



Lon: -117°15'41.13"W

Lat: 32°59'36.25N

Compliance Signage

**Patient Registration
Laboratory Admitting
MRI Admitting**

**Salinas Valley Memorial Hospital
450 E. Romie Lane
Salinas, CA 93901**

OUTSTANDING ITEMS:

- **LOCATION OF MRI ADMITTING TO BE VERIFIED.**

Published: August 22, 2014



CLIENT INFORMATION:

**Salinas Valley
Memorial Hospital**
450 E. Romie Lane
Salinas, CA 93901

APPROVALS:

IG ACCOUNT MANAGER _____
IG PRODUCTION MANAGER _____
CLIENT APPROVAL _____

SALES REP:

Rebecca Redmon

DESIGNER:

R.Germar

REVISION DATES:

- 2 06-23-2014 RLG
- 3 06-30-2014 RLG
- 4 08-06-2014 RLG
- 5 08-18-2014 RLG
- 6 08-22-2014 RLG

VOLTAGE: 120V
 240V

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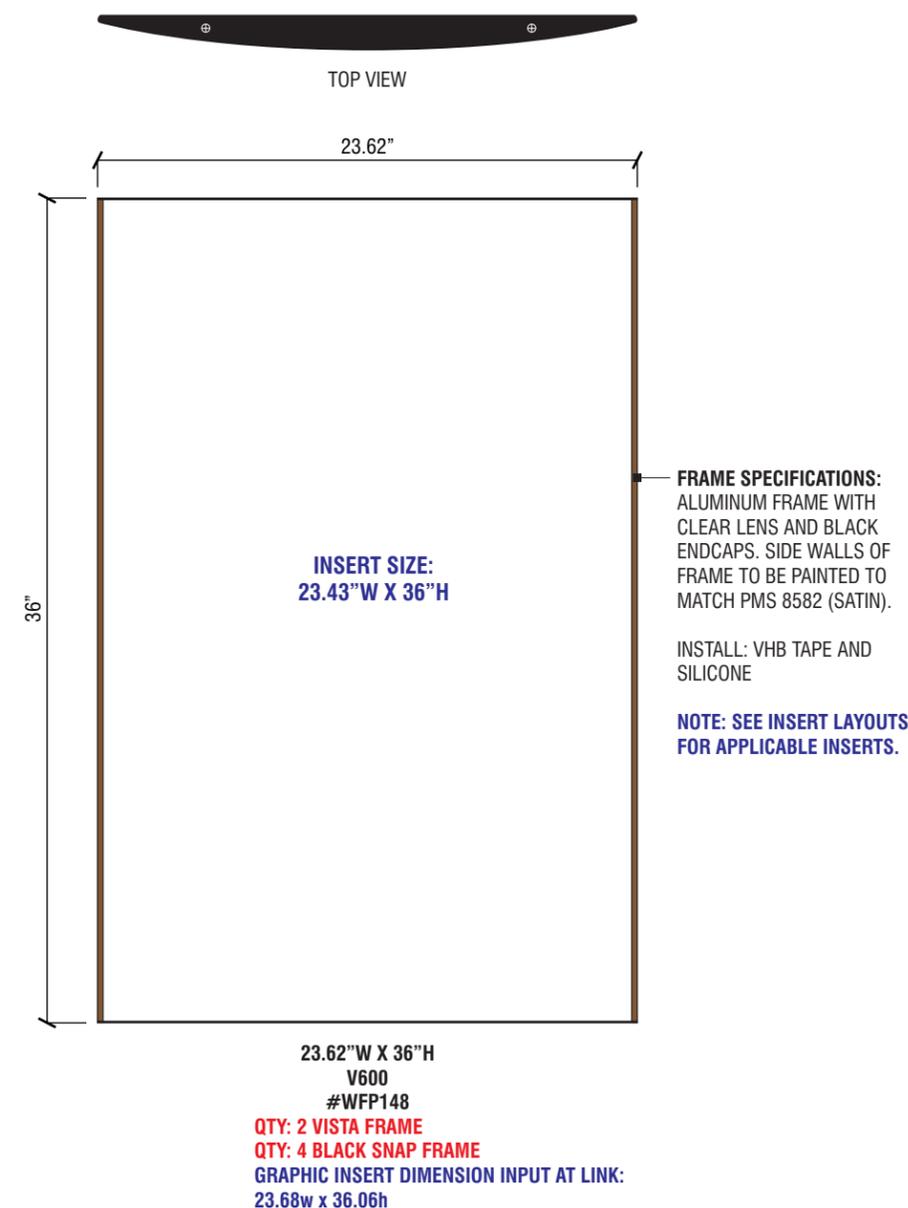
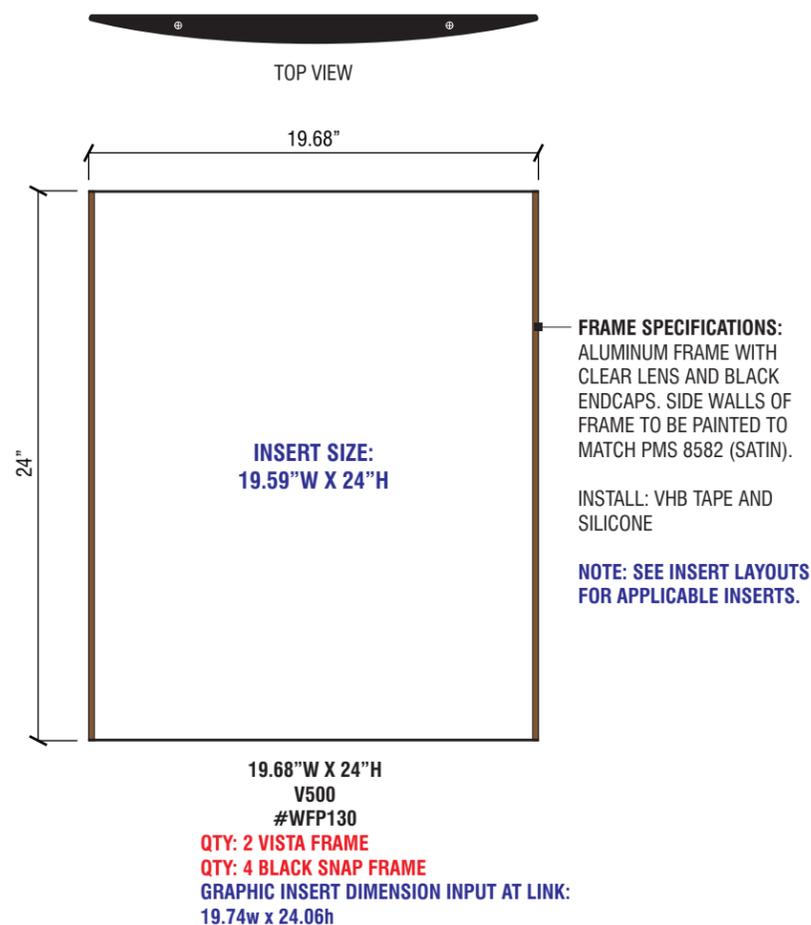
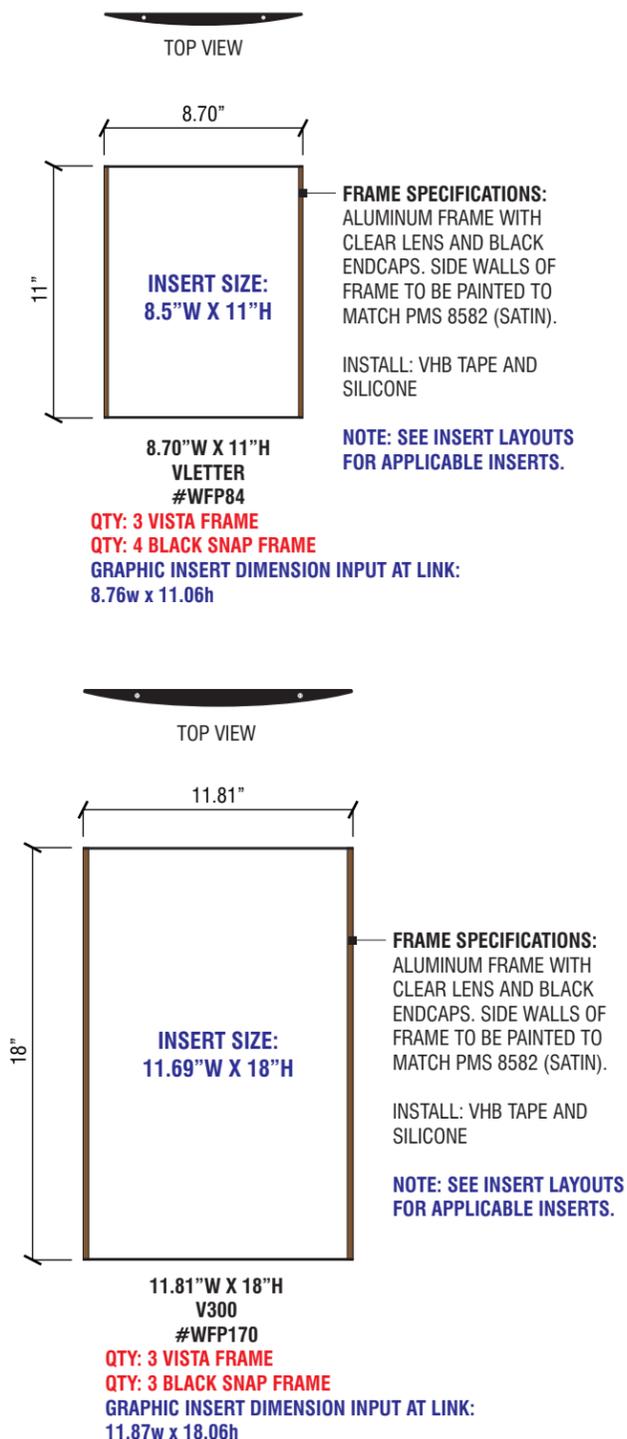
PRIMARY ELECTRICAL TO SIGN LOCATIONS IS TO BE PROVIDED BY OTHERS. 20 AMP DEDICATED CIRCUIT(S) WITH NO SHARED NEUTRALS AND A GROUND RETURNING TO THE PANEL IS REQUIRED FOR ALL INSTALLATIONS. THIS SIGN IS INTENDED TO BE INSTALLED IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE 600 OF THE NATIONAL ELECTRICAL CODE AND/OR OTHER APPLICABLE LOCAL CODES. THIS INCLUDES PROPER GROUNDING AND BONDING OF THE SIGN.

