

**VISTA FRAME LAYOUTS** SCALE: 1-1/2" = 1'-0"

GROUP

**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:

(1) 06-11-2014 RLG (2) 06-23-2014 RLG

(3) 06-30-2014 RLG

4 5

VOLTAGE:

120V □ 240V 🗆

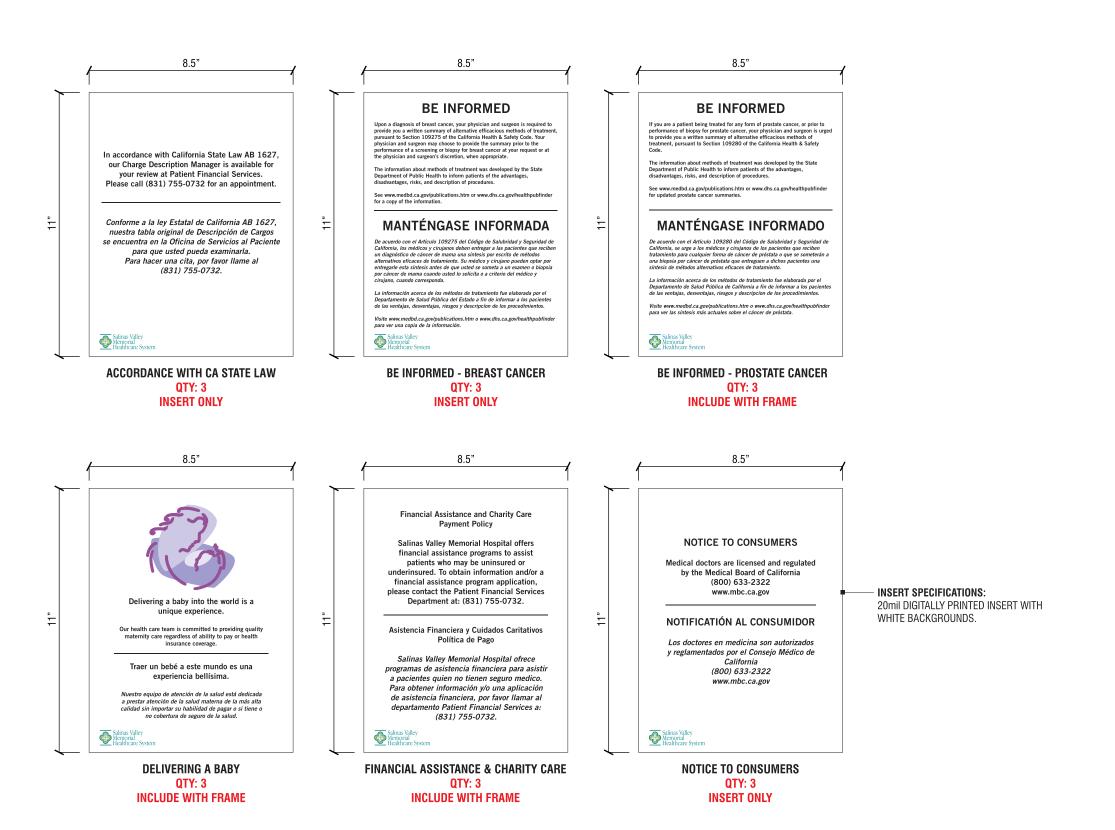
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PRIMARY ELECTRICAL TO SIGN
LOCATIONS IS TO BE PROVIDED BY
OTHERS. 20 AMP DEDICATED CIRCUIT (S)
WITH NO SHARED NEUTRALS AND A
GROUND RETURNING TO THE PANIEL IS
REQUIRED FOR ALL INSTALLATIONS. THIS
SIGN IS INTENDED TO BE INSTALLED IN
ACCORDANCE WITH 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.

