



Lat: 32°59'36.25N

Lon: -117°15'41.13"W

Compliance Signage

Off-Site Locations

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

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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DATE

03-27-2014

PROJECT:

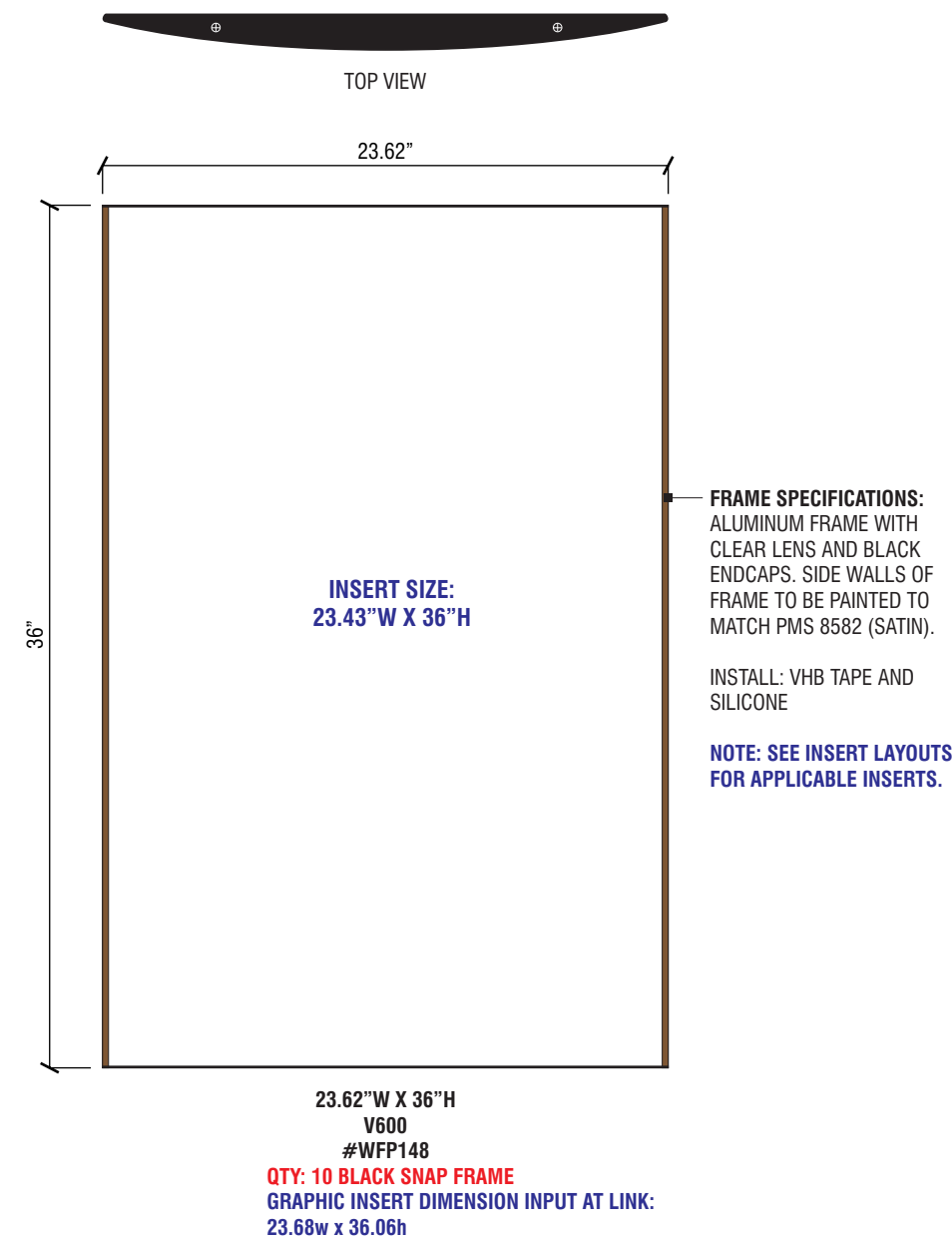
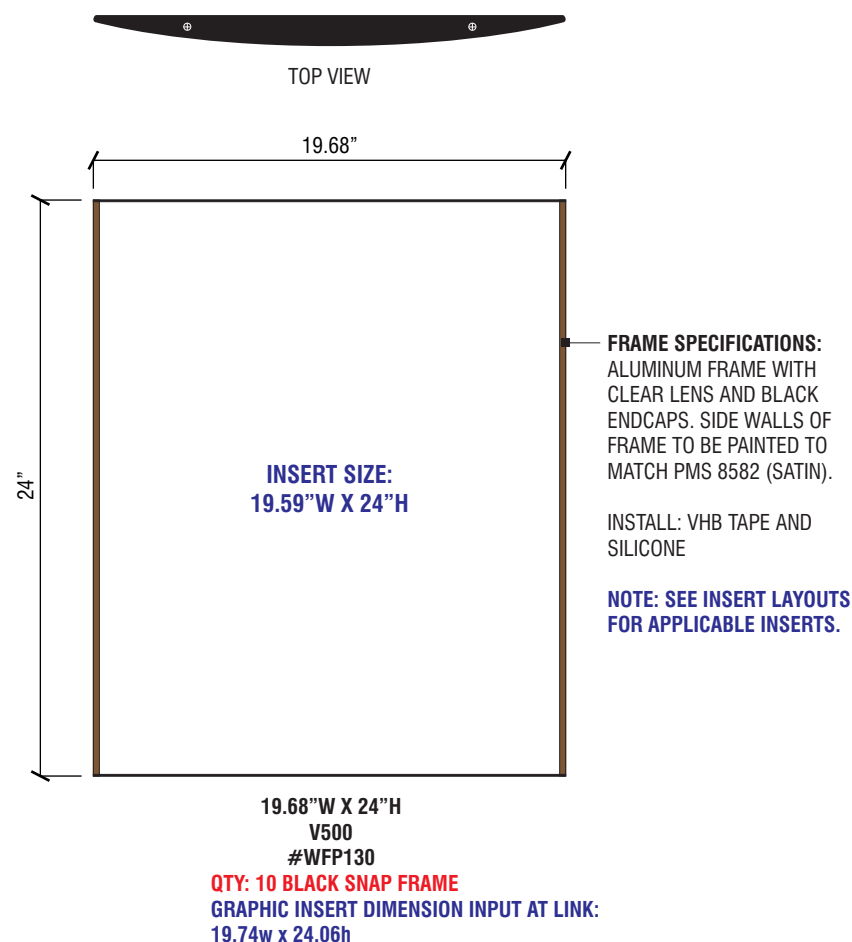
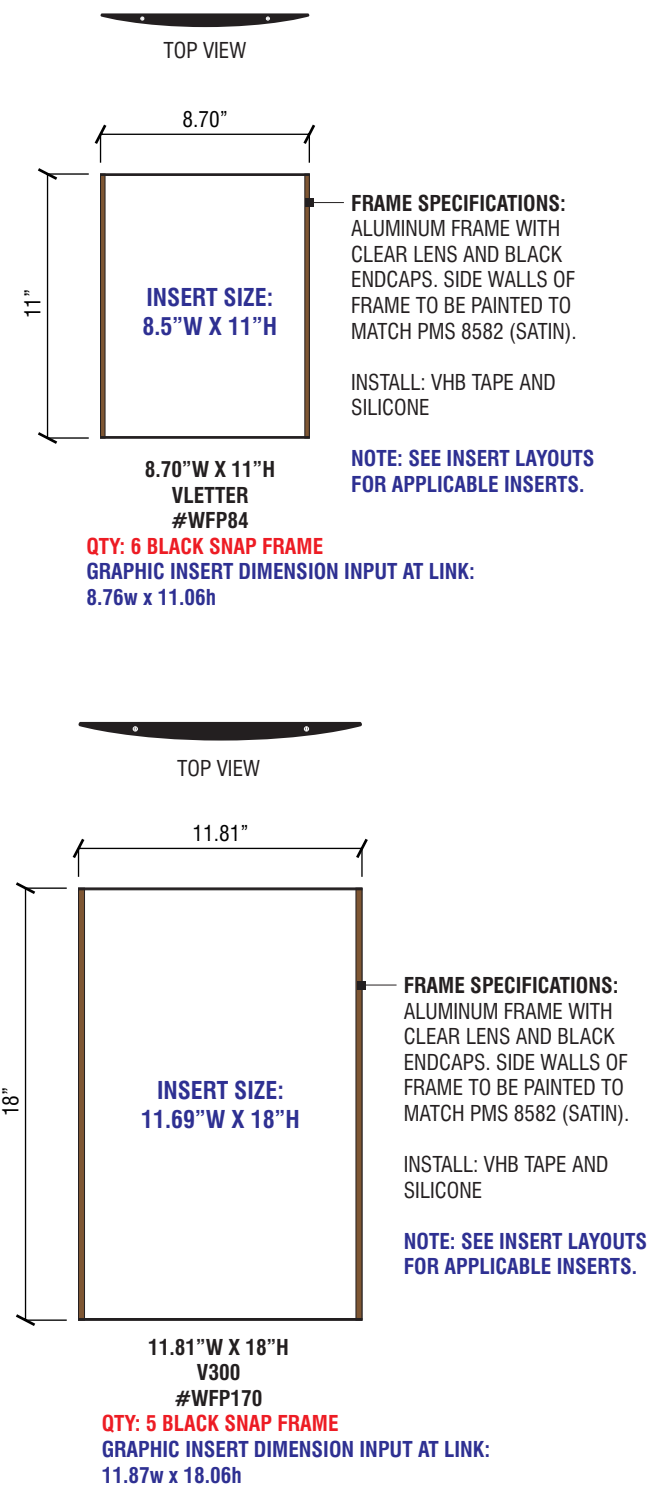
Compliance Signage