DATE
03-27-2014

PROJECT:
Compliance Signage

DRAWING NO:
14-1254-06 E

SIGN TYPE:
**Vista Frame
Layouts**



SNAPFRAME LINK:
<http://snapframesdirect.com/Snap-Frames/Custom-Snap-Frames-Black.html>

COLOR LEGEND

- TO MATCH PMS#8582C (SATIN)
- BLACK

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PROJECT:

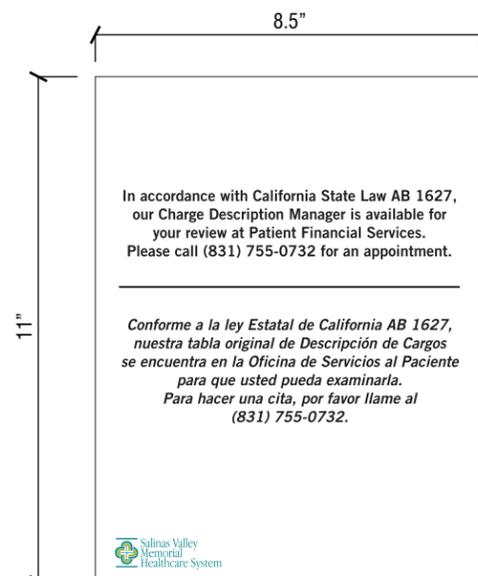
Compliance Signage

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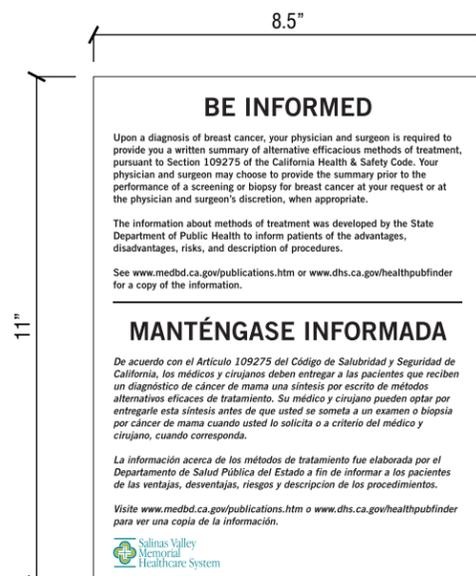
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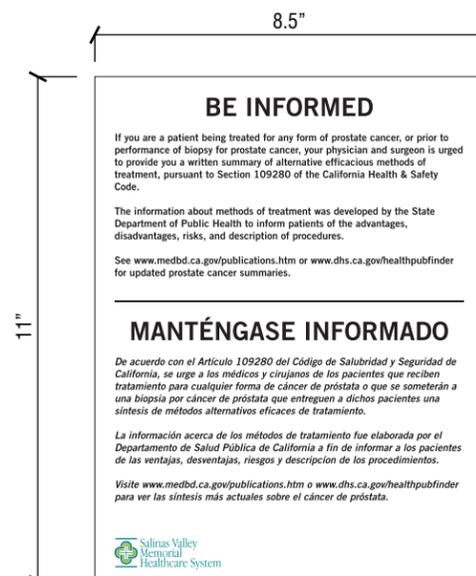
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Insert Layouts**



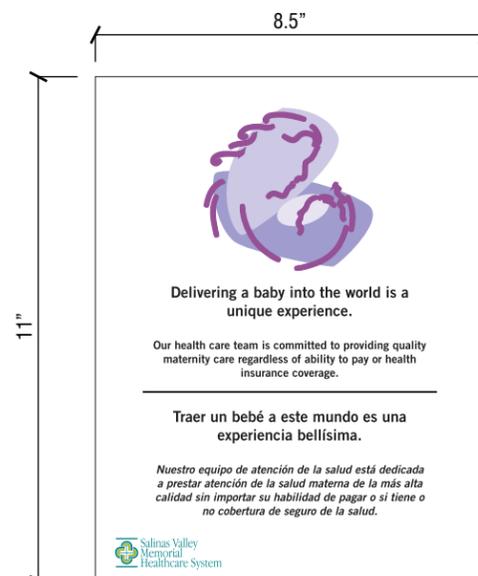
ACCORDANCE WITH CA STATE LAW
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INSERT ONLY



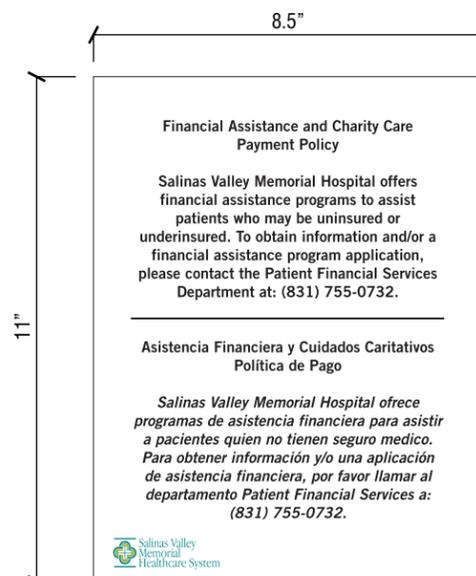
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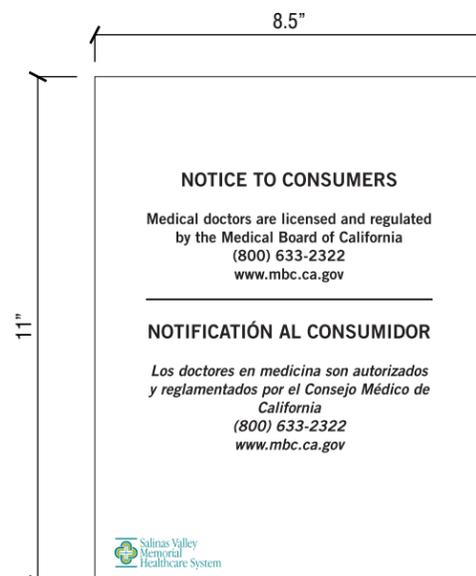
BE INFORMED - PROSTATE CANCER
QTY: 2
(1) VISTA FRAME
(1) BLACK SNAP FRAME



DELIVERING A BABY
QTY: 1
(1) VISTA FRAME



FINANCIAL ASSISTANCE & CHARITY CARE
QTY: 3
(1) VISTA FRAME
(2) BLACK SNAP FRAME



NOTICE TO CONSUMERS
QTY: 1
INSERT ONLY

INSERT SPECIFICATIONS:
20mil DIGITALLY PRINTED INSERT WITH
WHITE BACKGROUNDS.

8.5"W X 11"H INSERT LAYOUTS
SCALE: 3" = 1'-0"

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SIGN TYPE:

11.69" w x 18" h

Insert Layouts

11.69"

IT'S THE LAW!

If you have a medical emergency or are in labor, even if you cannot pay or do not have medical insurance or you are not entitled to Medicare or Medicaid, you have the right to receive, within the capabilities of this hospital's staff and facilities:

- An appropriate medical screening examination
- Necessary stabilizing treatment (including treatment for an unborn child) and, if necessary
- An appropriate transfer to another facility.

This hospital does not participate in the Medicaid program.

¡ES LA LEY!

Si usted tuviera una emergencia médica o dolores de parto, aunque usted no pueda pagar o no tenga seguro médico o no pueda recibir el Medicare o Medicaid, usted tiene el derecho de recibir lo siguiente de acuerdo y dentro de las capacidades del personal y las facilidades de este hospital:

- Una evaluación médica apropiada
- Tratamiento estabilizante necesario (incluyendo tratamiento de un bebe no nacido) y, si fuera necesario
- La transferencia a otra facilidad.

Este hospital no participa en el programa de Medicaid.



11.69"

PUBLIC NOTICE

INFORMATION REGARDING THE AVAILABILITY OF INDIGENT HEALTH CARE SERVICES

The Board of Supervisors of Monterey County has established the Monterey County Medical Services Program (MCMSPP) and Monterey County Health Care for Indigent Program (MCHIP) to administer all the state mandated indigent health care delivery requirements incumbent upon the county. It is through "MCMSPP" and "MCHIP" that individuals may receive reduced or no-cost medical services.

Salinas Valley Memorial Hospital will provide medically necessary services and care to any person with a serious injury or illness regardless of the person's ability to pay for these services, so long as the Hospital has appropriate facilities and qualified personnel available to provide services and care, and is receiving funding under "MCHIP". No fee or charge shall be required of any person before this Hospital renders medically necessary services.

In no event shall the provision of medically necessary services and care be based upon, or affected by, the person's race, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, physical and mental handicap, insurance status, economic status, or ability to pay for medical services, except to the extent that a circumstance such as age, sex, preexisting medical condition or physical or mental handicap is medically significant to the provision or appropriate medical care to the patient.

ELIGIBILITY

Applications for eligibility are processed Monday through Friday from 8:00 AM to 4:30 PM in the Business Office of this Hospital. For information, call the Collections Supervisor at (831) 755-0732, extension 1685, between the hours of 8:00 AM to 4:30 PM, Monday through Friday.

Required information for eligibility includes, but is not limited to, proof of residence (drivers license), pay check stubs, social security card, alien registration card, bank statements, and car registration and other financial information required.

ANUNCIO PUBLICO

INFORMACION ACERCA DE LA DISPONIBILIDAD DE SERVICIOS INDIGENTES DE CUIDADO DE SALUD

La Mesa de Supervisores del Condado de Monterey ha establecido el Programa de Servicios Médicos del Condado de Monterey (MCMSPP) y el programa de Cuidado de Salud para Indigentes del Condado de Monterey (MCHIP) para administrar todos los requisitos de rendimiento de cuidado indigente de salud por orden del Estado de California que incumben el Condado. Es por medio de "MCMSPP" y "MCHIP" que individuos pueden recibir servicios médicos a un costo reducido o sin costo alguno.

El Salinas Valley Memorial Hospital, proporcionará servicios y cuidados médicos que se necesiten a toda persona con lastimadura o enfermedad seria, sin importar la capacidad de la persona para pagar por estos servicios, siempre y cuando el Hospital tenga las facilidades apropiadas y el personal capacitado y disponible para proporcionar servicios y cuidados y esté recibiendo fondos bajo el programa MCHIP. No se va a exigir ninguna cuota o cobro de nadie antes de que este Hospital proporcione los servicios médicos necesarios.

