



VENTURA COUNTY
MEDICAL CENTER

SANTA PAULA HOSPITAL

A Division of Ventura County Health Care Agency

PATIENT INFORMATION BOOKLET



VISITING GUIDELINES

PATIENT RIGHTS

*JOINT NOTICE OF
PRIVACY PRACTICES*

ADVANCE DIRECTIVES

YOUR RESPONSIBILITIES

SURGICAL SERVICES

HOSPITAL CONTACTS



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HCA MISSION & VISION

▶▶ MISSION

Provide comprehensive, responsible, compassionate health care for our diverse community, including those facing barriers, through education, an exceptional workforce, and forward thinking leadership.

▶▶ VISION

Provider of Choice for Integrated Quality Health Care

▶▶ CORE VALUES

- *Quality*
- *Integrity*
- *Respect*
- *Compassion*
- *Collaboration*
- *Commitment to public service*



Welcome to
**VENTURA COUNTY MEDICAL CENTER
AND SANTA PAULA HOSPITAL**
Associated with the UCLA School of Medicine

Your comfort and recovery are important to us. VCMC/SPH has employees to help you with your unique needs or concerns. If the staff on your unit is unable to meet your needs, the Patient Advocate or Social Services is available Monday through Friday 8:00 a.m. to 5:00 p.m. The Patient Advocate can be reached at (805) 652-6691, and Social Services can be reached at (805) 652-3280. After 5:00 p.m., the Nursing Supervisor may be reached by contacting the hospital operator at (805) 652-6000.

The policy of VCMC/SPH is to ensure that patients understand their medical treatment or procedures that are performed while a patient at VCMC/SPH. If interpretation services are needed, please let your caregiver know and the necessary assistance will be obtained for you.



FOR YOUR CONVENIENCE, WE HAVE LISTED SOME FREQUENTLY USED TELEPHONE NUMBERS:

(All numbers are in the 805 area code)

VCMC

Administration	652-6058	Med Surg 3	652-6271
Admitting	652-6071	OB L&D	652-6090
Discharge Planning	652-3280	OB Post Partum	652-6241
Emergency Room	652-6165	Ortho Clinic	652-6139
Gift Shop	652-6697	Patient Advocate	652-6691
ICU 1	652-6195	Patient Rep	652-6171
ICU 2	652-6054	Pediatrics	652-6224
ICU 3	652-6195	PICU	652-6004
Interpreter Services	652-6695	Pre/Post-Op	652-6250
	652-3380	Social Services	652-3280
IPU	652-6729	Telemetry	652-6572
Lab	652-6037	Volunteer Services	652-6693
Nursing Office	652-6001	Imaging	652-6080
NICU	652-6088	Operator	652-6000
MED Surg 1	652-6244		

SPH

Administration	933-8600	Med/Surgery	933-8487
Admitting	933-8632	Nursing Office	933-8617
Discharge Planning	933-8605	OB	933-8620
Emergency Room	933-8663	Patient Advocate	652-6691
Gift Shop	933-8638	Patient Rep	933-8667
ICU/DOU	933-8689	Social Services	933-8605
Interpreter Services	652-6695	Surgery	933-8637
	652-3380	Volunteer Services	652-6693



HOSPITAL VISITING GUIDELINES

For the welfare of our patients and to contribute to each patient's recovery, we urge all visitors to observe the following visiting practices established by the Medical Center:

1. Patients require adequate rest and attention. Please observe the following visiting hours:
 - ▶ 9:00 a.m. to 9:00 p.m. DAILY or at medical staff's discretion.
 - ▶ We ask that all visitors leave the patient rooms during the times of 6:30 a.m. to 8:00 a.m. and 6:30 p.m. to 8:00 p.m. so that the nursing staff can discuss patient care with each other as they change shifts. Please feel free to wait in our waiting rooms or lobby until shift change is over. Please refrain from gathering in hallways and outside the doors of the area you are visiting.
2. Patient visits should not exceed two (2) visitors at any given time, unless there is a special circumstance.
3. Visitors must be in good health.
4. No visitors under the age of 13 years are permitted in patient care areas, with the EXCEPTION of a brother or sister of a child who is a patient in Pediatrics, NICU, OB and family members of a terminally ill patient. They may visit under these conditions:
 - a. Siblings may visit during regular visiting hours only. They must be accompanied by a responsible adult.
 - b. The child visitor must be in good health which is determined as necessary by a nurse or physician in the unit.
 - c. Siblings will receive a green identifying arm band to wear which can be obtained from the OB Nurses Station.
5. Shoes and shirts are required for all visitors.
6. Noise levels should be kept to a minimum in the corridors and while in patient rooms.



HOSPITAL VISITING GUIDELINES *(cont.)*

7. No food should be brought in from outside the hospital for patients. Visitors should not eat in patient areas.
8. The hospital is a Non-Smoking Campus.
9. Visiting is not allowed if the visitor is ill.
10. Visitors may not use cell phones in areas where patient care is being provided.