DRAWING NO.:

14-1254-06 F


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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Compliance Signage

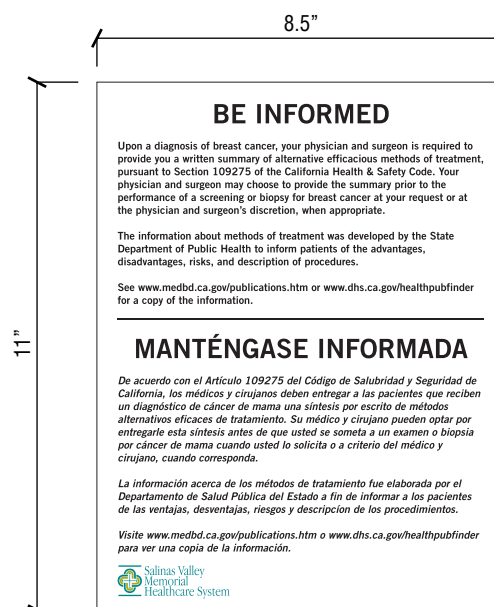
DRAWING NO:

14-1254-06 F

SIGN TYPE:

8.5" w x 11" h

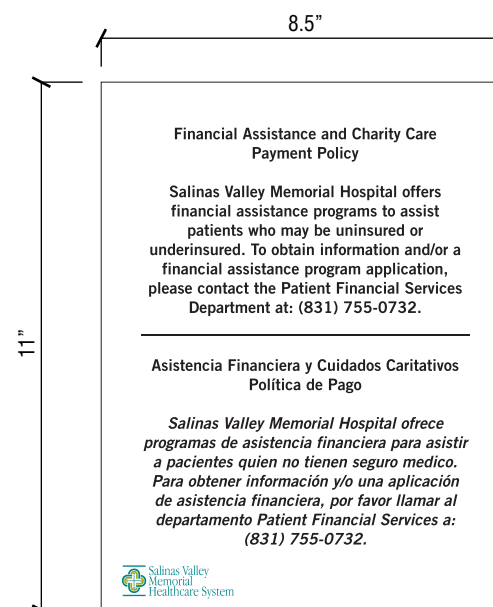
Insert Layouts



BE INFORMED - BREAST CANCER

QTY: 1

(1) BLACK SNAP FRAME



FINANCIAL ASSISTANCE & CHARITY CARE

QTY: 5

(5) BLACK SNAP FRAME

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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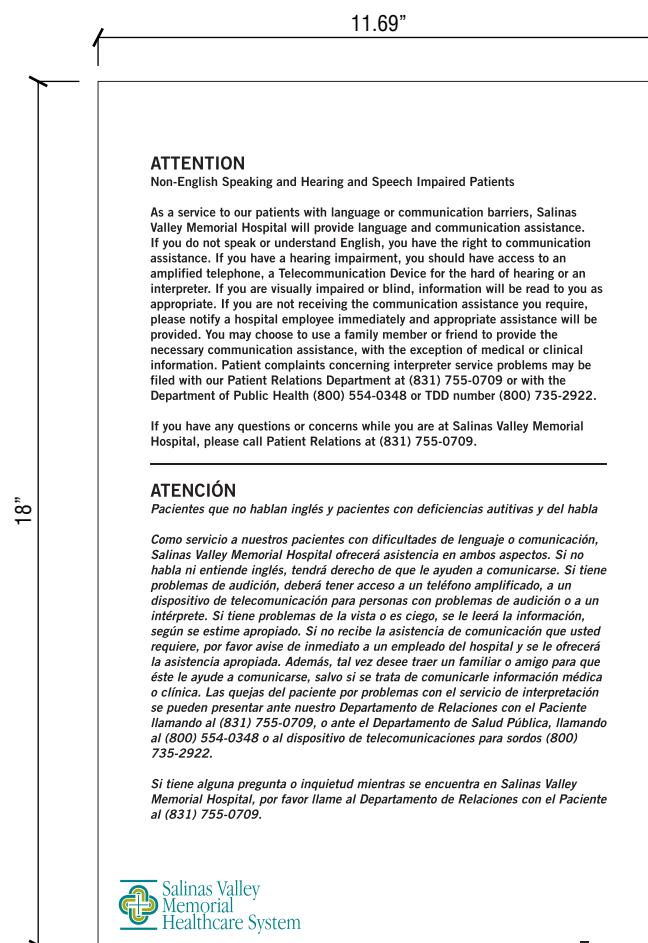
Compliance Signage

DRAWING NO:

14-1254-06 F

SIGN TYPE:

**11.69" w x 18" h
Insert Layouts**



INTERPRETATION SERVICES

QTY: 5

(5) BLACK SNAP FRAME

INSERT SPECIFICATIONS:

20 mil DIGITALLY PRINTED INSERT WITH WHITE BACKGROUNDS.

11.69" W X 18" H INSERT LAYOUTS

SCALE: 3" = 1'-0"

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20mil DIGITALLY PRINTED INSERT
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DATE
03-27-2014
PROJECT:
Compliance Signage
DRAWING NO.:
14-1254-06 F
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 CUIDADAMENTE.

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, información y resultado de exámenes, diagnósticos, tratamientos, un plan para atención o tratamiento en el futuro e información relacionada con la facturación de sus visitas. 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 potestades o 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 comprometemos a mantener la privacidad de su información médica, proporcionar una descripción de nuestra práctica de privacidad y notificarse en caso de que ocurra una violación a la información médica protegida que no esté garantizada. Nosotros cumpliremos 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 realizar diferentes cosas que usted pueda encontrar útiles como: prescripciones, trabajo de laboratorio, exámenes y rayos X. Nosotros podemos proporcionar a su médico o a un proveedor de servicios de salud copia de ciertos registros que podrían ayudarle a brindar el tratamiento después de que le den de alta en este centro.

Los pagos: Nosotros podemos usar y divulgar la información médica sobre su tratamiento y servicios para facturar y cobrar los pagos por sus servicios, ya sea en su totalidad o a un tercero encargado del pago. Por ejemplo, es posible que necesitemos proporcionar información sobre usted a un asegurador 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 del tratamiento.

Para operaciones de atención médica: Los integrantes del personal médico y el equipo de enfermería de la calidad 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 nuestros 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 comunicarle 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 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;
- 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 organizaciones 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 realizar citas o en su expediente médico. Cuando usamos ciertos socios, podemos divulgar la información médica a nuestros socios comerciales para que ellos puedan realizar el trabajo que nos solicitamos y facturarle a usted el servicio requerido 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, abreviación 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 afiliado religioso, a otras personas que preguen 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 (cuando pueda 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 al funcionamiento 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 comprometamos con usted para presentarle 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 o otras iniciativas o actividades comunitarias con las que participe nuestro centro.

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

Entidad afiliada cubierta: 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 la revisión de los tratamientos previos, ya que estos datos podrían afectar 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 cubierta.

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 subcontratistas 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 unsecured 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. The following categories describe examples of how we use and disclose health information:

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.

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 tell 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 case and other patients. 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 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 efforts, we may leave messages on your answering machine/voicemail.