Bajo ningunas circunstancias serán los servicios y cuidados médicos necesarios basados en, o afectados por la raza, la etnicidad, la religión, el origen nacional, la ciudadanía, la edad, el sexo, condición médica previa, impedimento físico o mental, situación de seguridad, o su habilidad para pagar por servicios médicos, con excepción de hasta qué grado alguna circunstancia, tal como edad, sexo, condición médica previa, o impedimento físico o mental sea de significado médico para el proporcionamiento de cuidado médico apropiado para el paciente.

ELIGIBILIDAD

Aplicaciones para elegibilidad se procesan de Lunes a Viernes, de 8:00 A.M. a 4:30 P.M. en la Oficina Administrativa de este Hospital. Para información llame al Supervisor de Cobranza al teléfono (831) 755-0732, extensión 1685, entre las horas de 8:00 A.M. a 4:30 P.M., de Lunes a Viernes.

La información requerida para elegibilidad incluye pero no se limita a prueba de residencia (licencia de manejar), talones de cheque de sueldo, cuidado de seguro social, cédula de inmigración, estado de cuentas bancarias, y matrícula de vehículo, y otra información financiera requerida.



11.69"

ATTENTION

Non-English Speaking and Hearing and Speech Impaired Patients

As a service to our patients with language or communication barriers, Salinas Valley Memorial Hospital will provide language and communication assistance. If you do not speak or understand English, you have the right to communication assistance. If you have a hearing impairment, you should have access to an amplified telephone, a Telecommunication Device for the hard of hearing or an interpreter. If you are visually impaired or blind, information will be read to you as appropriate. If you are not receiving the communication assistance you require, please notify a hospital employee immediately and appropriate assistance will be provided. You may choose to use a family member or friend to provide the necessary communication assistance, with the exception of medical or clinical information. Patient complaints concerning interpreter service problems may be filed with our Patient Relations Department at (831) 755-0709 or with the Department of Public Health (800) 554-0348 or TDD number (800) 735-2922.

If you have any questions or concerns while you are at Salinas Valley Memorial Hospital, please call Patient Relations at (831) 755-0709.

ATENCIÓN

Pacientes que no hablan inglés y pacientes con deficiencias auditivas y del habla

Como servicio a nuestros pacientes con dificultades de lenguaje o comunicación, Salinas Valley Memorial Hospital ofrecerá asistencia en ambos aspectos. Si no habla ni entiende inglés, tendrá derecho de que le ayuden a comunicarse. Si tiene problemas de audición, deberá tener acceso a un teléfono amplificado, a un dispositivo de telecomunicación para personas con problemas de audición o a un intérprete. Si tiene problemas de la vista o es ciego, se le leerá la información, según se estime apropiado. Si no recibe la asistencia de comunicación que usted requiere, por favor avise de inmediato a un empleado del hospital y se le ofrecerá la asistencia apropiada. Además, tal vez desee traer un familiar o amigo para que éste le ayude a comunicarse, salvo si se trata de comunicarle información médica o clínica. Las quejas del paciente por problemas con el servicio de interpretación se pueden presentar ante nuestro Departamento de Relaciones con el Paciente llamando al (831) 755-0709, o ante el Departamento de Salud Pública, llamando al (800) 554-0348 o al dispositivo de telecomunicaciones para sordos (800) 735-2922.

Si tiene alguna pregunta o inquietud mientras se encuentra en Salinas Valley Memorial Hospital, por favor llame al Departamento de Relaciones con el Paciente al (831) 755-0709.



11.69"

**INSERT PROVIDED BY CLIENT,
SHIP FRAME WITHOUT INSERT**



EMTALA
QTY: 1
(1) VISTA FRAME

INDIGENT
QTY: 1
(1) VISTA FRAME

INTERPRETATION SERVICES
QTY: 3
(1) VISTA FRAME
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LAB INSTRUCTIONS
QTY: 1
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INSERT SPECIFICATIONS:
20 mil DIGITALLY PRINTED INSERT WITH
WHITE BACKGROUNDS.

11.69" W X 18" H INSERT LAYOUTS
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SIGN TYPE:
19.59" w x 24" h
Insert Layouts

AVISO SOBRE PRÁCTICAS DE PRIVACIDAD
Fecha de entrada en vigor: 23 de Septiembre de 2013

ESTE AVISO DESCRIBE CÓMO SE PUEDE USAR Y DIVULGAR LA INFORMACIÓN MÉDICA SOBRE USTED Y CÓMO PUEDE TENER ACCESO A ESTA INFORMACIÓN.

POR FAVOR REVISELO CUIDADOSAMENTE.

Si tiene alguna pregunta acerca de este aviso, por favor comuníquese con el Funcionario de Privacidad del centro mediante el número de teléfono provisto del centro.

En cada ocasión que visite el hospital, médico u otro proveedor de atención médica, se genera un expediente de su visita. Generalmente, este expediente contiene su nombre, identificación y resultado de exámenes, diagnósticos, tratamientos, un plan para atención o tratamiento en el futuro e información relacionada con la facturación de sus cuentas. Este aviso aplica para todos los expedientes que se generan en el centro, ya sean generados por el personal del centro, los representantes del mismo o su médico personal. Su médico personal podría tener acceso a avisos diferentes con respecto al uso o divulgación que el médico haga de su información médica general en el consultorio o clínica del médico.

Nuestras responsabilidades: Nos encaramos obligados por ley a mantener la privacidad de su información médica, proporcionar una descripción de nuestra práctica de privacidad y notificarle en caso de que ocurra una violación a la información médica protegida que no esté garantizada. Nosotros cumplimos con los términos de este aviso.

Usos y divulgaciones: **Como podemos usar o divulgar información médica sobre usted:** Las siguientes categorías describen ejemplos de las formas en las que usamos y divulgamos la información médica:

Para tratamiento: Nosotros podemos usar información médica sobre usted para proporcionar tratamientos o servicios. Nosotros podemos divulgar información médica sobre usted a médicos, enfermeros, personal técnico, estudiantes de medicina u otros integrantes del personal del centro que participen en su atención en el centro. Por ejemplo es posible que un médico que lo atiende por una pierna rota necesite saber si tiene diabetes, porque esta enfermedad puede hacer que el proceso de curación sea más lento.

Diferentes departamentos de este centro también pueden compartir información médica sobre usted con la finalidad de brindar diferentes cosas que usted pueda necesitar, tales como: prescripciones, trabajo de laboratorio, exámenes y rayos X. Nosotros podemos proporcionar a un médico o a un proveedor de servicios de salud copia de ciertos registros que podrían ayudar a brindar el tratamiento después de que le den de alta en este centro.

Sus pagos: Nosotros podemos usar y divulgar la información médica sobre su tratamiento y servicios para facturar y cobrar los pagos por su salud, a su aseguradora o a un tercero encargado del pago. Por ejemplo, es posible que necesitemos proporcionar información sobre usted a su aseguradora acerca de su cirugía para que ellos nos paguen o le reembolsen el costo del tratamiento. También podemos informar a su plan médico acerca del tratamiento que recibirá para determinar si su plan cubre o no el costo.

Para operaciones de atención médica: Los integrantes del personal médico y el equipo de enfermería de la clínica pueden usar la información de su expediente médico para evaluar la atención y los resultados de su caso y otros similares. Los resultados entonces se utilizarán para el mejoramiento continuo de la calidad de la atención para todos los pacientes que atendemos. Por ejemplo, podemos combinar la información médica de muchos pacientes para evaluar la información de nuevos servicios de tratamiento. Podemos divulgar esta información a los médicos, las enfermeras o los estudiantes de medicina para fines educativos. Y podemos combinar la información médica que tenemos con aquella de otros centros para ver en dónde podemos mejorar. Podemos eliminar la información que los identifica de este conjunto de información médica a fin de proteger su privacidad.

Recaudación de fondos: Podemos comunicarnos con usted para recaudar fondos para el centro; un embargo, usted tiene el derecho a elegir no recibir tales comunicados.

También podemos usar y divulgar la información médica:

- Para recordarle que tiene una cita para atención médica;
- Para evaluar su satisfacción con nuestros servicios;
- Para comentarle acerca de posibles alternativas de tratamiento;
- Para comentar acerca de beneficios o servicios relacionados con la salud;
- Para actividades sociales relacionadas con el mejoramiento de la salud o la reducción de costos de atención médica;
- Para llevar a cabo programas de capacitación o evaluar la competencia de los profesionales de atención médica;
- Para una base de datos de elegibilidad para Medicaid y base de datos de elegibilidad para el Programa de Seguro Médico para los niños (Children's Health Insurance Program), en caso de ser aplicable.

Al divulgar información, principalmente recolectados de citas y actividades de facturación cobradas, podemos dejar mensajes en su máquina contadora o buzón de voz.

Socios comerciales: Existen algunos servicios que se proporcionan en conjunto con el centro a través de contratos con Socios comerciales. Como ejemplo, estas los servicios que proporcionan los médicos en el departamento de urgencias y radiología, determinados pruebas de laboratorio y servicios de apoyo, que usamos al evaluar o tratar a su expediente médico. Cuando se usan ciertos socios, podemos divulgar su información médica a nuestros socios comerciales para que ellos puedan realizar el trabajo que nos solicitamos y facturarle a usted o al seguro que usted posee por los servicios prestados. Sin embargo, para proteger su información médica, los socios comerciales están obligados por ley federal a subrogarse su información de manera adecuada.

Direcciones: Podemos incluir cierta información limitada sobre usted en el directorio del centro mientras usted sea paciente en el mismo. Dicha información puede incluir su nombre, abreviatura en el centro, su estado general (ej. bueno, estable) y sus afiliaciones religiosas. Esta información puede ser proporcionada a miembros del clero, o cualquier otro por sus afiliaciones religiosas, a otras personas que pregunte por su nombre. Si quisiera optar por no aparecer en el directorio del centro, por favor pida el formulario de Exclusión al personal de admisión o funcionamiento de privacidad del centro.

Personas involucradas en su atención o Pago por su atención y Propósitos de notificación: Podemos revelar información médica sobre usted a algún amigo o familiar que participe en su atención médica o que le ayude a pagar por su atención, así como para notificar o ayudar a notificar sobre su ubicación y estado general (lo cual puede incluir su identificación o localización) a su familiar, a un representante personal o a otra persona responsable de su atención. Además, podemos divulgar información médica sobre usted a una entidad que asista en su caso de desastre con la finalidad de ayudar a la recuperación de este aviso.

Investigación: El uso de la información médica es importante para el desarrollo de nuevos conocimientos y el mejoramiento de la atención médica. Podemos usar o divulgar información médica para estudios de investigación, pero únicamente cuando se cumplen todos los requisitos federales y estatales para proteger su privacidad (tal como usar únicamente información que no se identifica siempre que sea posible). Es posible que se compromet con usted para proporcionar si desea participar en un estudio de investigación.