03-27-2014 PROJECT: **Compliance Signage** DRAWING NO:

14-1254-03 SIGN TYPE:

**Vista Frame** Layouts



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

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03-27-2014 PROJECT: **Compliance Signage** DRAWING NO: 14-1254-03 SIGN TYPE:

8.5"w x 11"h **Insert Layouts** 

3

**EMTALA** 

QTY: 3

**INCLUDE WITH FRAME** 

PUBLIC NOTICE **Human Trafficking** If you or someone you know is being forced to engage in any activity and cannot retail, or restaurant work, or any other activity - call the National Human Trafficking Resource Center at 1-888-373-7888 or the California Coalition to Abolish Slavery and Trafficking (CAST) at 1-888-KEY-2-FRE(EDOM) or 1-888-539-2373 to access help and services. Victims of slavery and human trafficking are protected under THE HOTLINES ARE: Available 24 hours a day, 7 days a week. · Toll-free. . Anonymous and confidential. Accessible in more than 160 languages. Able to provide help, referral to services, training, and general information AVISO PÚBLICO Trata de Personas Si a usted, o a alguien que conoce, lo están forzando a hacer algo y no lo dejan ir y as ea sexo por dinero, trabajo de canoce, lo scanno toznicio a mace ango y no viojum n'y ya sea sexo por dinero, trabajo de case, campo agricola, construcción, fábrica, en una tienda minorista o restaurante, o cualquier otra actividad – llame al Centro Nacional de Recursos para la Trata de Personas (National Human Tafficking Resource Center) al 1-888-373-7888 o a la Coalición de California para Abolir la Esclavitud y la Trata de Personas (California Coalition to Abolish Slavery and Trafficking, CAST) al 1-888-KEY-2-FRE(EDOM) o 1-888-539-2373 para obtener ayuda y servicios. Las víctimas de esclavitud y trata de personas están protegidas bajo las leyes de California y los Estados Unidos. Las líneas de ayuda: Están disponibles 24 horas al día, 7 días por semana. Están operadas por organizaciones no de gobierno v sin fines de lucro. Son anónimas y confidenciales.
 Prestan servicio en más de 160 idiomas. · Pueden brindarle ayuda, remisión a servicios, capacitación e información general

**HUMAN TRAFFICKING** 

QTY: 2

**INCLUDE WITH FRAME** 

ilinas Vallev

11.69"

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 (MCMSP) 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 "MCMSP" and "MCHIP" that individuals may receive reduced or no-cost medical services.

Salinas Valley Menorial Hospital will growler medically necessary services and care to any person with a serious injury or illuses regordless of the person's alloting to part for these revolves, so fore; and the Hospital has appointed 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, ser, precisiting medical condition, physical and mental handicap, insurance status, economic status, or ability to pay for medical services, except to the extent that a circumstrance such as age, sex, precisiting medical condition or physical or mental handicap is medically significant to the provision or approprimedical care to the patient.

...

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 (MCMSP) y el programa de Cuidado de Salud para Indigentes del Condado de Monterey (MCHP) 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 "MCMSP" y "MCHIP" que individuos pueden recibir servicios médicos a un costo reducido o sin costo algumo.

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 apropidas y el personal capacidad o 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 etinicidad, la religión, el origen nacional, la ciudadania, la edad, el sexo, condición médica previa, impedimento físico o mental, situación de asegunaza, o su habilidad para page por servicios médicos, con excepción de hasta que 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 eligibilidad se procesan de Lunes a Viernes, de 8:00 A.M. a 4:30 P.M. en la Oficina Administrativa de este Hospital. Para informanción 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.



**INDIGENT** QTY: 3 **INCLUDE WITH FRAME**  ATTENTION

Non-English Speaking and Hearing and Speech Impaired Patients

As a service to our patients with language or communication barriers, Salinas 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 Interpreter. Ir 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) 755-0790 or with the Department of Public Health (800) 554-0348 or TDD number (800) 735-2922.

11.69"

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 autitivas 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 naula in entiende ingiese, teinda dececno de que le ayducar a Continunciaras. 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 interprete. 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 immediato 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 avude a comunicarse, salvo si se trata de comunicarle información médica este le ajude a culminatore, sano si se tiata ue cumunicate minimatori miero o clínica. Las quejas del paciente por problemas con el servicio de interpretación se pueden presentar ante nuestro Departamento de Relaciones con el Paciente Ilamando al (831) 755-0709, o ante el Departamento de Salud Pública, Ilamando al (800) 554-0348 o al dispositivo de telecomunicaciones para sordos (800)

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.



