with all federal, state and local laws, and regulatory requirements.

Our Code of Conduct states of our beliefs:

1. We are committed to providing a caring and comfortable environment and each employee makes an integral contribution in creating this environment.
2. We are committed to complying with all laws, regulations, standards and other compliance requirements that apply to the business of Dameron Hospital.
3. We are committed to complying with all Joint Commission on Accreditation of Health Care Organizations (JCAHO) standards and elements of performance that affect the delivery of health care and apply to the hospital.
4. We are committed to the proposition that all billings for patient services and other transactions must be properly documented and authorized by management.
5. We are committed to avoiding any activity, practice or act that conflicts with the interest of, or that could bring into question Dameron Hospital's integrity.
6. We are committed to attracting, retaining and developing the highest quality and most dedicated work force possible in today's market.
7. We are committed to using our resources wisely and shall be accountable to ourselves and to others for their proper use.
8. We are committed to operating in an environment wherein the health, safety, privacy and comfort of patients and staff comes first.

Our Corporate Compliance Program sets forth the means by which the Code and related policies are implemented and monitored. The Corporate Compliance Program includes the following elements:

- establishing written policies and procedures in order to reduce the prospect of unethical or criminal conduct;
- establishing an Executive Corporate Compliance Committee and a Compliance Officer that has been assigned the overall responsibility to oversee the compliance program;
- providing a reporting system whereby unethical and criminal conduct can be reported without fear of retribution;
- utilizing monitoring and auditing systems designed to detect criminal and/or unethical conduct; and

every individual has the right to report any suspected violation of the Corporate Compliance Program, or Code of Conduct to the telephone **Compliance Hotline at 1-800-453-3949**. The Compliance Hotline, managed by Compliance Concepts, Inc., located in Charlotte, NC, is confidential and available twenty-four hours a day, seven days a week. All calls will be answered by an operator who will handle the call promptly and professionally. Individuals will not be subject to any reprisal for a good faith report of a suspected violation of the Compliance Program, Code of Conduct, or related policy.

THE JOINT COMMISSION

Dameron Hospital is accredited by The Joint Commission. The Joint Commission seeks to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

An individual that has any concerns about patient care and safety in the hospital, that the hospital has not addressed, he or she is encouraged to contact the hospital's management. If the concerns cannot be resolved through the hospital, the individual is encouraged by the hospital to contact The Joint Commission. The public may contact The Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited health care organization by either calling 1-800-994-6610 or e-mailing complaint@jcaho.org.

SMOKING AND YOUR HEALTH

Help is All Around You!

Many types of health care providers can help you quit smoking: your family doctor, dentist, pediatrician, nurses, psychologist, pharmacists, respiratory and physical therapist, and others.

NICOTINE: A POWERFUL ADDICTION

If you have tried to quit smoking, you know how hard it can be. Nicotine is a very addictive drug; for some people, it can be as addictive as heroin or cocaine. People make two or three tries, or more, before finally being able to quit.

Quitting is hard work and takes a lot of effort, but you can quit smoking.

GOOD REASONS FOR QUITTING

Quitting smoking is one of the most important things you will ever do:

- You will live longer and live better.
- Quitting will lower your chance of having a heart attack, stroke, or cancer.
- If you are pregnant, quitting smoking will improve your chances of having a healthy baby.
- The people you live with, especially your children, will be healthier.
- You will have extra money to spend on things other than cigarettes.

FIVE KEYS FOR QUITTING

Studies have shown these five steps will help you quit smoking and quit for good. You have the best chances for success if you use the keys together:

1. Get ready.
2. Get support.
3. Learn new skills and behaviors.
4. Get medication and use it correctly.
5. Be prepared for relapse or difficult situations.

1. *Get Ready*

- Set a quit date.
- Change your environment.
- Get rid of ALL cigarettes and ashtrays in your home, car and place of work.
- Don't let people smoke in your home.
- Review your past attempts to quit. Think about what worked and what did not.
- Once you quit, don't smoke—Not Even One Puff!

2. *Get Support and Encouragement*

Studies show you have a better chance of being successful if you have help. Support comes in many ways:

- Tell your family, friends, and co-workers that you are going to quit and want their support. Ask them not to smoke around you or leave cigarettes out.
- Talk to your health care provider (family doctor, dentist, pharmacist, psychologist, or smoking counselor)
- Get individual, group, or telephone counseling. The more counseling you have, the better your chances are of quitting. Programs are given at local hospitals and health care centers. Call your local Health Department for information about programs in your area.