Comunicación futura: Podemos comunicarnos con usted por medio de boletines, correos y otros medios con respecto a opciones de tratamiento, información relacionada con la salud, programas de salud o manejo de enfermedades, programas de bienestar, programas de investigación u otras iniciativas o actividades comunitarias en las que participe nuestro centro.

Aviso de atención médica organizada: Este centro y los integrantes del personal médico han organizado y le presentan este documento a manera de notificación conjunta. La información se compartirá en la medida que sea necesario para llevar a cabo el tratamiento de los pagos y las operaciones de atención médica. Los médicos y cuidadores pueden tener acceso a la información médica protegida en un consultorio como forma de apoyo para la revisión de tratamientos, previo, ya que estos datos podrían afectar el tratamiento actual.

Entidad afiliada colateral: La información médica protegida está disponible para el personal del centro en centros, locales afiliados en caso de ser necesario para llevar a cabo un tratamiento, pago y operaciones de atención médica. Los cuidadores en otros centros podrán tener acceso a la información médica protegida en su ubicación como manera de apoyo para el tratamiento actual. Por favor comuníquese con el Funcionario de Privacidad del centro para obtener más información acerca de los centros específicos que están incluidos en esta entidad afiliada colateral.

Interambio de información médica/Organización regional de información médica: Es posible que las leyes federales y estatales nos permitan participar en organizaciones junto con otros proveedores de atención médica, aseguradoras y otros participantes de la industria de la atención médica y su subcontratista con la finalidad de que estas personas y entidades compartan la información médica sobre usted entre ellas a fin de cumplir metas que puedan incluir, entre otras: mejorar la precisión y aumentar la disponibilidad de sus expedientes médicos.

A7215-0 (Rev. 7/13) sustituye a la Comunicación 4/10

Notice of Privacy Practices
Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Facility Privacy Official by dialing the main facility number.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel, agents of the facility, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

Your Responsibilities: We are required by law to maintain the privacy of your health information, provide you a description of our privacy practices, and to notify you following a breach of secured protected health information. We will abide by the terms of this notice.

Uses and Disclosures: We may use and disclose health information about you in the following categories described below:

For Treatment: We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. 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. Different departments of the facility also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and so on.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this facility.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also bill your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your care and other areas. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine health information we have with that of other facilities to see where we can make improvements. We may receive information that identifies you from this set of health information to protect your privacy.

Fundraising: We may contact you to raise funds for the facility; however, you will have the right to elect not to receive such communications.

We may also use and disclose health information:

- To remind you that you have an appointment for medical care;
- To assess your satisfaction;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For population based activities relating to improving health or reducing health care costs;
- For conducting training programs or reviewing competence of health care professionals; and
- To a Medicaid eligibility database and the Children's Health Insurance Program eligibility database, as applicable.

When disclosing information, primarily appointment reminders and billing/collections contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

Directors: We may include certain limited information about you in the facility directory while you are a patient at the facility. The information may include your name, phone number, and your general condition (e.g., good, fair) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory please request the Opt Out Form from the admission staff or Facility Privacy Official.

Individuals Involved in Your Care or Payment for Your Care and/or Notification Purposes: We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care or to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care at your location and general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort in order to assist with the provision of this notice.

Research: The use of health information is important to develop new knowledge and improve medical care. We may use or disclose health information for research studies but only when they meet all federal and state requirements to protect your privacy (such as using only de-identified data whenever possible). You may also be contacted to participate in a research study.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, research projects, or other community based initiatives or activities our facility is participating in.

Organized Health Care Arrangement: This facility and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

Affiliated Covered Entity: Protected health information will be made available to facility personnel at local affiliated facilities as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the Facility Privacy Official for further information on the specific sites included in this affiliated covered entity.

Health Information Exchange/Regional Health Information Organization: Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by law.

As required by law: We may disclose information when required to do so by law.

As permitted by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Military Command Authorities
- Health Oversight Agencies
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- A person or persons able to prevent or lessen a serious threat to health or safety

Law Enforcement: We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

Judicial or Administrative Proceedings: We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.

Authorization Required: We must obtain your written authorization in order to use or disclose psychotherapy notes, use or disclose your protected health information for marketing purposes, or to sell your protected health information.

State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**

- **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility 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.
- **Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment if the information is kept by or for the facility. Any request for an amendment must be sent in writing to the Facility Privacy Official.

We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

- **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.
- **Request Restrictions:** You have the right to request a restriction or limitation on the health 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 health 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. Any request for a restriction must be sent in writing to the Facility Privacy Official.

We are required to agree to your request only if 1) except as otherwise required by law, the disclosure is in your health plan and the purpose is related to payment or health care operations, and 2) your information pertains solely to health care services for which you have paid in full. **For other requests, we are not required to agree.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

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 may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means unless you object to the request in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

• **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

If the facility has a website you may print or view a copy of the notice by clicking on the "Notice of Privacy Practices" link.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and on our website and include the effective date. In addition, each time you register at or are admitted to the facility for treatment or health care services, 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 facility by following the process outlined in the facility's Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

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

FACILITY PRIVACY OFFICIAL
Telephone Number: (831) 755-0709 A721 (Rev. 09/13)

HIPAA - ENGLISH
QTY: 3
(1) VISTA FRAME
(2) BLACK SNAP FRAME

HIPAA - SPANISH
QTY: 3
(1) VISTA FRAME
(2) BLACK SNAP FRAME

19.59" W X 24" H INSERT LAYOUTS
SCALE: 3" = 1'-0"

23.43"

PATIENT 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 licensed health care practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and nonphysicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to 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 nontreatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
7. Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of pain with methods that include the use of opiates.
10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.

13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
17. Know which hospital rules and policies apply to your conduct while a patient.
18. Designate a support person as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
 - No visitors are allowed.
 - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
 - You have told the health facility staff that you no longer want a particular person to visit.

However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.
20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, registered domestic partner 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:
Salinas Valley Memorial Healthcare
Patient Relations Department / QMS
450 East Romie Lane, Salinas, CA 93901
or calling Patient Relations at (831) 755-0709

The grievance committee will review each grievance and provide you with a written response within 7 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 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: San Jose District Office
100 Paseo de San Antonio, Suite 235, San Jose, CA 95113
Toll Free: (800) 554-0348 or (408) 277-1784 Fax: (408) 277-1032

These Patient Rights combine Title 22 and other California laws, The Joint Commission and Medicare Conditions of Participation requirements. (3/12)

California Hospital Association • 1215 K Street, Suite 800 • Sacramento, CA 95814 • (916) 443-7401 • www.calhospital.org

PATIENT RIGHTS - ENGLISH

QTY: 3
(1) VISTA FRAME
(2) BLACK SNAP FRAME

23.43"W X 36"H INSERT LAYOUTS
SCALE: 3" = 1'-0"

23.43"

DERECHOS DEL PACIENTE

Usted tiene derecho a lo siguiente:

1. A recibir atención considerada y respetuosa, y a que lo hagan sentir cómodo. Tiene derecho a que sus valores, creencias y preferencias culturales, psicosociales, espirituales y personales sean respetados.
2. A que se les notifique de inmediato a un familiar (u otro representante que elija) y a su propio médico si usted es hospitalizado.
3. A conocer el nombre del profesional de atención médica con licencia profesional que se desempeña dentro del alcance de dicha licencia que tenga la responsabilidad principal de coordinar su atención, y el nombre y las relaciones profesionales de los médicos y los proveedores no médicos que lo atenderán.
4. A recibir información sobre su estado de salud, diagnóstico, pronóstico, curso de tratamiento, perspectivas de recuperación y resultados de la atención (incluidos los resultados imprevistos) en términos que pueda comprender. Tiene derecho a una comunicación eficaz y a participar en el desarrollo y la implementación de su plan de atención. Tiene derecho a participar en cuestiones éticas que surjan en el curso de su atención, incluidos los asuntos relativos a la resolución de conflictos, la suspensión de los servicios de reanimación y la renuncia al tratamiento de soporte vital o su interrupción.
5. A tomar decisiones relativas a la atención médica y a recibir toda la información que necesite sobre cualquier tratamiento o procedimiento propuesto para dar su consentimiento informado o negarse a recibir un tratamiento. Excepto en los casos de emergencia, esta información deberá incluir una descripción del procedimiento o tratamiento; los riesgos implicados significativos desde el punto de vista médico; los cursos alternativos de tratamiento o no tratamiento, y los riesgos implicados en cada uno de ellos; y el nombre de la persona que efectuará el procedimiento o tratamiento.
6. A solicitar un tratamiento o negarse a recibir un tratamiento, en la medida en que lo permita la ley. No obstante, no tiene derecho a exigir tratamientos o servicios que no sean adecuados o que sean innecesarios desde el punto de vista médico. Tiene derecho a retirarse del hospital incluso si los integrantes del personal médico no lo recomiendan, en la medida en que lo permita la ley.
7. A que le informen si el hospital o el profesional de atención médica con licencia profesional que se desempeña dentro del alcance de dicha licencia proponen la realización de experimentos con seres humanos que afecten su atención o tratamiento, o si proponen su participación en ellos. Tiene derecho a negarse a participar en proyectos de investigación de este tipo.
8. A obtener respuestas razonables a las solicitudes razonables de servicio que realice.
9. A obtener una evaluación y un control adecuados del dolor, recibir información sobre el dolor, lograr el alivio del dolor y participar en las decisiones relativas al control del dolor. Puede solicitar o rechazar el uso de cualquier método de alivio del dolor o todos ellos, incluso los medicamentos opiáceos, si siente un dolor incoercible crónico intenso. El médico puede negarse a recetar medicamentos opiáceos, pero, si lo hace, debe informarle que hay médicos que se especializan en el tratamiento del dolor con métodos que incluyen el uso de opiáceos.
10. A formular directivas anticipadas. Esto incluye la designación de una persona que estará a cargo de las decisiones en caso de que usted sea incapaz de comprender un tratamiento propuesto o de que no pueda comunicar sus deseos relativos a la atención. Los profesionales y el personal del hospital que presten atención en el hospital deberán cumplir con estas directivas. Todos los derechos del paciente se aplicarán a la persona que tenga la responsabilidad legal de tomar las decisiones relativas a la atención médica en su nombre.
11. A que se respete su privacidad personal. El análisis del caso, las consultas, los exámenes y el tratamiento son confidenciales y deben llevarse a cabo con discreción. Tiene derecho a que se le informe el motivo de la presencia de cualquier tercero. Tiene derecho a que los visitantes se retiren antes de un examen y cuando se analicen cuestiones relativas al tratamiento. En las habitaciones semiprivadas, se utilizarán cortinas para brindar privacidad.
12. Al tratamiento confidencial de todas las comunicaciones y los registros relativos a su atención y a su estadía en el hospital. Recibirá un "Aviso de prácticas de privacidad" aparte en el que se explican en detalle sus derechos relativos a la privacidad y el modo en que podemos utilizar y divulgar la información protegida sobre su salud.