QTY: 4 **INCLUDE WITH FRAME** 

**INSERT SPECIFICATIONS:** 20 mil DIGITALLY PRINTED INSERT WITH

WHITE BACKGROUNDS.

**INTERPRETATION SERVICES** 

**11.69"W X 18"H INSERT LAYOUTS** SCALE: 3" = 1'-0"

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03-27-2014 PROJECT: **Compliance Signage** DRAWING NO: 14-1254-03 SIGN TYPE:

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

**HIPAA - ENGLISH** 

QTY: 4

**INCLUDE WITH FRAME** 

representation for quanty improvement, prose permitted by law.

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

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

19.59"

HIPAA - SPANISH QTY: 4 **INCLUDE WITH FRAME** 

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03-27-2014 PROJECT: Compliance Signage DRAWING NO: 14-1254-03 SIGN TYPE:

19.59"w x 24"h **Insert Layouts** 

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

# PATIENT RIGHTS

23.43"

# 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 preference
- 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 imary 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 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 ecisions 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
- 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

- 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
- 17. Know which hospital rules and policies apply to your conduct
- 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 dis-

- 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 minin 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 pay-
- 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 writter response will contain the name of a person to contact at the pital, 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

# DERECHOS DEL PACIENTE

23.43"

# 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.
- 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
- 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.

- 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
- y el lugar de las citas, así como la identidad de las personas que le brindarán
- 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 les puede suministrar esta información a un amigo o familiar.
- 18. A designar una persona de apoyo y los visitantes de su elección, si es capaz consanguinidad, matrimonio o concubinato certificado o no, a menos que:
  - · la institución determine de modo razonable que la presencia de un visitante en par ticular 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:

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.

- 20. A examinar la factura del hospital y recibir una explicación sobre ella independientemente de la fuente de pago.
- 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.
- hacerlo por escrito o por teléfono Salinas Valley Memorial Healthcare Patient Relations Department / OMS 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 Profe-
- (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

Estos Derechos del paciente combinan requisitos del Título 22, de otras leves de California, de Joint Commission y 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: 4 **INCLUDE WITH FRAME** 

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

coerción, disciplina o represalia por parte del personal, o por conveniencia del

- 15. A la continuidad razonable de la atención y a saber con anticipación el horario
- 17. A saber qué normas y políticas del hospital se aplican a su conducta como
- de tomar decisiones, ya sea que la índole de su relación con el visitante sea de
- · no se permitan visitas:
- usted le haya informado al personal de la institución médica que no desea que una persona en particular siga visitándolo.
- 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
- 21. A ejercer estos derechos independientemente de su situación económica, sexo,
- 22. A presentar una queja. Si desea presentar una queja ante este hospital, puede sional de la Utilización y Calidad de los Servicios (PRO) correspondiente
- 23. A presentar una queja ante el Departamento de Salud Pública de California

**Compliance Signage** DRAWING NO: 14-1254-03

23.43"w x 36"h **Insert Lavouts** 

6

**SEATTLE • SAN DIEGO MAIN OFFICE** 

420 STEVENS AVENUE #270 SOLANA BEACH, CA 92075 PHONE: 858.345.1542 FAX: 858.408.3203

CLIENT INFORMATION:

**Memorial Hospital** 

450 E. Romie Lane

Salinas, CA 93901

Salinas Valley

APPROVALS:

SALES REP

**DESIGNER:** 

R.Germar

4

(5)

VOLTAGE

IG ACCOUNT MANAGER \_

CLIENT APPROVAL .