3. *Learn New Skills and Behaviors*

- Try to distract yourself from the urge to smoke. Talk to someone or go for a walk.
- When you first try to quit, change your routine. Use a different route to work. Drink tea instead of coffee. Eat breakfast in a different place.
- Reduce your stress. Take a hot bath, exercise, or read a book.
- Plan something enjoyable to do every day.
- Drink a lot of water and other fluids.

4. Get Medication and Use it Correctly

Medications can help you stop smoking and lessen the urge to smoke.

- The U.S. Food and Drug Administration (FDA) has approved five medications to help people quit smoking: Bupropin SR (*prescription*); Nicotine gum (*over-the-counter*); Nicotine inhaler and nasal spray (*prescription*); and Nicotine patch (*prescription and over-the-counter*)
- Ask your health care provider for advice; carefully read the information on the package.
- All these medications double your chances of quitting and quitting for good.
- Everyone trying to quit may benefit from using medication. Talk to your doctor or pharmacist before taking medications if you are pregnant or trying to become pregnant, nursing, under the age of 18, smoking fewer than 10 cigarettes per day, or have a medical condition.

5. Be Prepared for Relapse or Difficult Situations

Most relapses occur within the first three months after quitting. Don't be discouraged if you start smoking again. Remember, most people try several times before they finally quit. Here are some difficult situations to watch for:

- **Alcohol.** Avoid drinking alcohol. Drinking lowers your chances of success.
- **Other Smokers.** Being around smoking can make you want to smoke.
- **Weight gain.** Many smokers will gain weight when they quit, usually less than 10 pounds. Eat a healthy diet and stay active. Don't let weight gain distract you from your main goal-quitting smoking. Some quit-smoking medications may help delay weight gain.
- **Bad Mood or depression.** If you are having problems with depression, anxiety or some other difficult situation, talk to your doctor.

SPECIAL SITUATIONS OR CONDITIONS

Studies show that everyone can quit smoking. Your situation can give you a special reason to quit.

- **Pregnant women/new mothers:** By quitting, you protect yourself and your baby's health.
- **Hospitalized patients:** By quitting, you reduce health problems and help healing.
- **Heart attack patients:** By quitting, you reduce your risk of a second heart attack.
- **Lung, head, neck cancer patients:** By quitting, you reduce your chance of a second cancer.
- **Parents of children and adolescents:** By quitting, you protect your children and adolescents from illnesses caused by secondhand smoke.

Quitting is hard work and takes effort, but you can quit smoking!

ADDITIONAL RESOURCES

American Heart Association

1212 W. Robinhood Drive
Stockton, CA 95207
(209) 477-2683
www.americanheart.org
1-800-NO BUTTS
(California State Program)

American Lung Association

1231 W. Robinhood Drive
Stockton, CA 95027
(209) 478-1888
Freedom from Smoking Course
www.lungusa.com
1-800-LUNG USA

For pregnant women:

American College of Obstetricians and Gynecologists

1425 RiverPark Dr. Suite 235
Sacramento, CA 95815-4523
www.acog.org

American Cancer Society

207 E. Alpine Avenue
Stockton, CA 95204
(209) 941-2676
www.cancer.org
1-800-YES QUIT
24hour/7days per week

National Cancer Institute

www.smokefree.gov
1-877-44 U QUIT

HOSPITAL BILLING INFORMATION

Your health care insurance is a contract between you and your insurance company. You should familiarize yourself with the terms of your insurance coverage. Please provide us with your insurance information at the time of registration. We will submit a claim to your insurance as a courtesy, however, you are responsible for your account.

You will be asked to assign your insurance benefits directly to the hospital. Amounts not covered by insurance, such as deductibles or co-pays, will be due prior to discharge. For your convenience, MasterCard, Visa, American Express and Discover cards are accepted.

Professional or Physician Services

Charges for professional or physician services are not part of your hospital bill. If you provide us with insurance information at the time of your visit it will be made available to the professional or physician that provided you service. Professional or physician service bills will come to you directly from the provider, and you should contact them with questions regarding their bills. The hospital is unable to assist you with these claims.

As a result of separate billing practices, Dameron Hospital cannot ensure professional or physician services are contracted within your insurance company's "provider network." If an out-of-network professional or physician provides you services, it is likely that you will be responsible for those expenses.