Please check in at the nursing stations for the following departments prior to visiting:

- Pediatrics
- Neonatal ICU
- Emergency Department
- ICU-DOU
- OB
- Pre and Post-Op
- PICU

►► ***Patient being discharged should arrange transportation prior to 12:00 Noon.***



INFECTION CONTROL: PREVENTING INFECTIONS – WHAT YOU CAN DO

1. Clean your hands.
 - ▶ Wash your hands with soap and water, rubbing the soap on your hands for 15 seconds.
OR
Use the alcohol gel, rubbing it all over your hands until they are dry.
 - ▶ Clean your hands after you use the bathroom, before eating, frequently throughout your day, and prior to entering a patient's room.
 - ▶ Ask your caregivers to clean their hands before they touch you.
2. Cover your mouth and nose when you cough and sneeze. If you do not have a tissue, please cough or sneeze into your sleeve.
3. **Visitors:** Rest is an important part of healing and we want you to get better, so please ask your friends and family to not visit if they have been or are sick. If there is an increased amount of influenza in the community, our Infection Control Committee may restrict visiting during the outbreak.
4. **Surgery:** If you are having surgery, talk with your surgeon about what you can do to decrease the risk of infection.



SpeakUP™ *The goal of the Speak Up program is to help patients become more informed and involved in their health care.*

You have rights and a role regarding your treatment and care. This brochure has questions and answers to help you learn about your rights and role as a patient. Knowing your rights and role can help you make better decisions about your care.

WHAT ARE YOUR RIGHTS?

- You have the right to be informed about the care you will receive.
- You have the right to get important information about your care in your preferred language.
- You have the right to get information in a manner that meets your needs, if you have vision, speech, hearing, or mental impairments.
- You have the right to make decisions about your care.
- You have the right to refuse care.
- You have the right to know the names of the caregivers who treat you.
- You have the right to safe care.
- You have a right to have your pain addressed.
- You have the right to care that is free from discrimination. This means you should not be treated differently because of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression.
- You have the right to know when something goes wrong with your care.
- You have the right to get a list of all your current medications.
- You have the right to be listened to.
- You have the right to be treated with courtesy and respect.
- You have the right to have a personal representative, also called an advocate, with you during your care. Your advocate is a family member or friend of your choice.

(The Joint Commission™)



PATIENT/CAREGIVER GRIEVANCE POLICY

A "Patient Grievance" is a formal or informal written or verbal complaint that is made to the hospital or Academic Family Medicine Center by a patient, or the patient's representative, regarding the patient's care, or abuse and neglect.

This policy is in place when the complaint is not resolved by "staff present" at the time of the complaint.

- "Staff present" includes any hospital staff present at the time of the complaint or who can quickly be at the patient's location (i.e. supervisor, manager, patient advocate).

Billing Issues

Please note that a billing issue is not a "Patient Grievance." Such matters should be referred to the Billing Department at (805) 648-9553 for investigation and resolution.

Any staff member receiving a patient complaint shall attempt to resolve the matter on the spot. Those matters that cannot be resolved at the time of the complaint shall be reported as a grievance and be referred to the Patient Advocate as follows:

1. **Written:** A written patient grievance shall be transmitted to the patient advocate on the hospital's grievance form or in the original format received from the patient/caregiver.
2. **Verbal:** A verbal grievance may be transmitted verbally to the patient advocate as long as the information transmitted is the same as that called for on the hospital's grievance notification form.
3. **Timeliness of Response to a Patient Grievance:** Any patient grievance related to the quality of care or patient safety shall be reported as soon as possible (for example, via an immediate person-to-person conversation with the patient advocate and appropriate manager). Other patient grievances shall be referred to the appropriate manager by the end of the staff member's shift.

Patients/Caregivers should receive a *Letter of Response to Grievance* within 7 days of filing a grievance.



PATIENT/CAREGIVER GRIEVANCE POLICY *(cont.)*

4. The Patient Advocate can be contacted at:

PATIENT ADVOCATE / PATIENT'S RIGHTS ADVOCATE

Ventura County Medical Center/Santa Paula Hospital
300 Hillmont Ave.

Ventura, CA 93003

(805) 652-6691

TTY -- (800) 735-2929 / Voice -- (800) 735-2922 OR

Nursing Supervisor (VCMC) -- (805) 652-6075

Nursing Supervisor (SPH) -- (805) 933-8600

If you still have concerns, complaints can be sent to:

HOSPITAL ADMINISTRATION

Ventura County Medical Center/Santa Paula Hospital
300 Hillmont Ave.

Ventura, CA 93003

(805) 652-6058 OR (805) 652-6001

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

1889 N. Rice Ave., Suite 200

Oxnard, CA 93030

(805) 604-2926

TTY -- (800) 735-2929 / Voice -- (800) 735-2922

THE JOINT COMMISSION

One Renaissance Blvd.