Estos Derechos del paciente combinan requisitos del Título 22, de otras leyes de California, de Joint Commission and Medicare Conditions of Participation de Medicare. (3/12)

Asociación de Hospitales de California • 1215 K Street, Suite 800 • Sacramento, CA 95814 • (916) 443-7401 • www.calhospital.org

PATIENT RIGHTS - SPANISH

QTY: 3
(1) VISTA FRAME
(2) BLACK SNAP FRAME

13. A recibir atención en un entorno seguro, libre de abuso psicológico, físico, sexual o verbal, y libre de negligencia, explotación o acoso. Tiene derecho a recibir servicios de protección y defensa, lo que incluye la notificación a organismos del gobierno si es víctima de negligencia o abuso.
14. A no sufrir restricciones ni aislamiento de ninguna clase como medio de coerción, disciplina o represalia por parte del personal, o por conveniencia del personal.
15. A la continuidad razonable de la atención y a saber con anticipación el horario y el lugar de las citas, así como la identidad de las personas que le brindarán atención.
16. A que el médico, o un delegado del médico, le informe los requisitos y las opciones para la continuidad de la atención médica luego del alta del hospital. Tiene derecho a participar en el desarrollo y la implementación del plan de alta. Si usted lo solicita, también se le puede suministrar esta información a un amigo o familiar.
17. A saber qué normas y políticas del hospital se aplican a su conducta como paciente.
18. A designar una persona de apoyo y los visitantes de su elección, si es capaz de tomar decisiones, ya sea que la índole de su relación con el visitante sea de consanguinidad, matrimonio o concubinato certificado o no, a menos que:
 - no se permitan visitas;
 - la institución determine de modo razonable que la presencia de un visitante en particular pondría en peligro la salud o la seguridad de un paciente, un integrante del personal de la institución médica u otro visitante de la institución, o que afectaría de manera significativa las operaciones de la institución;
 - usted le haya informado al personal de la institución médica que no desea que una persona en particular siga visitándolo.

No obstante, las instituciones médicas pueden establecer restricciones razonables respecto a las visitas, por ejemplo, restricciones en cuanto a los horarios de visita y la cantidad de visitantes. La institución médica debe informarle (o informarle a la persona de apoyo, cuando corresponda) sus derechos respecto a las visitas, incluidas las restricciones o limitaciones clínicas, si las hubiera. La institución médica no puede restringir, limitar o denegar de cualquier otro modo los privilegios de visita por motivos de raza, color, nacionalidad, religión, sexo, identidad de género, orientación sexual o discapacidad.
19. A que se consideren sus deseos al determinar quiénes pueden visitarlo si usted no es capaz de tomar decisiones. El método de dicha consideración cumplirá con la ley federal y se divulgará en la política del hospital sobre las visitas. Como mínimo, el hospital debe incluir a todas las personas que vivan en su casa y la persona de apoyo conforme a la ley federal.
20. A examinar la factura del hospital y recibir una explicación sobre ella independientemente de la fuente de pago.
21. A ejercer estos derechos independientemente de su situación económica, sexo, antecedentes educativos, raza, color, religión, ascendencia, nacionalidad, orientación sexual, discapacidad, condición médica, estado civil, situación de concubinato certificado o fuente de pago de la atención.
22. A presentar una queja. Si desea presentar una queja ante este hospital, puede hacerlo por escrito o por teléfono
Salinas Valley Memorial Healthcare
Patient Relations Department / QMS
450 East Romie Lane, Salinas, CA 93901
o la vocación de Relaciones Pacientes en (831) 755-0709
El comité a cargo de las quejas revisará cada queja y le dará una respuesta por escrito en el plazo de algunos días. La respuesta por escrito incluirá el nombre de una persona de contacto del hospital, los pasos tomados para investigar la queja, los resultados del proceso de presentación de quejas y la fecha de finalización de dicho proceso. Las inquietudes relativas a la calidad de la atención o al alta prematura también se remitirán a la Organización de Revisión Profesional de la Utilización y Calidad de los Servicios (PRO) correspondiente.
23. A presentar una queja ante el Departamento de Salud Pública de California (CDPH) independientemente de que utilice el proceso de presentación de quejas del hospital. El número de teléfono y la dirección del Departamento de Salud Pública de California son los siguientes: San Jose District Office
100 Paseo de San Antonio, Suite 235, San Jose, CA 95113
Teléfono gratuito: (800) 554-0348 or (408) 277-1784 Fax: (408) 277-1032

INSERT SPECIFICATIONS:
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WITH WHITE BACKGROUNDS.



SEATTLE • SAN DIEGO

MAIN OFFICE
420 STEVENS AVENUE #270
SOLANA BEACH, CA 92075

PHONE: 858.345.1542
FAX: 858.408.3203

CLIENT INFORMATION:

**Salinas Valley
Memorial Hospital
450 E. Romie Lane
Salinas, CA 93901**

APPROVALS:

IG ACCOUNT MANAGER _____

IG PRODUCTION MANAGER _____

CLIENT APPROVAL _____

SALES REP:

Rebecca Redmon

DESIGNER:

R.Germer

REVISION DATES:

2 06-23-2014 RLG

3 06-30-2014 RLG

4 08-06-2014 RLG

5 08-18-2014 RLG

6 08-22-2014 RLG

VOLTAGE:

120V

240V

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PRIMARY ELECTRICAL TO SIGN LOCATIONS IS TO BE PROVIDED BY OTHERS. 20 AMP DEDICATED CIRCUIT(S) WITH NO SHARED NEUTRALS AND A GROUND RETURNING TO THE PANEL IS REQUIRED FOR ALL INSTALLATIONS. THIS SIGN IS INTENDED TO BE INSTALLED IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE 600 OF THE NATIONAL ELECTRICAL CODE AND/OR OTHER APPLICABLE LOCAL CODES. THIS INCLUDES PROPER GROUNDING AND BONDING OF THE SIGN.

DATE

03-27-2014

PROJECT:

Compliance Signage

DRAWING NO.:

14-1254-06 E

SIGN TYPE:

**23.43"W x 36"H
Insert Layouts**

CLIENT INFORMATION:

**Salinas Valley
 Memorial Hospital**
 450 E. Romie Lane
 Salinas, CA 93901

APPROVALS:

IG ACCOUNT MANAGER _____

IG PRODUCTION MANAGER _____

CLIENT APPROVAL _____

SALES REP:

Rebecca Redmon

DESIGNER:

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120V

240V

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DATE

03-27-2014

PROJECT:

Compliance Signage

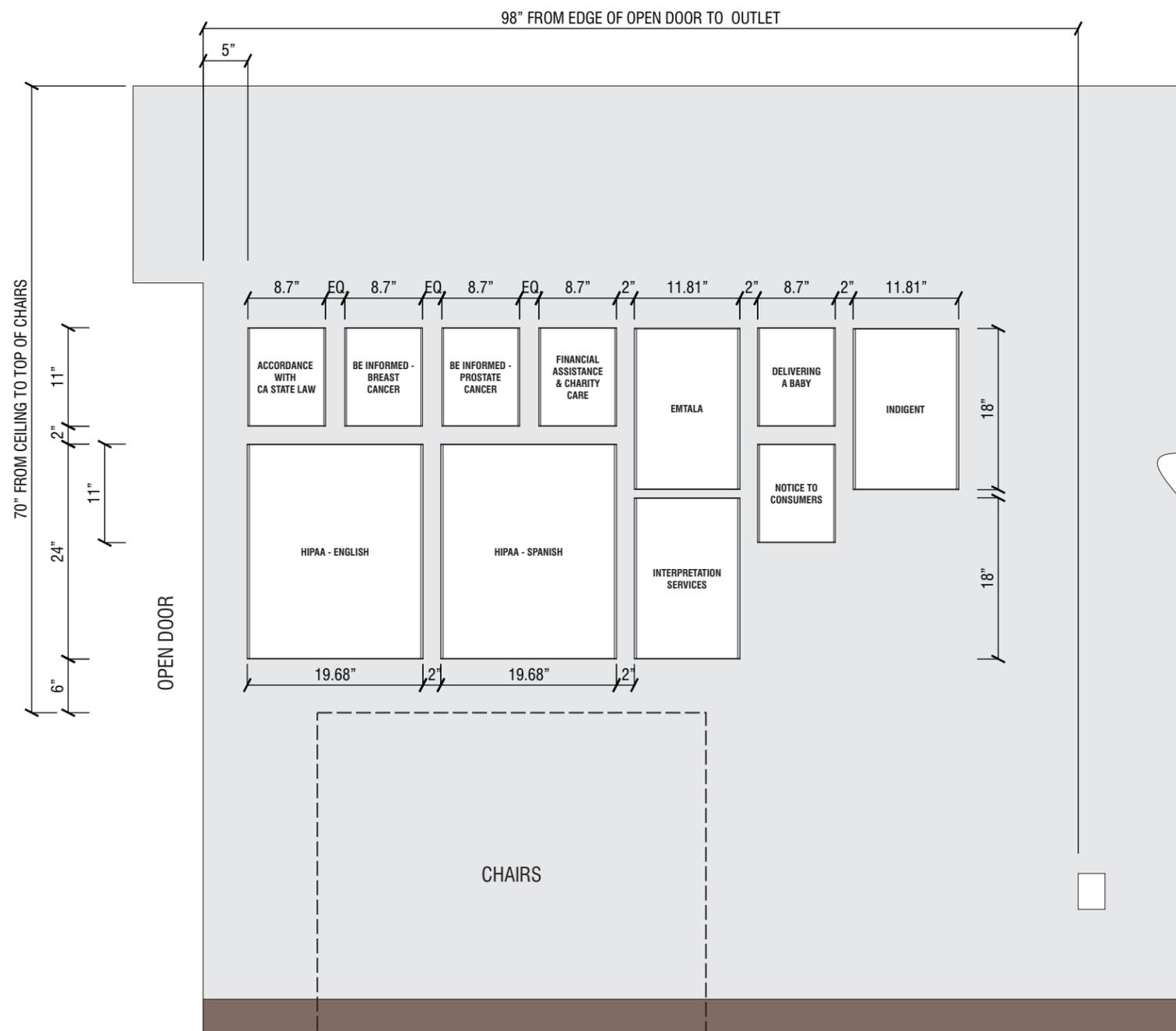
DRAWING NO.:

14-1254-06 E

SIGN TYPE:

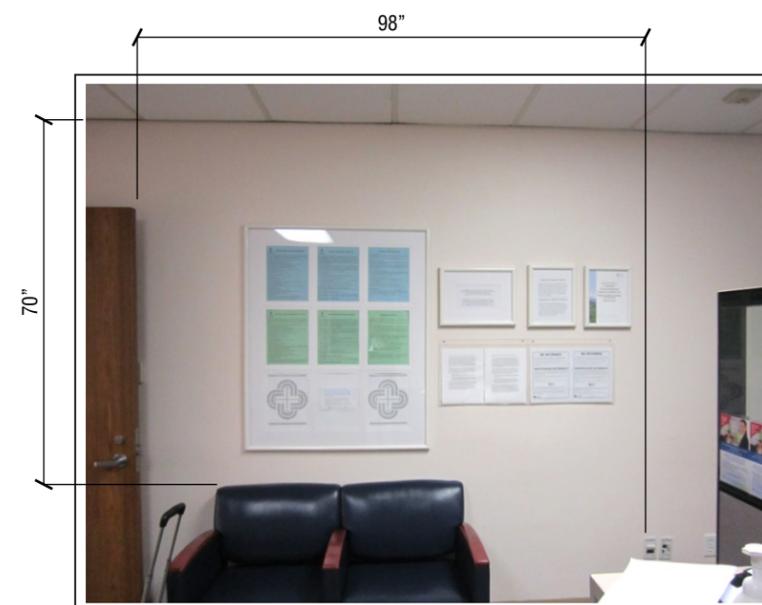
**Patient
 Registration
 Location 1**

NOTE:
 SIGNS INSTALLED AT THIS LOCATION
 ARE VISTA FRAME DISPLAYS.



PATIENT REGISTRATION LOCATION 1 INSTALLATION LAYOUT

SCALE: 3/4" = 1'-0"



EXISTING CONDITIONS

CLIENT INFORMATION:

**Salinas Valley
Memorial Hospital**
450 E. Romie Lane
Salinas, CA 93901

APPROVALS:

IG ACCOUNT MANAGER _____

IG PRODUCTION MANAGER _____

CLIENT APPROVAL _____

SALES REP:

Rebecca Redmon

DESIGNER:

R.Germar

REVISION DATES:

2 06-23-2014 RLG

3 06-30-2014 RLG

4 08-06-2014 RLG

5 08-18-2014 RLG

6 08-22-2014 RLG

VOLTAGE: 120V
240V

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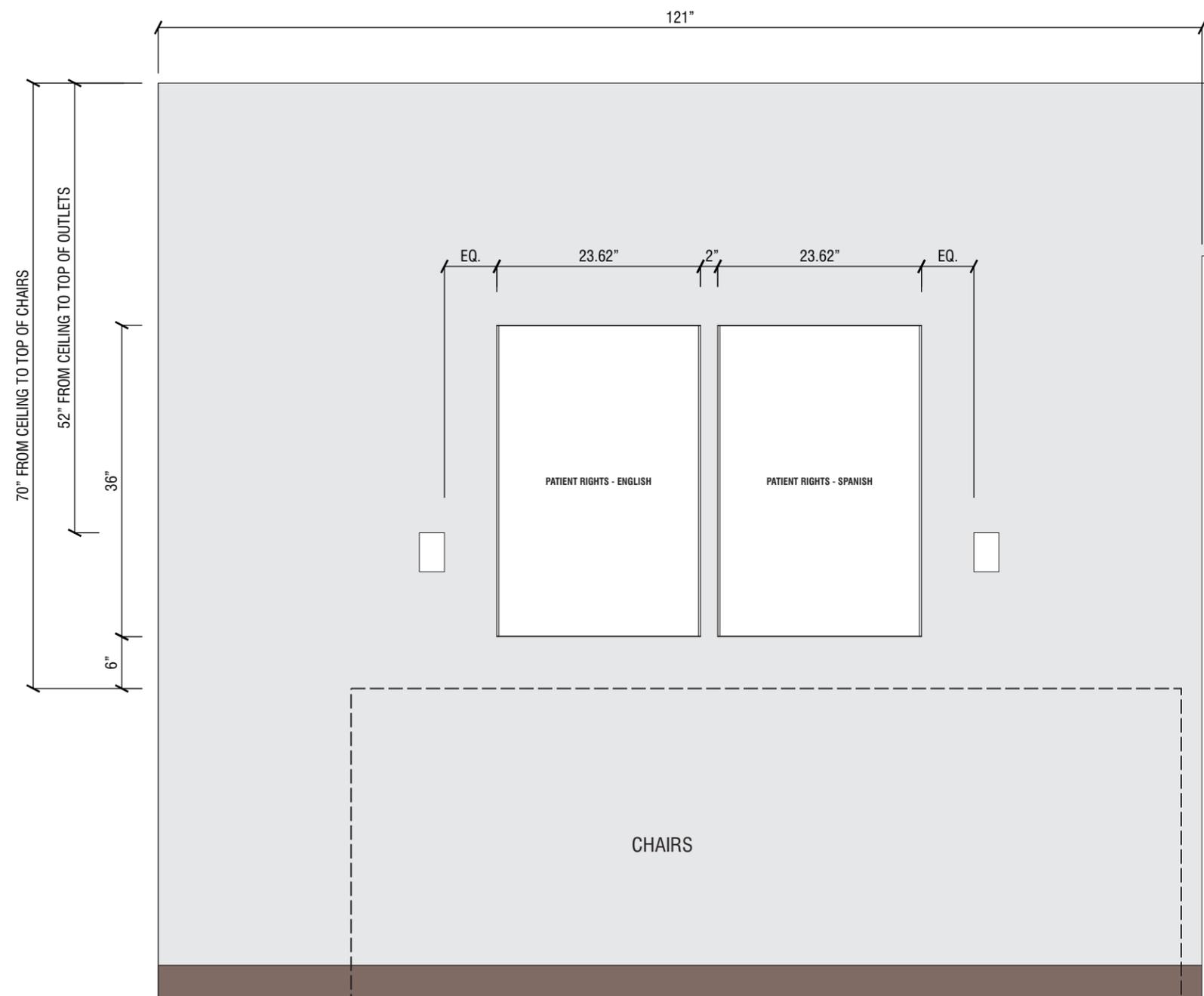
PRIMARY ELECTRICAL TO SIGN LOCATIONS IS TO BE PROVIDED BY OTHERS. 20 AMP DEDICATED CIRCUIT(S) WITH NO SHARED NEUTRALS AND A GROUND RETURNING TO THE PANEL IS REQUIRED FOR ALL INSTALLATIONS. THIS SIGN IS INTENDED TO BE INSTALLED IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE 600 OF THE NATIONAL ELECTRICAL CODE AND/OR OTHER APPLICABLE LOCAL CODES. THIS INCLUDES PROPER GROUNDING AND BONDING OF THE SIGN.

DATE
03-27-2014

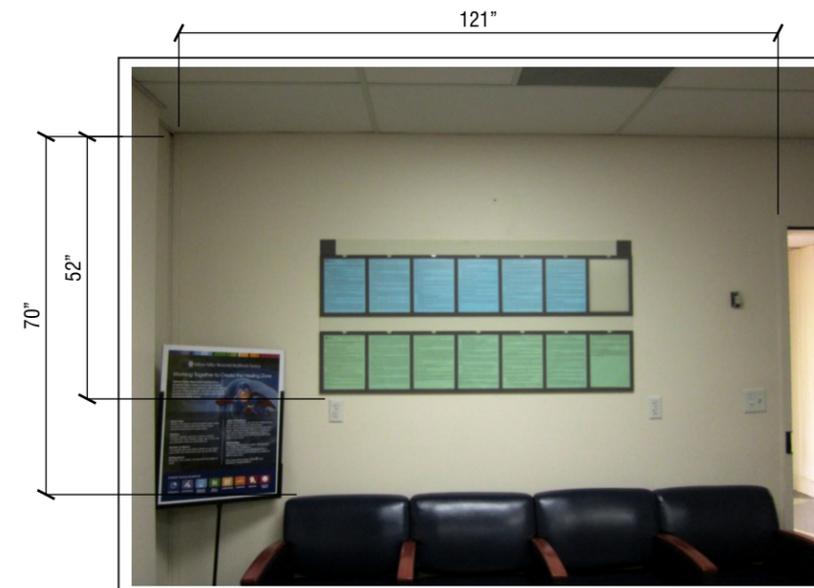
PROJECT:
Compliance Signage
DRAWING NO:
14-1254-06 E

SIGN TYPE:
**Patient
Registration
Location 1B**

NOTE:
SIGNS INSTALLED AT THIS LOCATION
ARE VISTA FRAME DISPLAYS.