**Rebecca Redmon** 

**REVISION DATES:** 

(1) 06-11-2014 RLG

(2) 06-23-2014 RLG

(3) 06-30-2014 RLG

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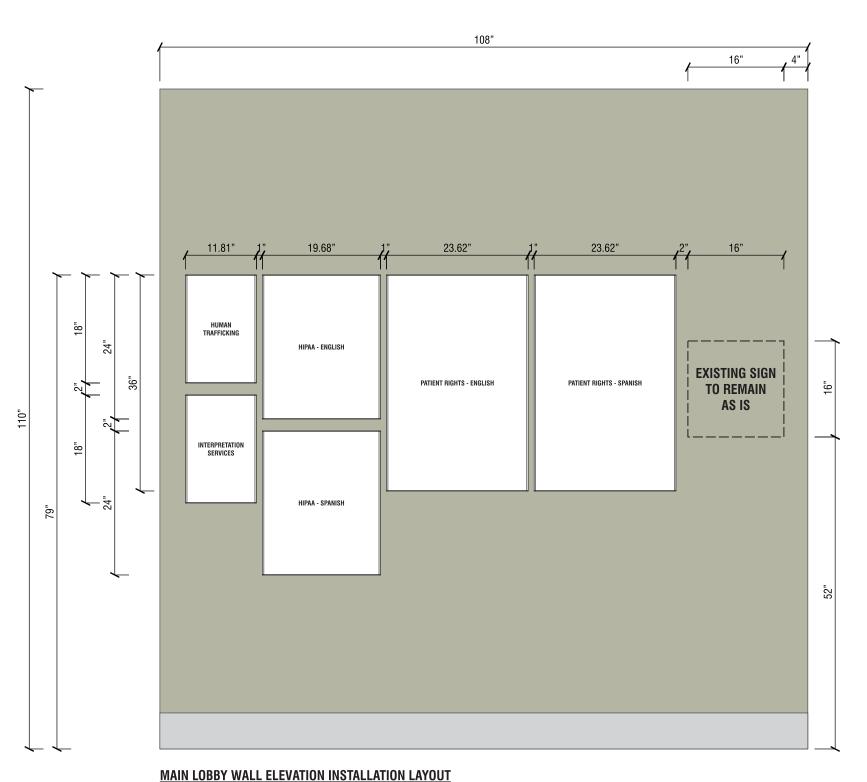
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**EXISTING CONDITIONS** 



# 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:

REVISION DATES:

R.Germar

① 06-11-2014 RLG **2** 06-23-2014 RLG

③ 06-30-2014 RLG

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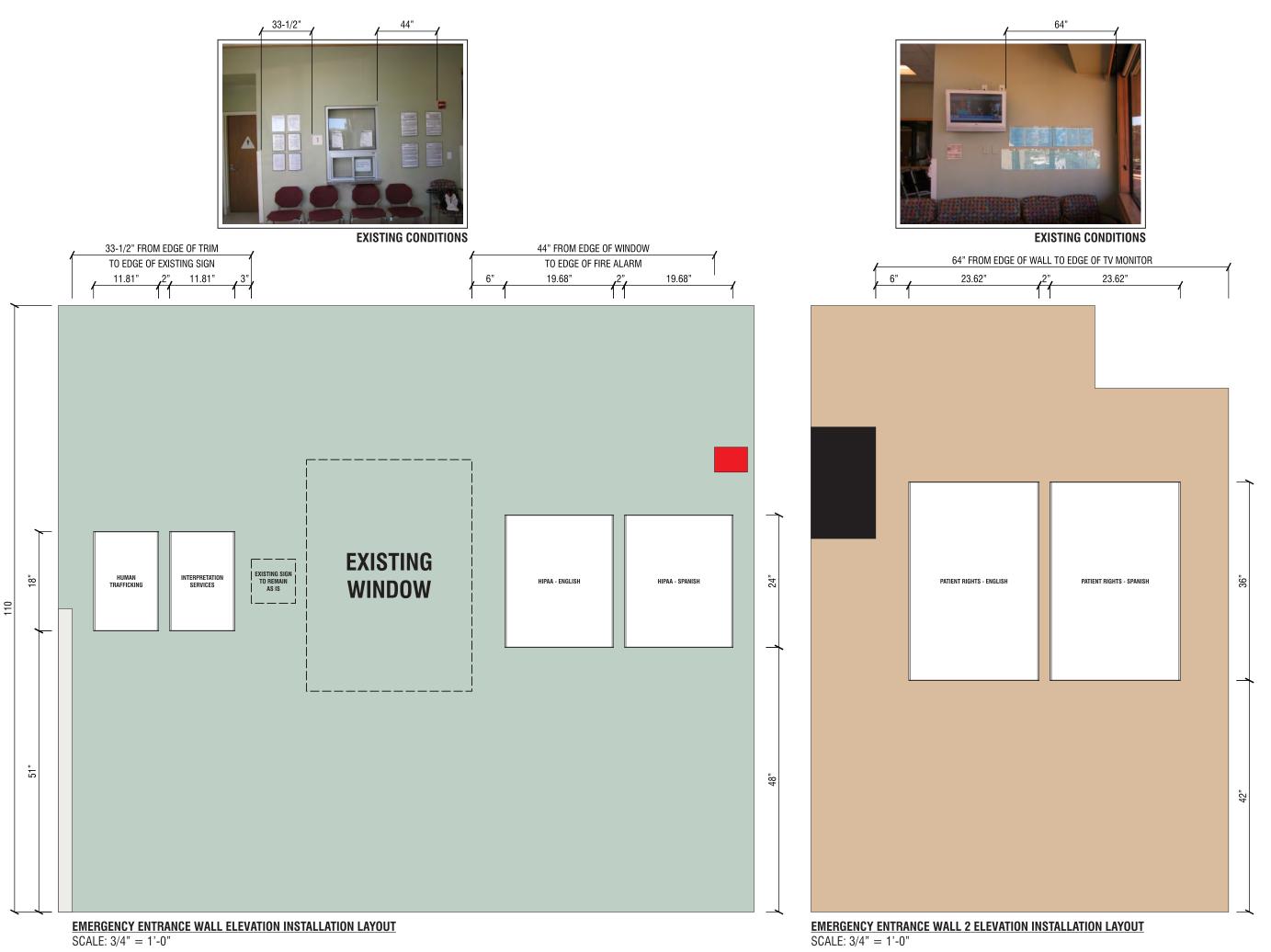
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**Compliance Signage** 