Oakbrook Terrace, IL 60181

(630) 792-5000

THE MEDICAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1200

Sacramento, CA 95815

Ventura, California 93009

(800) 633-2322

LIVANTA, LLC

BFCC-Q10 Area 5, 10820 Guilford Rd., Suite 202

Annapolis Junction, MD 20701-1105

(877) 588-1123



PATIENT RIGHTS AND RESPONSIBILITIES

All staff members of the Ventura County Health Care Agency are committed to giving you the highest quality of care possible as a patient. It is our policy to respect you as an individual and it is important that each patient has the right to:

1. Receive care regardless of your race, gender, creed, color, national origin, religion, sex, sexual orientation, marital status, age, education, disability, or source of payment.
2. Request interpreter services. In order to meet the needs of our patients, we realize the necessity to ensure adequate and speedy communication between patients with language or communication barriers. In accordance with the Health and Safety code section 1259, Ventura County Medical Center/Santa Paula Hospital provides interpreter services upon request. The following interpreter services are available immediately on site: Spanish. There are other interpreters available by arrangement. To request an interpreter, please notify your nurse or physician.
3. Security, privacy, considerate and respectful care in a safe environment, free from all forms of abuse, neglect, or harassment.
4. Know the name of the physician who has primary responsibility for coordinating your care and the names and roles of each professional that is a member of the health care team that shall be treating you.
5. Information about the illness, the course of treatment and prospects for your recovery in terms that you can understand. You have the right to receive a treatment plan adapted (personalized) to your specific needs and limitations.
6. Receive as much information about any proposed treatment or procedure that you need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure of treatment, alternate courses of treatment or non treatment and the risks involved in each, and to know the name of the person who will carry out the procedure or treatment.



PATIENT RIGHTS AND RESPONSIBILITIES *(cont.)*

You may be transferred to another facility only with a full explanation of the reason for transfer, provision for continuing care, and acceptance by the receiving institution.

7. Participate actively in decisions regarding your medical care. To the extent permitted by law, this includes the right to refuse treatment.
8. Full consideration of your privacy. Case discussion, consultation, examination, treatment, and personal hygiene activities should be conducted discreetly. You have the right to be advised of the reason for the presence of any individual during exam, treatment, or care.
9. Know which hospital rules and policies apply to your conduct as a patient.
10. Confidential treatment of all communications and records pertaining to your care and your stay in the hospital. Your medical record may be accessed in the following situations:
 - a. Providers of patient care – restricted to the information necessary to perform assigned job duties.
 - b. Chart auditing processes for completeness, accuracy, and appropriateness of care.
 - c. Billing, insurance or eligibility functions.
 - d. Legal obligation to report.
 - e. Regulatory agency audits.
 - f. Written permission shall be obtained before the medical records can be made available to anyone not listed above.
11. Receive a Notice of Privacy Practices
12. Reasonable responses to any reasonable requests made for service.
13. Be free of restraints of any form that are not medically necessary, or used for coercion, discipline, convenience, or retaliation from staff – including drugs that are used as restraints.



PATIENT RIGHTS AND RESPONSIBILITIES *(cont.)*

14. Continuity of care and to know in advance the time and location of appointments as well as the identity of persons providing the care.
15. Be advised if hospital personnel or a physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate. Doing so shall not result in any negative implications for you.
16. Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.
17. Have a family member or representative of your choice notified promptly of your admission to the hospital. Receive visitors and/or support person(s) with your consent; receive visitors whom you designate, including, but not limited to, a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend; you have the right to withdraw or deny such consent at any time; the hospital will not restrict, limit or otherwise deny visitation privileges on the basis of race, gender, creed, color, national origin, religion, sex, sexual orientation, marital status, age, education, or disability; all visitors enjoy full and equal visitation privileges consistent with the patient's preference(s). You may designate visitors of your choosing, whether or not the visitor is related by blood or marriage, unless:
 - a. No visitors allowed.
 - b. 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, or other visitors to the health facility, or would significantly disrupt the operations of the facility.
 - c. You have indicated to the health facility staff that you no longer want this person to visit.
 - d. The facility establishes reasonable restriction upon visitation based on the specific situation at the time. This would occur for the sole purpose of the patient's safety, privacy and comfort.



PATIENT RIGHTS AND RESPONSIBILITIES *(cont.)*

18. Have his/her wishes considered in determining who may visit if the patient lacks decision-making capacity. The medical care team shall include any person living in the household. This section may not be construed to prohibit a health facility from otherwise establishing reasonable restrictions upon visitation and number of visitors.
19. A procedure established whereby your complaints are forwarded to Hospital Administration for consideration and an appropriate response.
20. Formulate advance directives and to have hospital staff comply with these directives.
21. Request a discharge planning/social service evaluation.
22. Leave the hospital even against the advice of the physicians.
23. Have access to protective services.
24. Examine and receive an explanation of your bill regardless of source of payment.
25. A clear explanation of the outcome of any treatment or procedure including when there is a significant difference from the anticipated outcome.
26. Be informed of your continuing health care requirements following discharge from the hospital.
27. Receive a copy of these rights and responsibilities.