BILLING QUESTIONS

HOSPITAL BILL	EMERGENCY DEPARTMENT PHYSICIAN	RADIOLOGIST	ANESTHESIOLOGIST	PATHOLOGIST
For questions regarding your hospital bill contact:	Please direct billing questions regarding emergency room physician fees to:	Please direct billing questions regarding Radiologist fees to:	Please direct billing questions regarding anesthesia services to:	Please direct billing questions regarding pathologist services to:
Dameron Hospital Patient Accounting Department 525 W. Acacia St. Stockton, CA 95203	Marina Medical Billing Service PO Box 11101 Westminster, CA 92685	Radiology Consultants Group PO Box 127 Nevada City, CA 95959	Anesthesiology Consultants Medical Group (ACMG) PO Box 7156 Stockton, CA 95267	Delta Pathology PO Box 77800 Stockton, CA 95267
or call, (209) 461-7583	or call, (866) 878-5075	or call, (530) 478-9673	or call, (209) 467-6860	or call, (209) 477-4432

HELPFUL TELEPHONE NUMBERS

To make an in-hospital call, dial the last 4 digits of the number, e.g. 3111 for Admitting.

To make a local call from your room, dial “9” followed by the number.

For long distance calls, please dial “0” for the hospital operator.

HOSPITAL (209) 944-5550

For Hearing Impaired.....	(209) 474-3089
ADMITTING	(209) 461-3111
CLINICAL LABORATORY.....	(209) 461-3145
CREDIT & COLLECTIONS.....	(209) 461-3147
FINANCE	(209) 461-3150
GIFT SHOP.....	EXT: 3577
HOME HEALTH	(209) 461-3103
KAISER DISCHARGE PLANNER	EXT: 3256
LINACIA PHARMACY	(209) 466-2954
PRE-ADMISSION.....	(209) 461-3141
PRE-OP COORDINATOR.....	(209) 242-7092
OPERATOR.....	DIAL 0
PATIENT RELATIONS.....	EXT: 3260
PATIENT ACCOUNTING.....	(209) 461-7583
REHABILITATION SERVICES	(209) 461-3142
SOCIAL SERVICES.....	EXT: 3532
SURGERY INFORMATION DESK	EXT: 3579
VOLUNTEER SERVICES.....	(209) 461-3152
HOSPITAL WEBSITE.....	www.dameronhospital.org

WIRELESS INTERNET ACCESS

Dameron Hospital is pleased to provide wireless internet browsing for our patients and their families.

DEPARTMENT LOCATIONS

ACCREDITATION/RISK MANAGEMENT/SAFETY	530 West Acacia
CAFETERIA/MAGGIE'S CAFE.....	Basement
CCU/CARDIAC UNIT	4th Floor
CLINICAL LABORATORY.....	530 West Acacia
EMERGENCY DEPARTMENT	1st Floor
ENDOSCOPY	2nd Floor
GIFT SHOP.....	1st Floor
HOME HEALTH	420 West Acacia, Ste. 14
INTENSIVE CARE UNIT	4th Floor
INFORMATION DESK.....	Lobby
KAISER DISCHARGE PLANNER	Basement
LABOR & DELIVERY.....	3rd Floor
LINACIA PHARMACY.....	420 West Acacia, 1st Floor
MATERNITY.....	3rd Floor
MEDICAL RECORDS	1st Floor
MEDICAL/SURGICAL UNIT.....	3rd Floor
NEONATAL UNIT	3rd Floor
NURSERY	3rd Floor
OCCUPATIONAL SERVICES.....	420 W. Acacia, Ste. 2 & 19
ORTHOPEDIC UNIT	2nd Floor
PEDIATRICS	2nd Floor
PRE-ADMISSION.....	420 West Acacia Suite 22, (209) 461-3141
PRE-OP COORDINATOR.....	420 West Acacia, Ste. 22
PATIENT RELATIONS.....	4th Floor
QUALITY DEPARTMENT.....	530 West Acacia
RADIOLOGY	1st Floor
REHABILITATION SERVICES	420 West Acacia, Ste. 8
SOCIAL SERVICES.....	1st Floor
SURGERY	1st Floor
TELEMETRY.....	2nd/4th Floor
ULTRASOUND.....	2nd Floor
VOLUNTEER SERVICES.....	Basement