Business Associates: There are some services provided in our organization through contracts 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, address, and other 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
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors and Coroner's
- 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 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 for as long as 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 only if the request is submitted 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, such as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

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: 5
(5) BLACK SNAP FRAME

HIPAA - SPANISH
QTY: 5
(5) 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: 5
(5) 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 de las Condiciones de participación 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: 5
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INSERT SPECIFICATIONS:
20mil DIGITALLY PRINTED INSERT
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.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

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DATE

03-27-2014

PROJECT:

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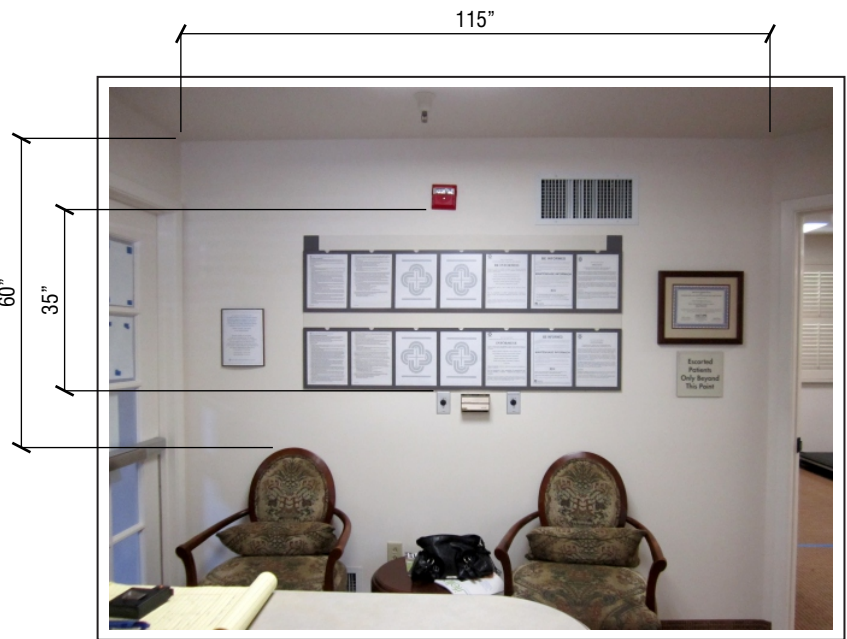
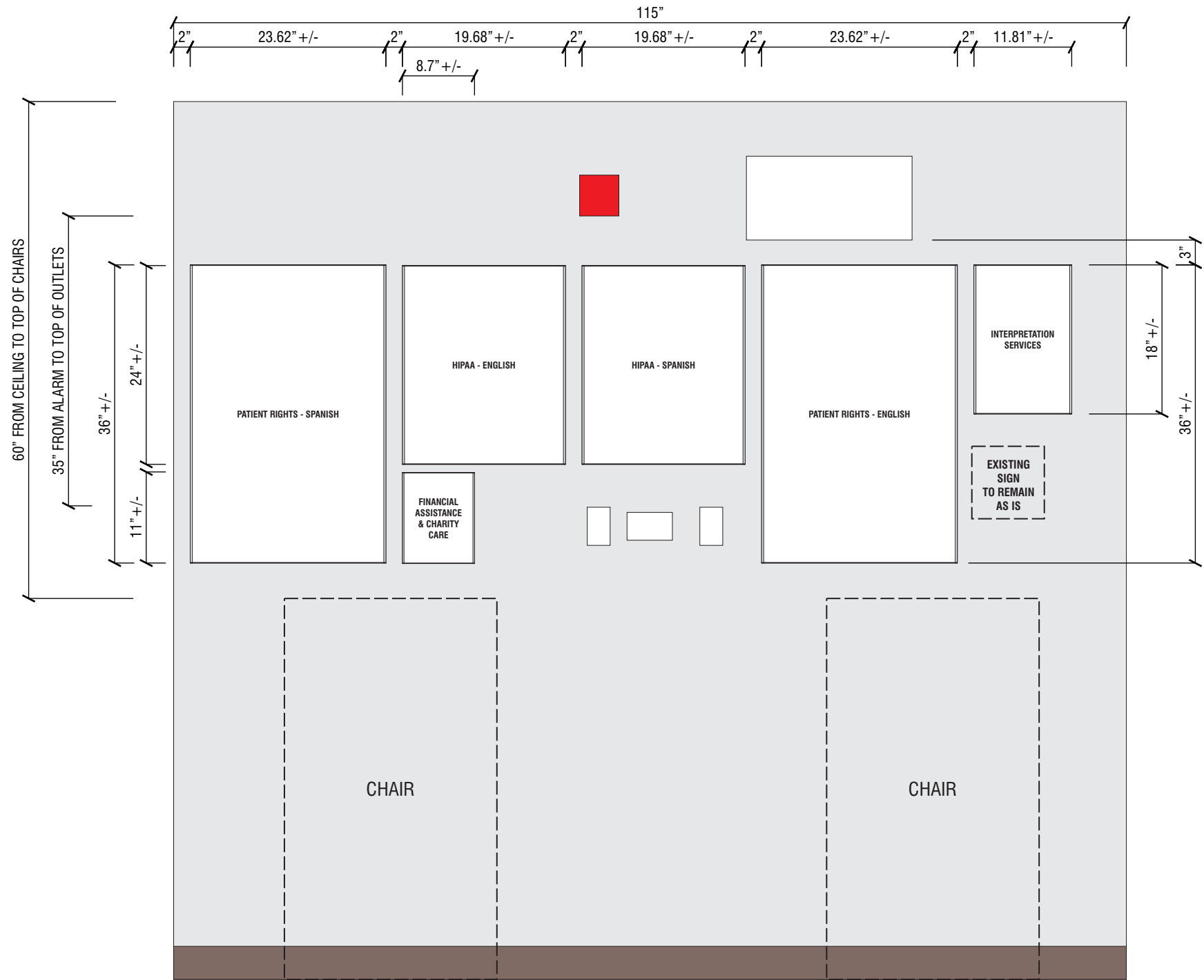
14-1254-06 F

SIGN TYPE:

23.43"W x 36"H
Insert Layouts

CARDIAC WELLNESS CENTER LOCATION

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



EXISTING CONDITIONS

CARDIAC WELLNESS CENTER INSTALLATION LAYOUT
SCALE: 3/4" = 1'-0"