SUMMARY OF JOINT NOTICE OF PRIVACY PRACTICES

The Joint Notice of Privacy Practices ("Notice") covers all services provided to you by the Ventura County Health Care Agency (VCHCA) and the members of its medical staff. It applies to the medical record of all services provided to you in VCHCA's clinically integrated care setting, which includes the Ventura County Medical Center, Santa Paula Hospital, clinics and physician offices, and those sites affiliated with Public Health and Behavioral Health, regardless of whether specific services are provided by VCHCA's workforce or by independent members of our medical staff.

We are required by law to maintain the privacy of protected health information and to provide you with the Notice of our legal duties and privacy practices with respect to protected health information. "Protected health information" is information that reasonably can be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the payment for such health care. We maintain physical, electronic, and procedural safeguards in the handling and maintenance of your protected health information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction, or misuse. We are required by law to notify you of any breach of unsecured protected health information that affects you.

The Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and other uses and disclosures authorized or required by law. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. The Notice also describes your rights to access and control your protected health information. Further, the Notice informs you of your rights to complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

We are required to abide by the terms of the Notice. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at the time.

Please read the attached Notice carefully.



JOINT NOTICE OF PRIVACY PRACTICE

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

This Notice covers all inpatient and outpatient services provided to you by VCHCA (which includes the Ventura County Medical Center, Santa Paula Hospital, clinics and physician offices, and those sites affiliated with Public Health and Behavioral Health) and the members of its medical staff. It applies to the medical record of all services provided to you in VCHCA's clinically integrated care setting, regardless of whether specific services are provided by VCHCA's workforce or by independent members of our medical staff.

If you have any questions about this Notice please contact: the VCHCA Privacy Office, at 2323 Knoll Drive, Ventura, CA 93003, (805) 677-5241.

We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. "Protected health information" is information including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We maintain physical, electronic, and procedural safeguards in the handling and maintenance of your protected health information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction, or misuse. We are required by law to notify you of any breach of unsecured protected health information that affects you.

We are required to abide by the terms of this Notice currently in effect.

We reserve the right to change the terms of this Notice at any time. The new Notice will be effective for all protected health information that we maintain at the time. If you would like a copy of the revised Notice, you may contact our Privacy Office, the Hospital Admissions Department, or the clinic where you received outpatient care and request that a revised copy be sent to you in the mail, or you may ask for one at the time of your next visit or appointment.



JOINT NOTICE OF PRIVACY PRACTICE *(cont.)*

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

This section describes different ways that we may use and disclose your protected health information. Some information, such as certain drug or alcohol or other substance abuse information, HIV/AIDS information, sexually transmitted infections and reproductive health information, and mental health records, is subject to special or additional restrictions regarding its use or disclosure. VCHCA abides by all applicable federal and state law related to the protection of this information. If a use or disclosure of protected health information described in this Notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent laws. The following are examples of uses and disclosures we may make of your protected health information. These examples are not meant to be exhaustive.

Uses and Disclosures of Protected Health Information for Treatment, Payment, or Healthcare Operations

Your protected health information may be used and disclosed by and shared between us for treatment, payment and health care operations as described in this section (Section 1) without authorization from you. Your protected health information may be used and disclosed by us, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support our business operations. In addition, we may share your protected health information with other providers within VCHCA for the health care operations of VCHCA.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party, consultations with another health care provider, or your referral to another health care provider for your diagnosis and treatment. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you.

Payment: Your protected health information will be used or disclosed, as needed, to obtain or provide payment for your



JOINT NOTICE OF PRIVACY PRACTICE *(cont.)*

health care services, including disclosures to other entities. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose as needed, your protected health information in order to support our business activities. These activities include, but are not limited to: quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; training of medical students; securing stop-loss or excess of loss insurance; obtaining legal services or conducting compliance programs or auditing functions; business planning and development, business management and general administrative activities, such as compliance with the Health Insurance Portability and Accountability Act; resolution of internal grievances; due diligence in connection with the sale or transfer of assets of your health care provider's practice; creating de-identified health information; and conducting or arranging for other business activities.

For example, members of the medical staff, risk managers or members for the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. In addition, we will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services, accounting services, legal services) for us. Whenever an arrangement between us and a business associate involves the use of disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

In addition, we may disclose your protected health information to another provider, health plan, or health care clearing house for limited operational purposes of the recipient, as long as the other entity has, or has had, a relationship with you. Such disclosure shall be limited to the following purposes: quality assessment and



JOINT NOTICE OF PRIVACY PRACTICE *(cont.)*

improvement activities; population-based activities relating to improving health or reducing health care costs; case management; conducting training programs, accreditation, certification, licensing, credentialing activities, and health care fraud and abuse detection and compliance programs.