PATIENT REGISTRATION LOCATION 1B INSTALLATION LAYOUT
SCALE: 3/4" = 1'-0"



EXISTING CONDITIONS

CLIENT INFORMATION:

**Salinas Valley
 Memorial Hospital**
 450 E. Romie Lane
 Salinas, CA 93901

APPROVALS:

IG ACCOUNT MANAGER _____

IG PRODUCTION MANAGER _____

CLIENT APPROVAL _____

SALES REP:

Rebecca Redmon

DESIGNER:

R.Germar

REVISION DATES:

2 06-23-2014 RLG

3 06-30-2014 RLG

4 08-06-2014 RLG

5 08-18-2014 RLG

6 08-22-2014 RLG

VOLTAGE:

120V

240V

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DATE

03-27-2014

PROJECT:

Compliance Signage

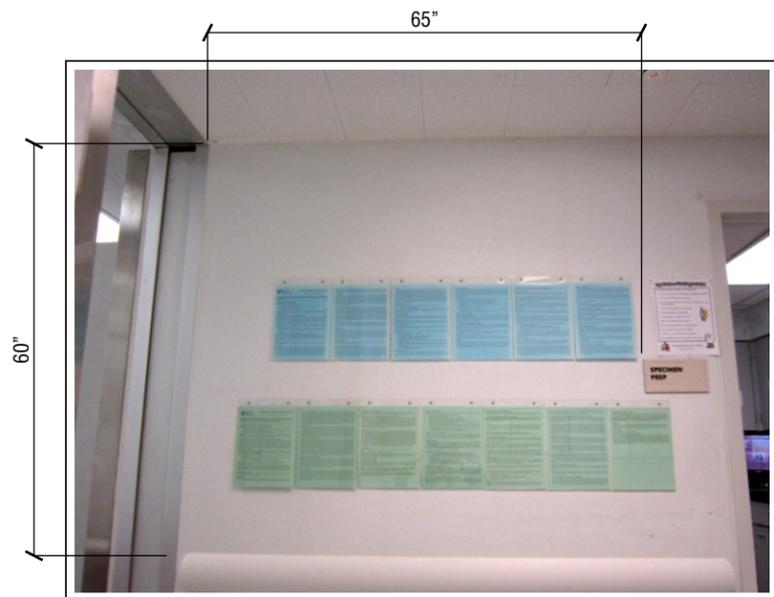
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14-1254-06 E

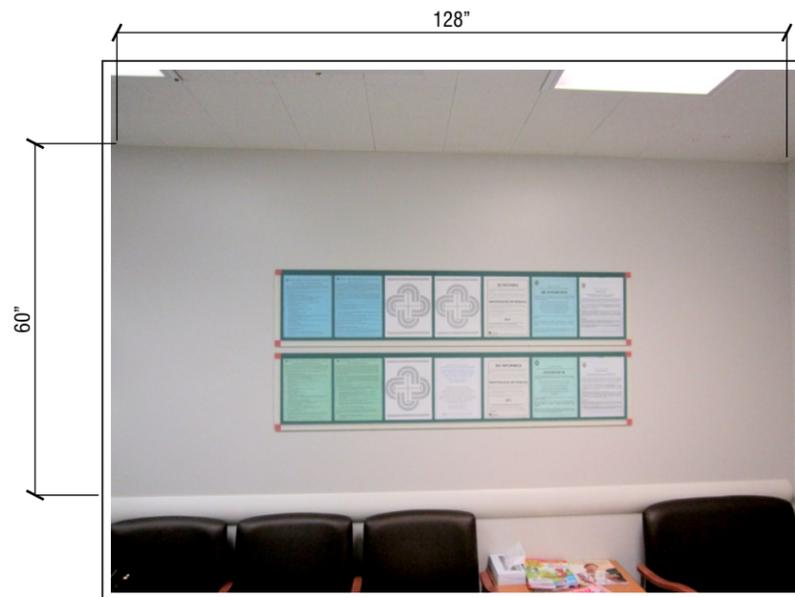
SIGN TYPE:

**Laboratory
 Admitting**

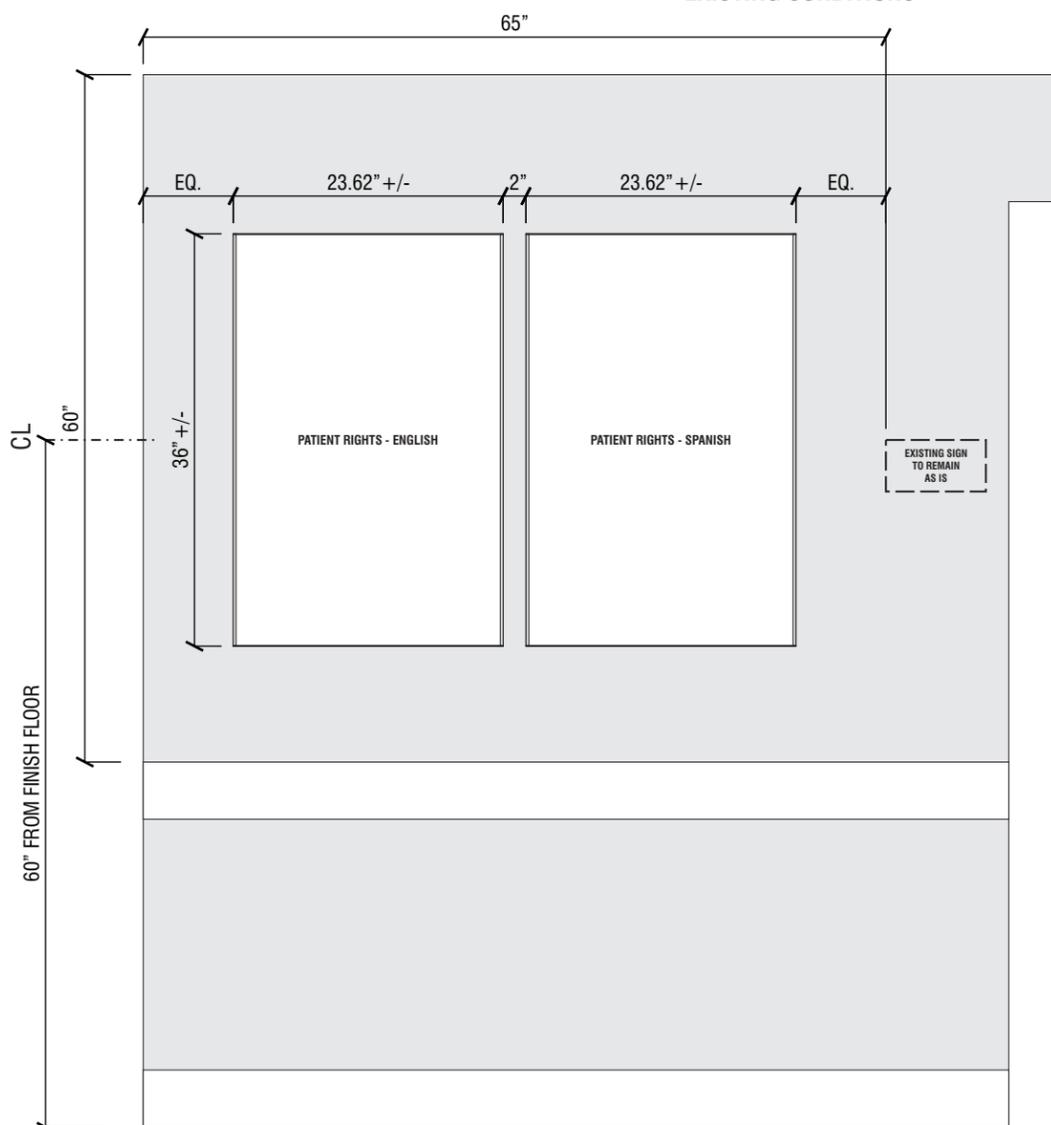
Locations 1A & 1B



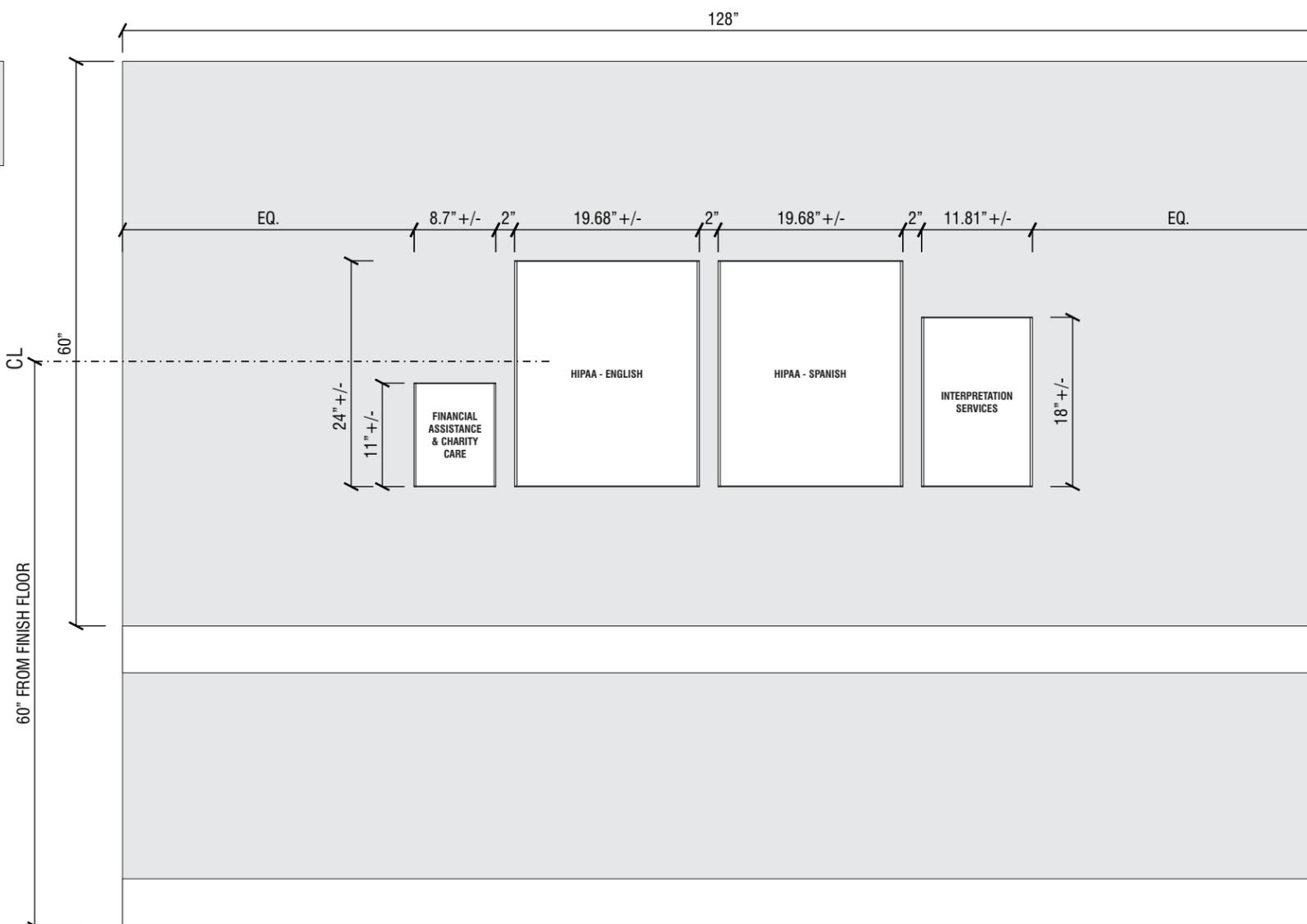
EXISTING CONDITIONS



NOTE:
 SIGNS INSTALLED AT THIS LOCATION
 ARE SNAP FRAME DISPLAYS.