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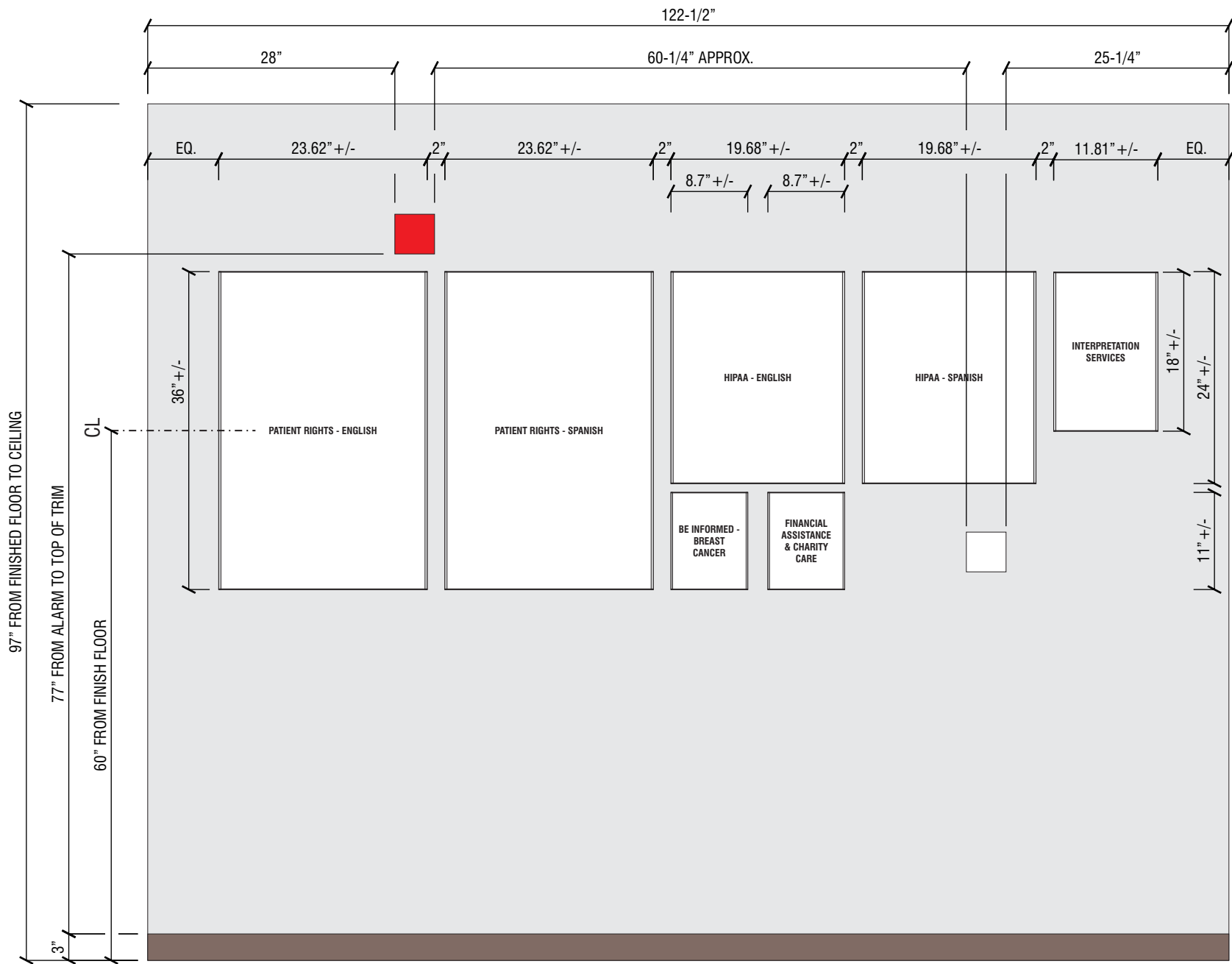
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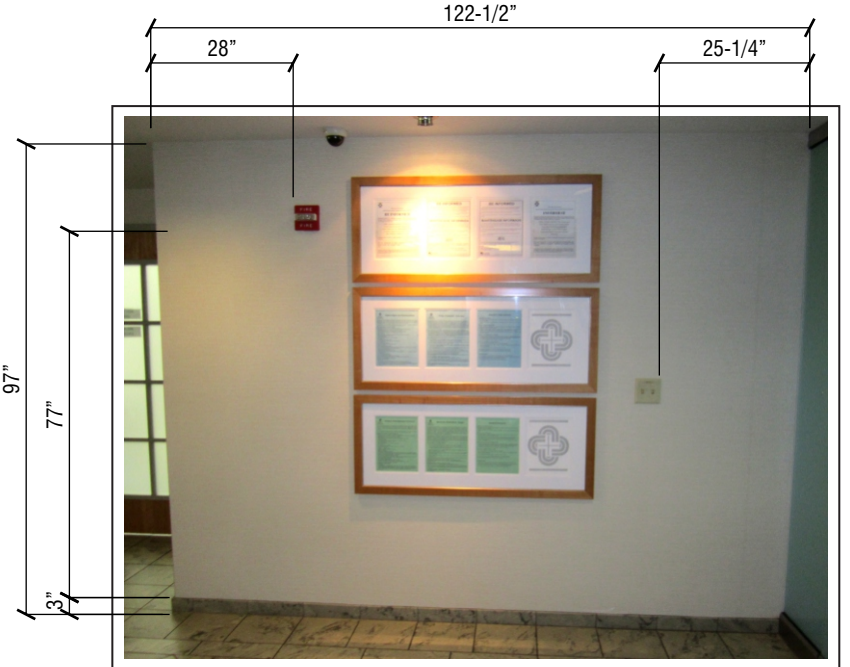
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03-27-2014
PROJECT:
Compliance Signage
DRAWING NO:
14-1254-06 F
SIGN TYPE:
**Cardiac Wellness
Center Location**

MAMMOGRAPHY LOCATION

NOTE:
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MAMMOGRAPHY INSTALLATION LAYOUT
SCALE: 3/4" = 1'-0"