Other Uses and Disclosures That Do Not Require Your Written Authorization:

Information about products or services: We may use or disclose your protected health information, as necessary, to provide you with information about a product or service to encourage you to purchase or use the product or services for the following limited purposes: (1) to describe our participation in a health care provider network or health plan network, or to describe if, and the extent to which, a product or service (or payment for such product or service) is provided by our practice or included in a plan of benefits; (2) for your treatment; or (3) for your case management or care coordination, or to direct or recommend alternative treatments, therapists, health care providers, or settings of care.

Appointment Reminders: We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, or to discuss disease management or wellness programs with you.

Fundraising: We may use or disclose to a business associate or institutionally related foundation your demographic information, the dates that you received treatment from us, department of service information, your treating physician information, information about your outcome, and your health insurance status, as necessary, in order to contact you for fundraising activities supported by us. If you do not want to receive these materials, please contact our Privacy Office and request that these fundraising materials not be sent to you. Your rights regarding treatment and payment will not be conditioned on your choice with respect to receipt of fundraising materials.

Hospital Directory: Unless you object, we may include certain limited information about you in the hospital directory while you are a patient in the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.)



JOINT NOTICE OF PRIVACY PRACTICE *(cont.)*

and your religious affiliation. Unless there is an objection from you indicating that you wish to restrict or limit the disclosure of some or all of this information, this directory information may be released to members of the clergy (e.g., a priest or a rabbi) or people who ask for you by name. Your religious affiliation will only be provided to members of the clergy and not to those individuals who ask for you by name.

To Individuals Involved in Your Care or Payment For Your Care:

Unless you object to such disclosure, we may disclose relevant protected health information to family members or friends involved in your care or in paying for your care. We may also use or disclose your protected health information to notify, or assist in the notification of (including identifying or locating) a family member, a personal representative or other person responsible for your care, of your location, general condition, or death. Such use and disclosures include disclosure to an entity engaged in disaster relief efforts to assist in such notifications.

Required By Law: We may use or disclose your protected health information to the extent such use or disclosure is required by federal, state, or local law. This includes disclosures to the Secretary of Health and Human Services to ensure compliance with required privacy practices and disclosures to your personal representative (if applicable) to administer your rights as described in this Notice.

Public Health Activities: We may disclose your protected health information to a public health authority for the purpose of preventing or controlling disease, injury, or disability, reporting child abuse or neglect, reporting vital events such as births or deaths, or monitoring and tracking products and activities regulated by the Food and Drug Administration, including reporting adverse events or product defects or notifying persons of recalls, repairs, or replacements of products they may be using, notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease, reporting to your employer findings concerning a work-related illness or injury or workplace-related medical surveillance, or if you are a student or prospective student of a school, we may disclose proof of your immunization to the school.

Abuse, Neglect, Domestic Violence: In compliance with applicable laws, if we reasonably believe you to be a victim of abuse, neglect,



JOINT NOTICE OF PRIVACY PRACTICE *(cont.)*

or domestic violence, we may use or disclose your protected health information to appropriate government authority.

Health Oversight Activities: In accordance with applicable law, we may disclose your protected health information to government agencies tasked with oversight of the health care system including for activities such as audits, investigations, licensure, or disciplinary actions, and with regard to programs in which protected health information is necessary to determine eligibility and compliance.

Judicial and Administrative Proceedings: We may disclose your protected health information in response to court or administrative order, or in response to a subpoena, discovery request, or other lawful process.

Law Enforcement Purposes: We may disclose your protected health information to a law enforcement official in compliance with a warrant, subpoena, summons or other request authorized by law or for the following authorized purposes: (i) to identify or locate a suspect, fugitive, material witness, or missing person (ii) about a suspected victim of a crime, under certain limited circumstances, (iii) about a death suspected to be the result of a crime, (iv) if criminal conduct occurred on VCHCA's premises, (v) in case of medical emergency to report the commission of a crime, the location of the victim(s), the identity, description, or location of the perpetrator.

Coroners, Medical Examiners, and Funeral Directors: We may disclose your protected health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or other duties authorized by law. We may also disclose protected health information to funeral directors, as necessary, to carry out their duties.

Organ and Tissue Donation: We may use or disclose your protected information to organ procurement or similar organizations for the purpose of facilitating organ, eye, or tissue donation or transplantation.

Research: In certain circumstances, we may use or disclose your protected information for research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to strict internal



JOINT NOTICE OF PRIVACY PRACTICE *(cont.)*

review and a stringent approval process. This process evaluates a proposed research project and its use of medical information in order to balance the research needs with patients' rights to privacy. When approved through this special review process, your protected health information may be used without your authorization. We may also disclose your protected health information to researchers to review in preparation for their research as long as the information is necessary for the research purposes and the protected health information will not leave our premises or when the research is based solely on the protected health information of decedents.