DRAWING NO: 14-1254-03

SIGN TYPE:

**Main Lobby** Installation **Layouts** 



GROUP

DOWNSONITATION - SOUGE - MATRICULE - CONTROLLE FORMORE

DOWNSONITATION - SOUGE - MATRICULE - MATRICULE - CONTROLLE FORMORE

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### **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:

① 06-11-2014 RLG

**2** 06-23-2014 RLG

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03-27-2014 PROJECT:

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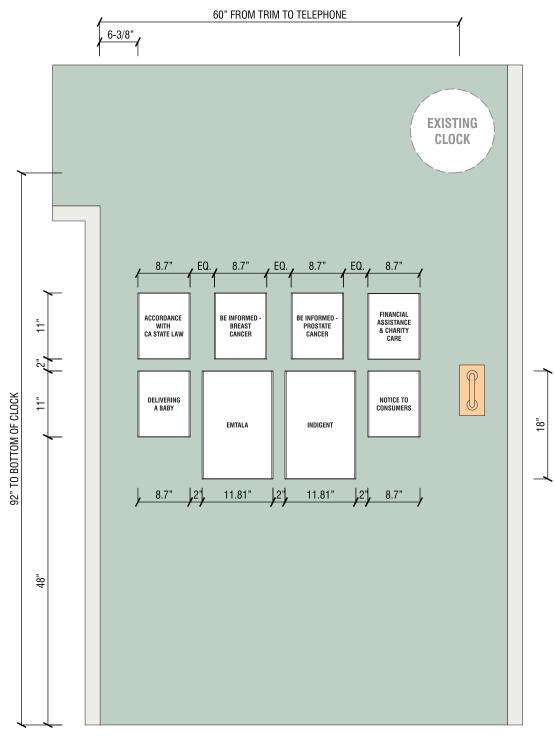
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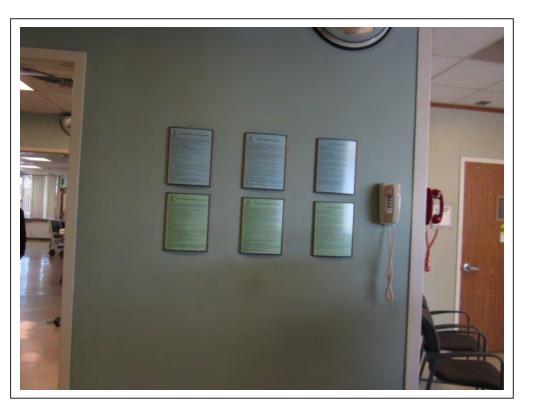
Emergency Entrance Installation Layouts

Page

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EMERGENCY ADMITTING WALL ELEVATION INSTALLATION LAYOUT SCALE: 3/4" = 1'-0"



**EXISTING CONDITIONS** 



# 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 \_\_\_\_\_

CLIENT APPROVAL .