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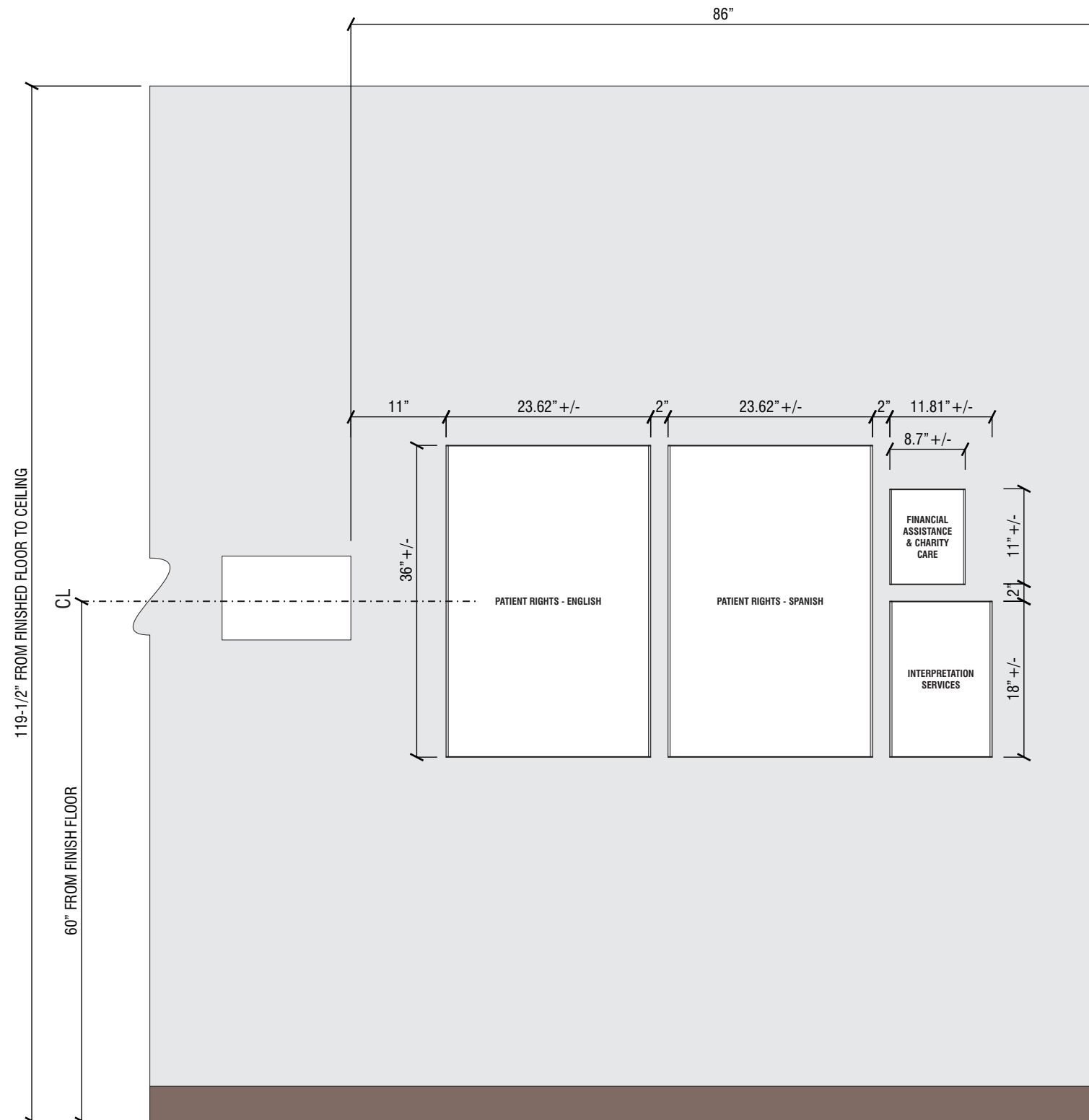
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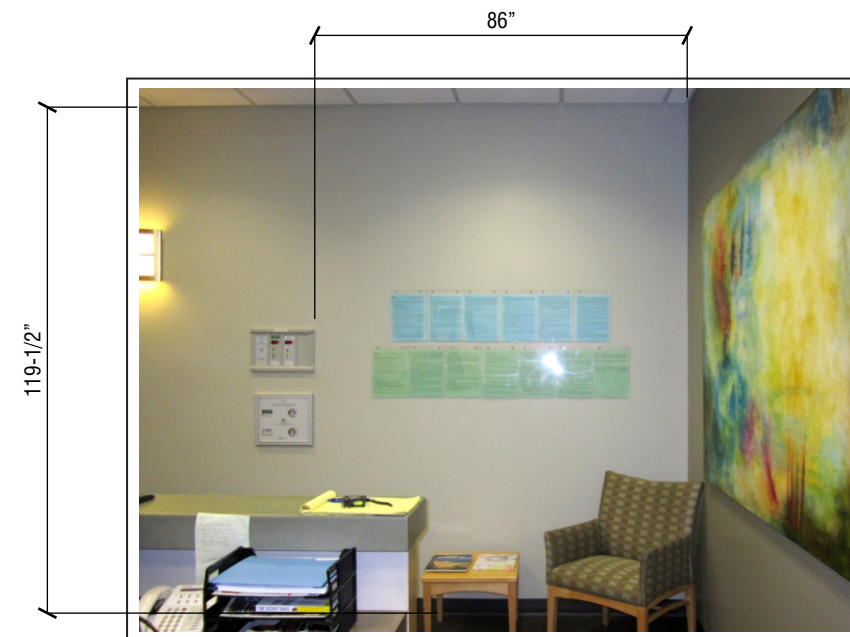
DATE
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PROJECT:
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SIGN TYPE:
**Mammography
Location**

RYAN RANCH LOCATION

NOTE:
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RYAN RANCH INSTALLATION LAYOUT
SCALE: 3/4" = 1'-0"



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CLIENT APPROVAL _____

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DATE
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PROJECT:
Compliance Signage
DRAWING NO:
14-1254-06 F
SIGN TYPE:
**Ryan Ranch
Location**