To Avert a Serious Threat to Health or Safety: Except in certain limited circumstances, we may disclose your protected health information to prevent or lessen a serious and imminent threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.

Military and Veterans: If you are a member of the Armed Forces we may disclose your protected health information to appropriate military command authorities if deemed necessary to assure the proper execution of a military mission. We may also use and disclose the protected health information of foreign military personnel as authorized and required by law.

National Security and Intelligence Activities: We may use or disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and national security purposes.

Protective Services for the President and others: As authorized or required by law, we may disclose your protected health information to authorized federal officials so that they may conduct certain authorized investigations or provide protection to the President or other authorized persons or foreign heads of state.

Inmates: If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official for the purpose of providing health care to you, protecting your health and safety of that of other inmates, officers/employees of the correctional institute, or officers responsible for



JOINT NOTICE OF PRIVACY PRACTICE *(cont.)*

transporting inmates between facilities, or for purposes of providing law enforcement or security on the premises of the correctional institution.

Workers' Compensation: We may disclose your protected health information for workers' compensation purposes in accordance with applicable law.

Decedents: We may use or disclose the protected health information of a deceased individual after the individual has been deceased for 50 years.

Data Breach Notification: We may use your contact information to provide legally-required notice of unauthorized acquisition, access, or disclosure of your protected health information.

Health Information Exchange: We may share your health information electronically with other health care providers or other health care entities participating in Health Information Exchange (HIE). The purpose of the HIE is to provide each of your participating providers with your most up-to-date information to allow for better coordination of care and assist providers in making informed decisions. For example, if you go to a hospital emergency room that participates in the same HIE network as VCHCA, the emergency room physicians would be able to access your VCHCA health information to help make treatment decisions for you. We may share health information about you through the HIE for treatment, payment, and health care operation purposes. HIE participants are required to meet rules that protect the privacy and security of your health and personal information. You can choose not to have your information shared through this HIE network ("opt out") at any time. For information on how to exercise your right to opt out, contact your VCHCA health care provider's office or you may call (805) 652-6008. If you opt out, the health care providers treating you could contact VCHCA and ask that your health information be provided in another way, such as by fax, instead of accessing the information through the HIE network.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information not contained in this Notice will be made only with your written



JOINT NOTICE OF PRIVACY PRACTICE *(cont.)*

authorization, unless otherwise permitted or required by law. Without your authorization we are expressly prohibited from using or disclosing your protected health information for marketing purposes unless the marketing involves a face-to-face communication between us and you or a promotional gift of nominal value from us. The authorization must explicitly inform you that financial remuneration is involved. We may not sell your protected health information without your authorization. Such authorization must explicitly inform you that the disclosure will result in remuneration to us. We will not use or disclose your psychotherapy notes without your authorization except for (i) use by the originator of the notes for treatment, (ii) our mental health training programs, (iii) to defend ourselves in any legal proceeding brought by you, or (iv) other uses or disclosures required by law.

If you provide us with your written authorization to use or disclose your protected health information (for the purposes described in the preceding paragraph or any other purpose), you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by your written authorization. The revocation of your authorization will not apply to disclosures already made in reliance on your authorization.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and obtain a copy of your protected health information. Subject to certain exceptions, you may inspect and obtain a copy of protected health information about you that is contained in a designated record set, including protected health information that is maintained electronically, for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that we use for making decisions about you. You are entitled to access your protected health information in the format requested by you (including electronically) unless it is not readily producible in such format, in which case it will be provided to you in another readable



JOINT NOTICE OF PRIVACY PRACTICE *(cont.)*

form. Please submit your requests to inspect or obtain a copy of your protected health information to the VCHCA HIM Department, at 300 Hillmont, Ventura, California 93003, (805) 652-6008. To the extent you request a copy of your protected health information, you may be charged a fee for the costs of copying, mailing, or other supplies associated with your request. The charge will not exceed our costs in producing the copies.

Under some circumstances, your request to inspect or obtain a copy of your protected health information may be denied. If your request is denied, you may request that the decision be reviewed.

You have the right to request a restriction on disclosures of your protected health information. You may ask us to restrict or limit our uses or disclosures of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice.

We are not required to agree to a restriction that you may request, except to the extent you request us to restrict disclosure to a health plan or insurer if the disclosure is for the purpose of carrying out payment or health care operations and you or someone else on your behalf has paid for the item or service out of pocket in full. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restrictions, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. To request a restriction, you must make your request in writing to VCHCA HIM Department, 300 Hillmont, Ventura, California 93003, (805) 652-6008. Your request must include (i) what information you want restricted, (ii) whether you want to limit the use, disclosure or both, and (iii) to whom to want the limits to apply (for example, allow disclosures to your spouse only).