SALES REP: Rebecca Redmon Designer:

R.Germar

REVISION DATES:

① 06-11-2014 RLG ② 06-23-2014 RLG

③ 06-30-2014 RLG ④

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PROJECT: Compliance Signage

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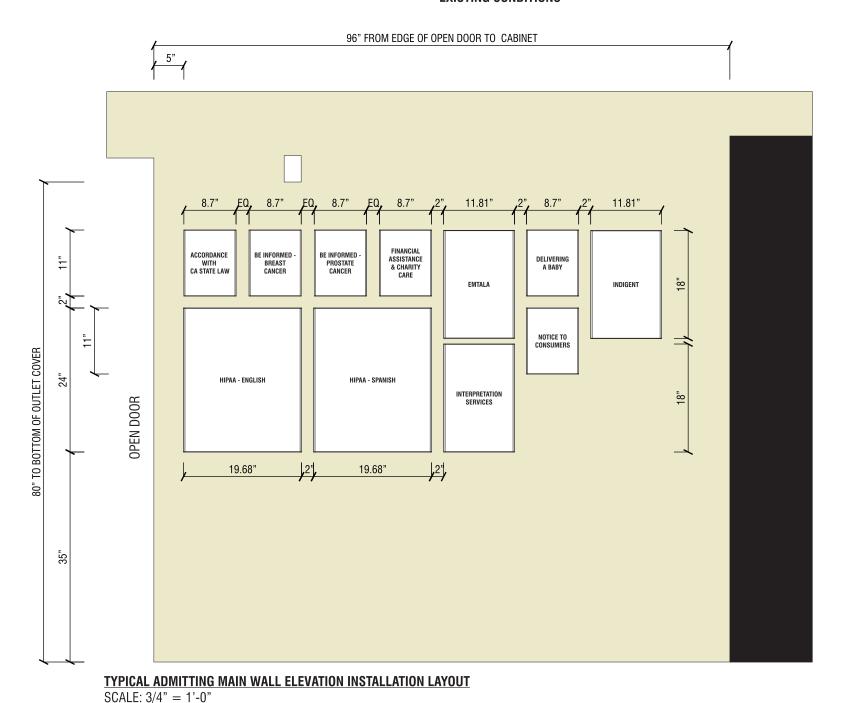
Emergency Admitting Installation Layouts

Page

9

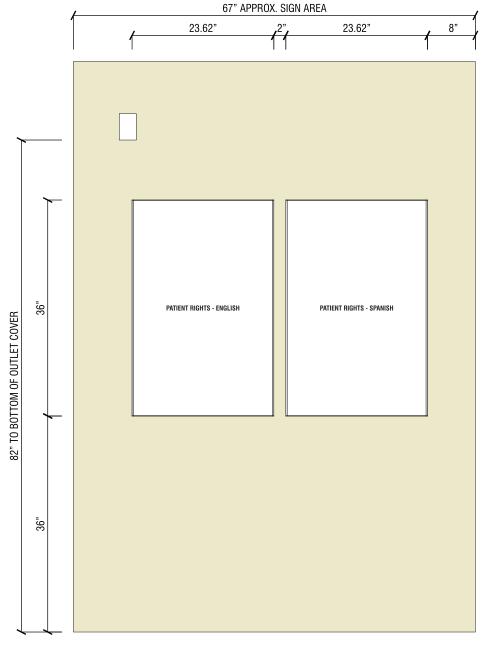


**EXISTING CONDITIONS** 



NSON

**EXISTING CONDITIONS** 



TYPICAL ADMITTING DESK WALL ELEVATION INSTALLATION LAYOUT SCALE: 3/4" = 1'-0"

GROUP

ENVIRONMENTAL GRAVES - HOUSE - WILTHOOM - CONFORM E FORLING

**SEATTLE • SAN DIEGO** 

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

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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:

1 06-11-2014 RLG 2 06-23-2014 RLG

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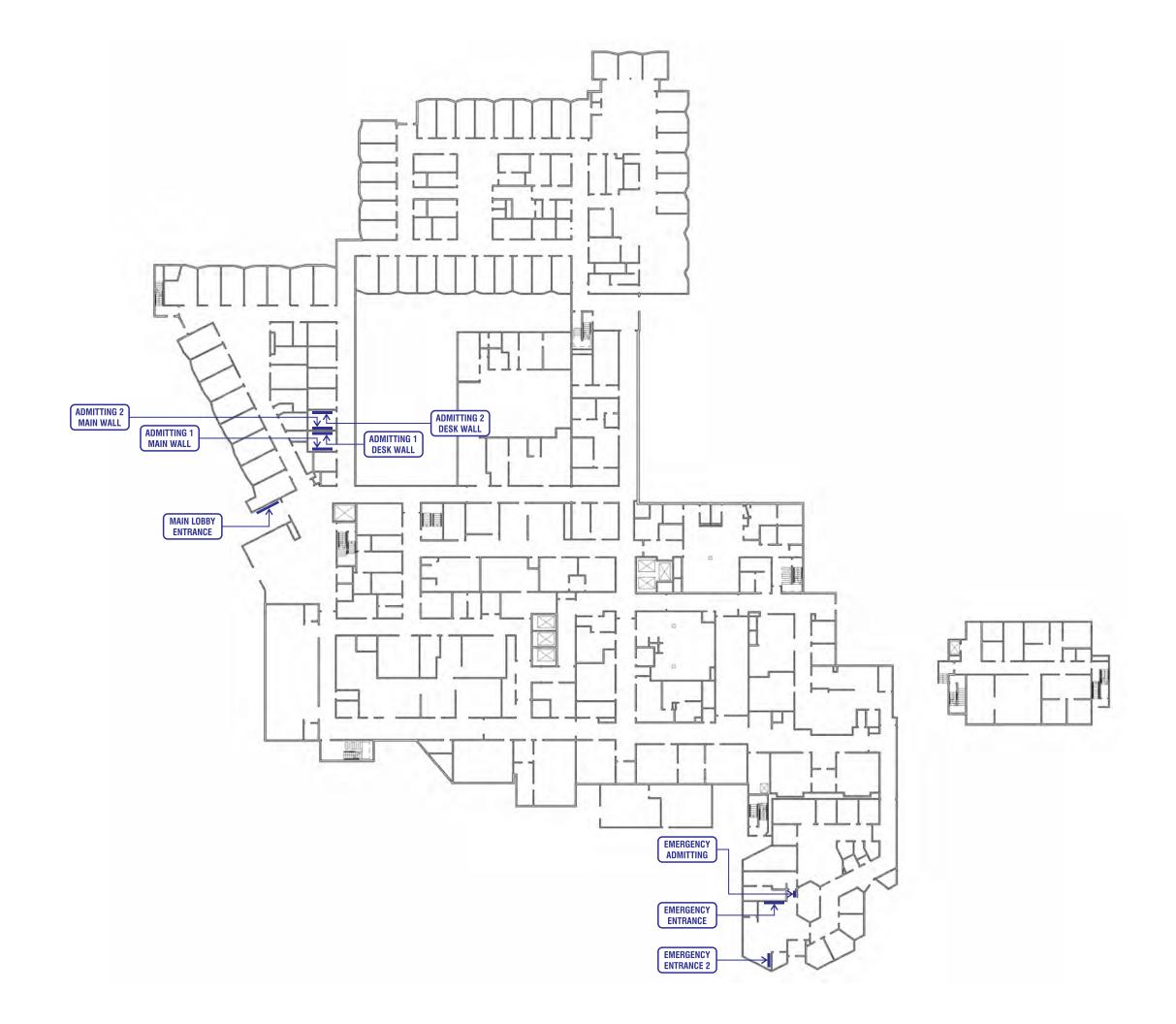
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Compliance Sign

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DRAWING NO:

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SIGN TYPE:

Admitting Installation Layouts





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### 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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DRAWING NO:

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SIGN TYPE:

# Floor 1 Location Plan