RYAN RANCH LOCATION

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

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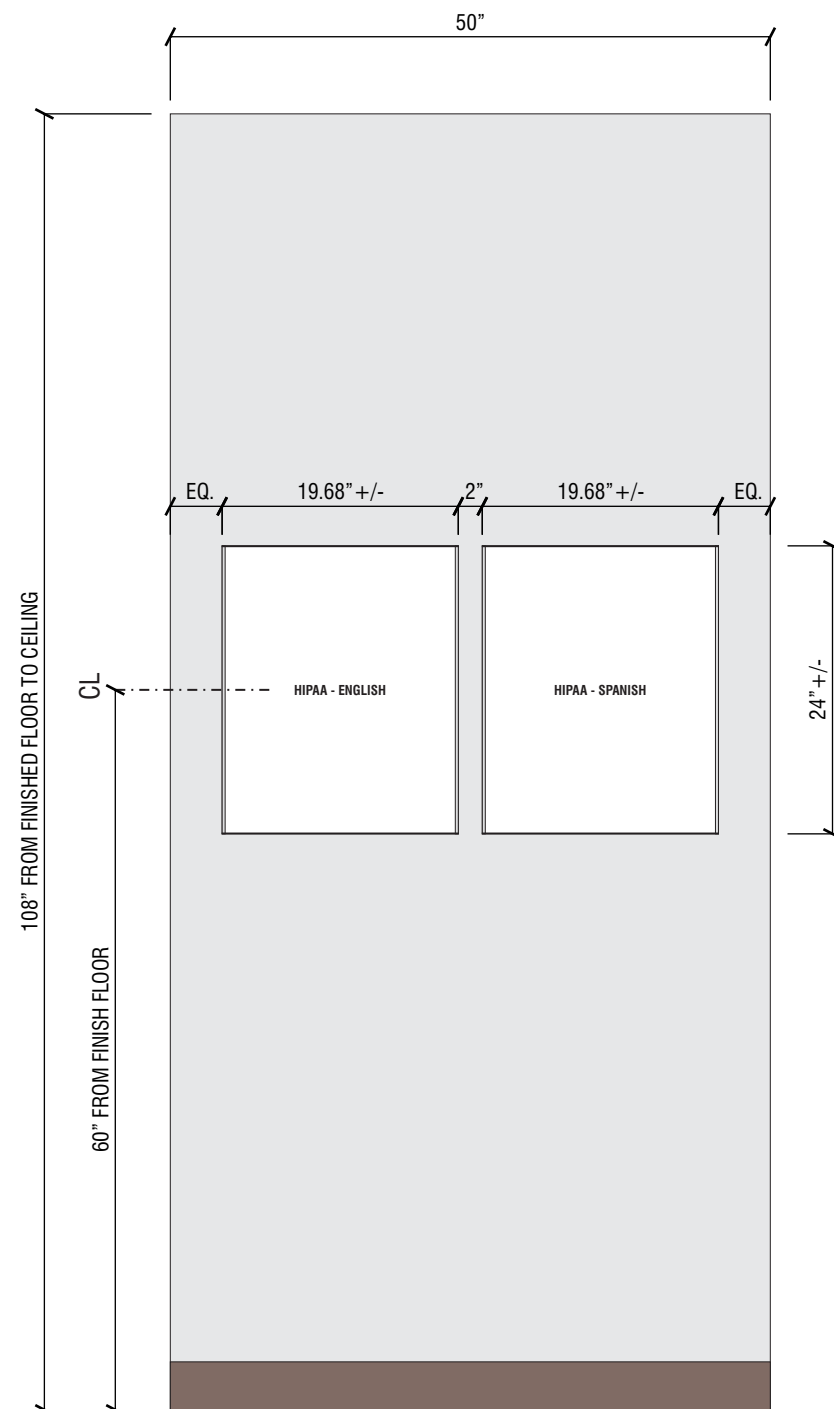
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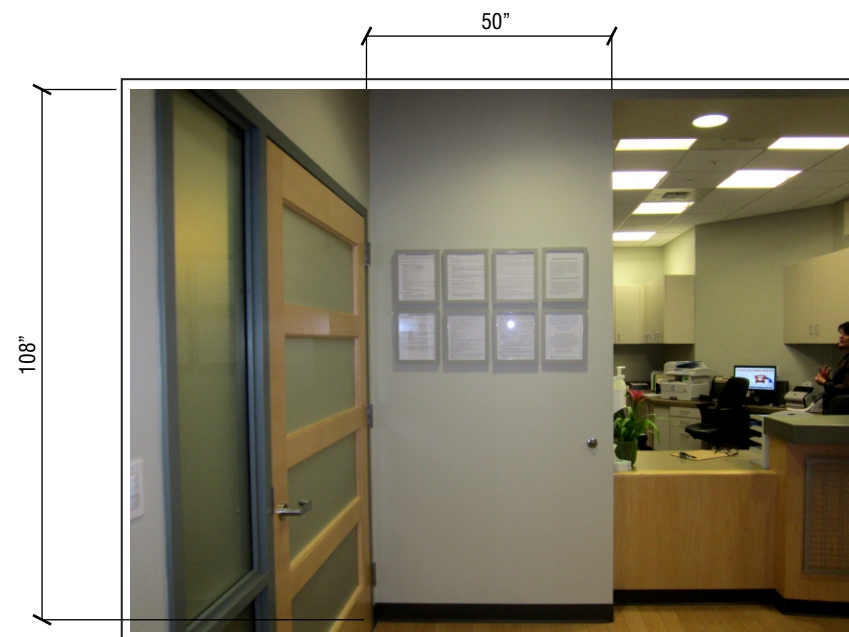
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14-1254-06 F

SIGN TYPE:
**Ryan Ranch
Location**



RYAN RANCH INSTALLATION LAYOUT
SCALE: 3/4" = 1'-0"