Except with respect to restrictions on disclosures to a health plan or insurer if the disclosure is for the purpose of carrying out payment or health care operations and you or someone else has paid for the item or service out of pocket in full, we may terminate any restriction



JOINT NOTICE OF PRIVACY PRACTICE *(cont.)*

we had previously agreed to. Any such termination will only be effective for information created or received after we inform you of the termination of the restriction.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request changes in how you receive confidential communications, you must make your request in writing to VCHCA HIM Department, 300 Hillmont, Ventura, California 93003. If you are receiving your services at a mental health or substance abuse clinic, you may speak to the Clinic Administrator about such requests. Your request must specify how or where you wish to receive confidential communications. You need not explain the reason for the request. We will accommodate all reasonable requests.

You may have the right to request that we amend your protected health information. If you feel that medical 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 information maintained in a designated record set for as long as we maintain the information. To request an amendment, you must submit your request in writing to VCHCA HIM Department, 300 Hillmont, Ventura, California 93003. With your request, you must provide a reason supporting your requested amendment.

We may deny your request for an amendment if the information sought to be amended was not created by us, is not part of designated record set, is not part of the information which you would be permitted to inspect or copy, or if we determine that the information sought to be amended is accurate and complete. If we deny your requested amendment, you may submit a written statement of disagreement disagreeing with the denial and stating the basis for such disagreement. Your written statement of disagreement shall not exceed 250 words per alleged incomplete or incorrect item in your record. We will include your statement of disagreement with your designated record set that is the subject of the requested amendment.



JOINT NOTICE OF PRIVACY PRACTICE *(cont.)*

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

You have the right to request a list of disclosures we made of your protected health information other than for our own uses for treatment, payment, and health care operations, and other exceptions authorized under law. Requests for an accounting of disclosures should be made to VCHCA HIM Department, 300 Hillmont, Ventura, California 93003, (805) 652-6008, unless your services were provided in an outpatient mental health or substance abuse clinic, in which case requests should be made to Ventura County Behavioral Health, attn: Medical Records, 1911 Williams Drive, Suite 200, Oxnard, California 93036, (805) 981-8795. Your request must state a time period which may not go back more than six years from the date of the request. You are entitled to one accounting of disclosures in any 12-month period without charge. If you request additional accountings within the 12-month period, you will be charged for the cost of compiling the accounting. We will notify you of the cost involved and you may modify or withdraw your request at that time before any costs are incurred.

You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this Notice electronically. To obtain a paper copy of this Notice, you may contact our Privacy Office, the Hospital Admissions Department, or the clinic where you received outpatient care.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the VCHCA Privacy Office, at 2323 Knoll Drive, Ventura, CA 93003, (805) 677-5241. We will not retaliate against you for filing a complaint.

For further information about the complaint process you may contact the VCHCA Compliance and Privacy Office.

This Notice was published and becomes effective on: September 23, 2013

Revised and updated December 18, 2017



AN IMPORTANT MESSAGE FROM MEDICARE

As a hospital inpatient, you have the right to:

1. Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
2. Be involved in any decisions about your hospital stay, and know who will pay for it.
3. Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:
Livanta - 1-877-588-1123 (toll free) or
1-855-887-6668 (TTY-hearing impaired number).

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

1. You can talk to the hospital staff, your doctor and your managed care plan, if you belong to one, about your concerns.
2. You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
 - a. If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.



AN IMPORTANT MESSAGE FROM MEDICARE *(cont.)*

- b. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
3. If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.

STEPS TO APPEAL YOUR DISCHARGE

Step 1: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).

- Here is the contact information for the QIO:
Livanta - 1-877-588-1123 (toll free) or
1-855-887-6668 (TTY-hearing impaired number).
- You can file a request for an appeal any day of the week. Once you speak to someone or leave a message, your appeal has begun.
- Ask the hospital if you need help contacting the QIO.

The name of the hospital is:

VCMC or Santa Paula Hospital - Provider #: 050159

Step 2: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.

Step 3: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.

Step 4: The QIO will review your medical records and other important information about your case.



AN IMPORTANT MESSAGE FROM MEDICARE *(cont.)*

Step 5: The QIO will notify you of its decision within 1 day after it receives all necessary information.

- If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
- If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

1. You can still ask the QIO or your plan (if you belong to one) for a review of your case:
 - If you have Original Medicare: Call the QIO listed above.
 - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.

POST-HOSPITAL CARE

When your doctor determines that you no longer need all the specialized service provided in a hospital, but you still require medical care, he or she may discharge you to a skilled nursing facility or home care. The discharge planner at the hospital will help arrange for the services you may need after your discharge. Medicare and supplemental insurance policies have limited coverage for skilled nursing facility care and home health care. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult with your doctor, hospital discharge planner, patient representative and your family in making preparations for your care after you leave the hospital. Don't hesitate to ask questions.