LABORATORY ADMITTING LOCATION 1A INSTALLATION LAYOUT
 SCALE: 3/4" = 1'-0"



LABORATORY ADMITTING LOCATION 1B INSTALLATION LAYOUT
 SCALE: 3/4" = 1'-0"

CLIENT INFORMATION:

**Salinas Valley
Memorial Hospital**
450 E. Romie Lane
Salinas, CA 93901

APPROVALS:

IG ACCOUNT MANAGER _____

IG PRODUCTION MANAGER _____

CLIENT APPROVAL _____

SALES REP:

Rebecca Redmon

DESIGNER:

R.Germar

REVISION DATES:

2 06-23-2014 RLG

3 06-30-2014 RLG

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6 08-22-2014 RLG

VOLTAGE: 120V

240V

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03-27-2014

PROJECT:

Compliance Signage

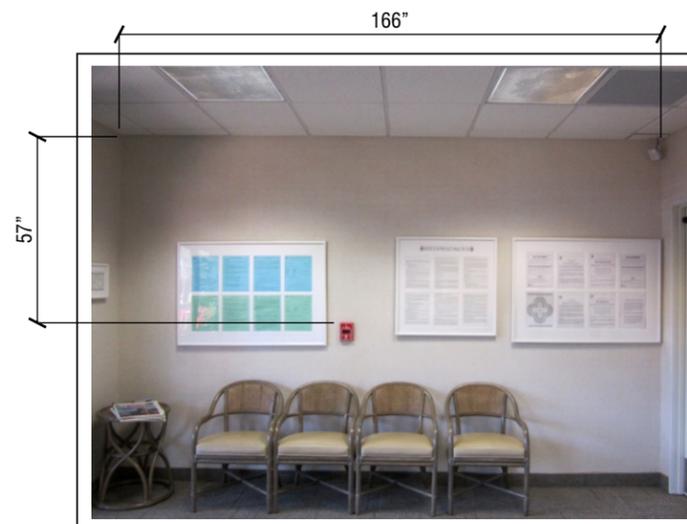
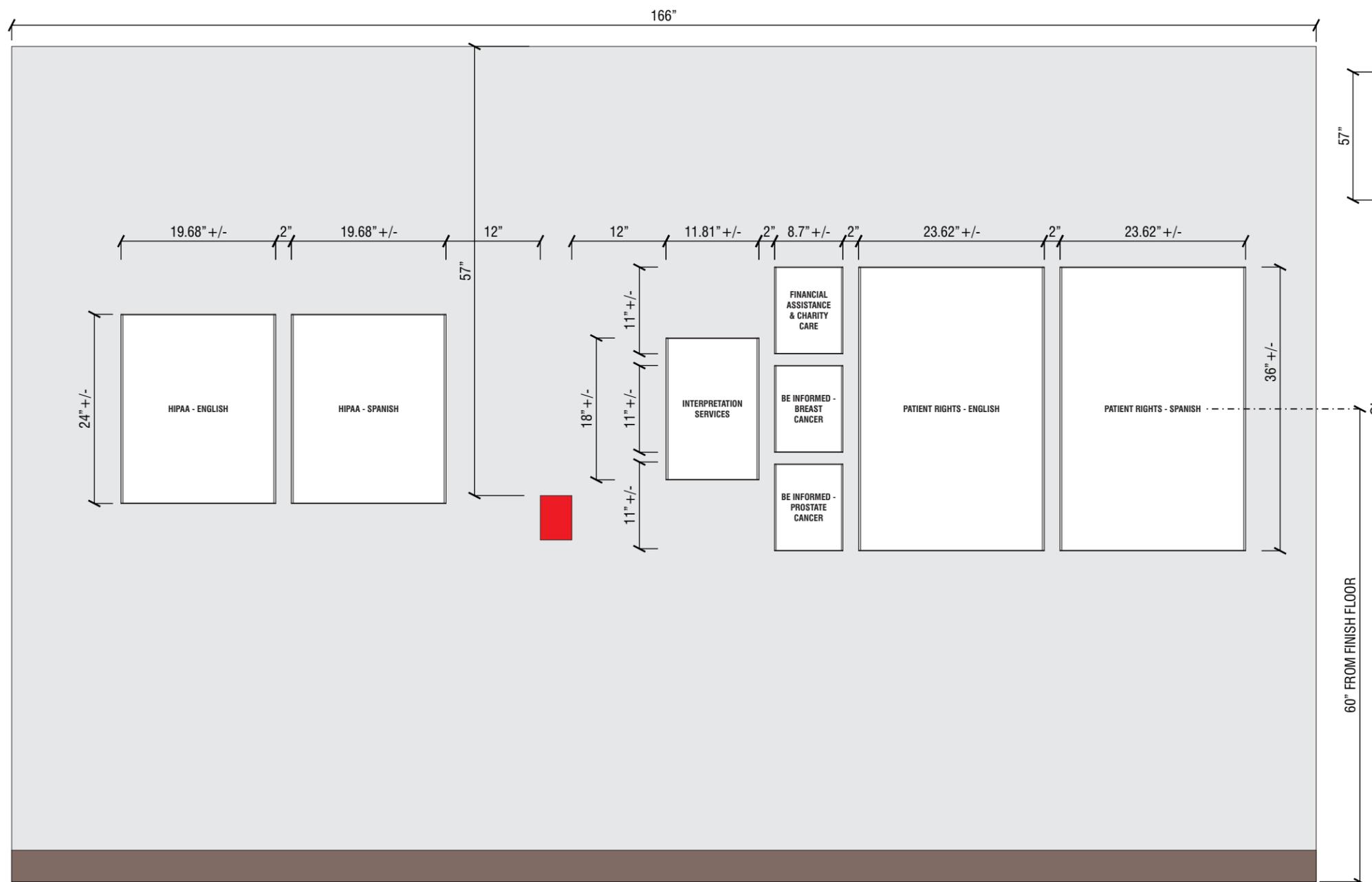
DRAWING NO:

14-1254-06 E

SIGN TYPE:

MRI Admitting

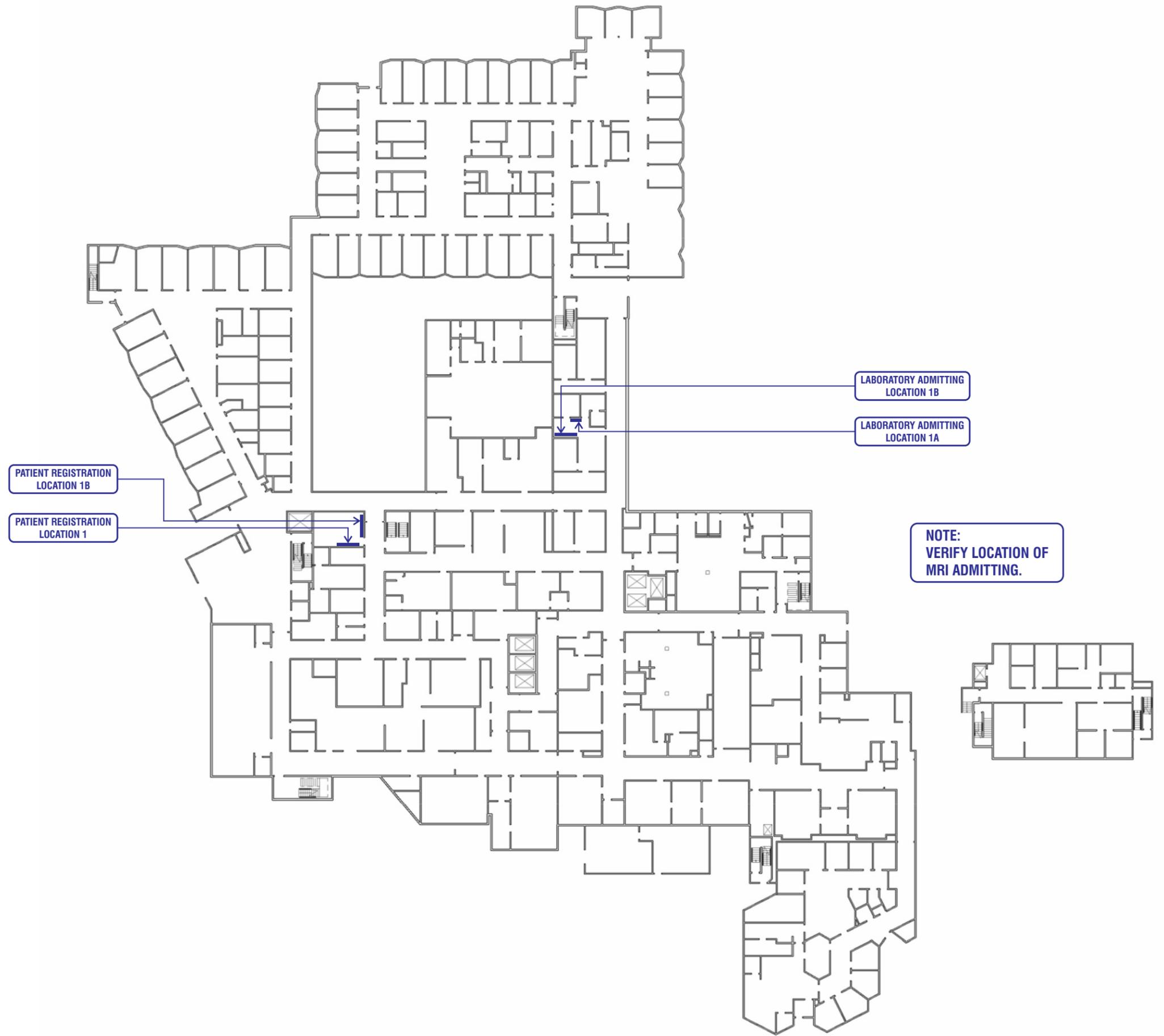
NOTE:
SIGNS INSTALLED AT THIS LOCATION
ARE SNAP FRAME DISPLAYS.



EXISTING CONDITIONS

MRI ADMITTING INSTALLATION LAYOUT

SCALE: 3/4" = 1'-0"



CLIENT INFORMATION:
Salinas Valley Memorial Hospital
 450 E. Romie Lane
 Salinas, CA 93901

APPROVALS:
 IG ACCOUNT MANAGER _____
 IG PRODUCTION MANAGER _____
 CLIENT APPROVAL _____

SALES REP:
Rebecca Redmon
DESIGNER:
R.Germar

REVISION DATES:

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VOLTAGE: 120V
 240V

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DATE
03-27-2014

PROJECT:
Compliance Signage

DRAWING NO:
14-1254-06 E

SIGN TYPE:
1st Floor Location Plan