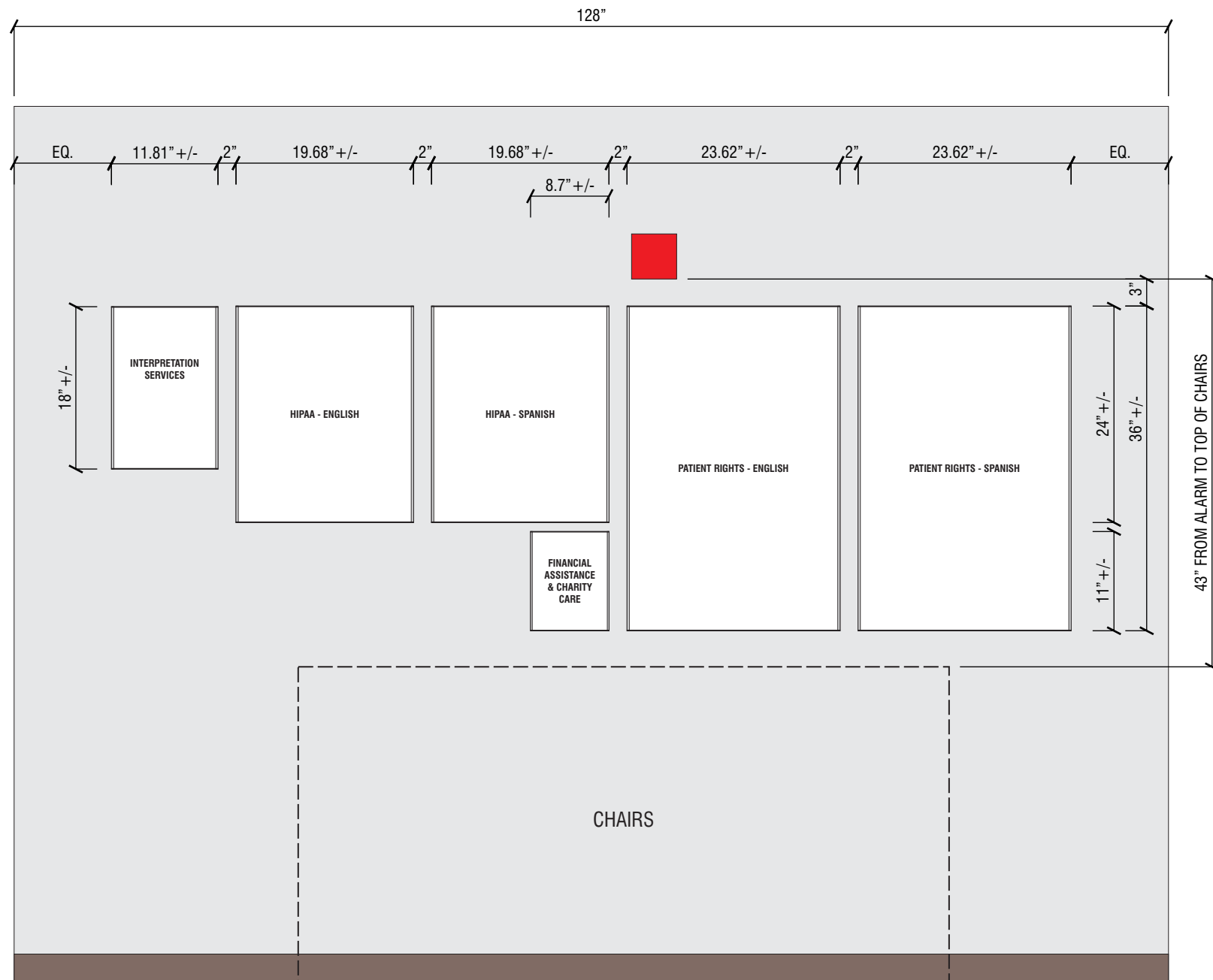
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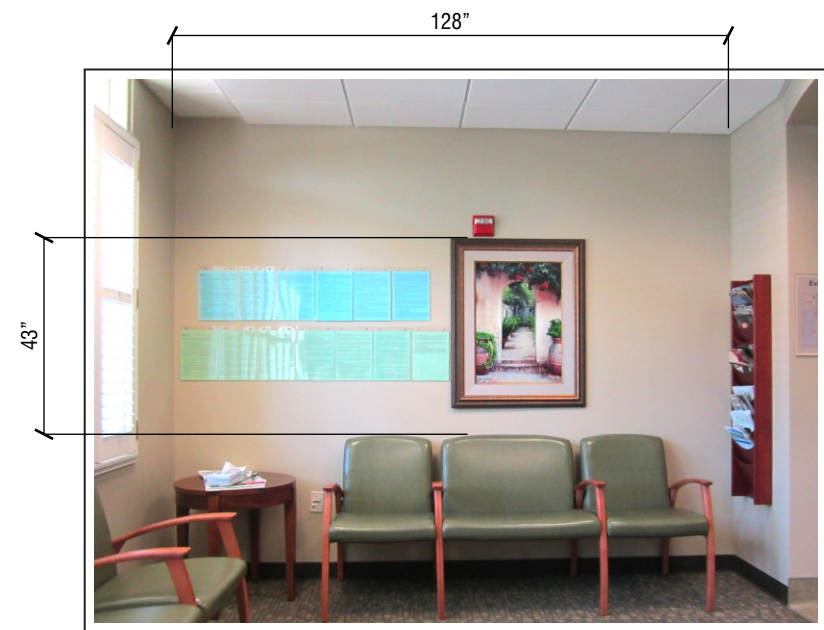
EXISTING CONDITIONS

WOUND CARE - 440 EAST ROMIE LANE, SUITE A

NOTE:
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WOUND CARE INSTALLATION LAYOUT
SCALE: 3/4" = 1'-0"



EXISTING CONDITIONS

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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.Germar

REVISION DATES:

- 2 06-23-2014 RLG
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DATE
03-27-2014

PROJECT:
Compliance Signage

DRAWING NO:
14-1254-06 F

SIGN TYPE:
Wound Care Location