ADVANCE DIRECTIVES

Advance directives are written instructions which communicate your wishes about the care and treatment you want if you reach a point where you can no longer make your own health care decisions.

Under California Law, adult persons, 18 years or older, with decision making capabilities have the right to accept or refuse medical treatment or life-sustaining procedures. Artificial nutrition and hydration are among the medical procedures you have the right to refuse or accept.

REASONS WHY YOU MAY WANT TO PREPARE AN ADVANCE DIRECTIVE

- To ensure you receive the care and services you desire.
- To ensure the refusal of treatment at a determined stage if you have previously stated your desires to do so.
- To designate the person you would like to make decisions on your behalf.
- To ensure that family and friends understand your wishes regarding health care. If you do not make your wishes clear, your family members and friends may not agree about what type of care and treatment you would want. It is possible that your desires will not be carried out, since a conflict may lead to a lengthy court delay.

You have the right to prepare an advance directive, such as a “living will” or “durable power of attorney for health care.” An advance directive is a document that allows you to say in advance what you would want to happen if you reach a point where you can’t make decisions for yourself or speak about them.

THE DURABLE POWER OF ATTORNEY FOR HEALTH CARE

This is a legally binding document that allows the person you choose (the “agent”) to make health decisions for you if and when you are no longer able to make such decisions. You should select a person who knows you well, and whom you trust. Your agent may be a relative or a friend, but must not be your attending doctor. The durable power of attorney for health care allows your agent to make any and all health care



ADVANCE DIRECTIVES *(cont.)*

decisions for you once you are no longer able to decide. This includes routine medical decisions, such as whether you should have a flu shot, and more complicated decisions, such as whether you should have cataract surgery. Your agent can even decide to withdraw or withhold life-sustaining procedures if you give your agent that authority.

To be valid, the document must be signed by you. The document must also be witnessed by two qualified adult witnesses, one who must be with the Ombudsman Program if you are living in a nursing home. Those persons not eligible to be witnesses are your doctor, the agent you are choosing or an employee of the nursing home. One of the two people may not be a relative or someone named in your will.

- You **DO NOT** need a lawyer to fill out a durable power of attorney for health care.
- A nursing home **CANNOT** require you to sign a durable power of attorney for health care.
- The durable power of attorney for health care allows you, in writing, to declare your desire to receive or not receive life-sustaining treatment under certain conditions. You may list any instructions you want pertaining to health care.



For more information about advance directives, contact Social Services at VCMC or SPH

or

California Department of Aging
1600 "K" Street, Sacramento, CA 96814-4020
916-322-3887 • Toll Free 1-800-510-2020

or

State Ombudsman Program
916-323-6681



EMERGENCY MEDICAL SCREENING, COBRA, EMTALA

In accordance with the mission of Ventura County Medical Center/Santa Paula Hospital and under Section 1867 of the COBRA Act, you have the right to:

- A medical screening examination, within the capability of the VCMC/ Santa Paula Emergency Department, (including ancillary services), to determine whether or not an Emergency Medical Condition exists, regardless of diagnosis, financial status, race, gender, creed, color, national origin, religion, sex, sexual orientation, marital status, age, education, or disability.
- Necessary stabilizing treatment for emergency medical conditions (including women in labor).
- A safe transfer to another hospital when appropriate.
- No delay in medical screening and/or stabilizing treatment in order to inquire about payment status.

AVAILABILITY OF INTERPRETER SERVICES

We recognize the need to ensure adequate and speedy communication to our patients who have language or communication barriers. In accordance with the Health and Safety Code Section 1259, Ventura County Medical Center/Santa Paula Hospital provides interpreter services upon request. The following interpreter services are available immediately on site: Spanish.

There are other interpreter services available by arrangement. To request an interpreter, please notify your nurse or doctor.



UNIFORM STANDARD FOR OBSTETRICAL CARE

It is the mission of Ventura County Medical Center/Santa Paula Hospital to “ensure the provision of care to persons, regardless of race, gender, creed, color, national origin, religion, sex, sexual orientation, marital status, age, education, disability, or economic status, especially those persons who have difficulty obtaining care elsewhere”. In keeping with the VCMC/SPH mission and the Health and Safety Code Section 1256.2, we will provide one standard of obstetrical care to our OB patients.

PAIN MANAGEMENT

Ventura County Medical Center/Santa Paula Hospital are committed to our patient’s comfort and well-being. We will not deny pain management based on financial status, ability to pay or for any other reason. You have the right to have your pain or discomfort assessed and treated. We encourage you to participate actively in the planning and treatment of your care, including pain management. Please help us by asking questions and letting us know what we can do to assist you to be more comfortable.



YOUR RESPONSIBILITIES

You (and your family, as applicable) also have the responsibility to:

1. Keep appointments, or call ahead if you cannot keep your appointment.
2. Provide to the best of your knowledge, accurate information about present complaints, past illnesses, medications (including prescribed, non prescribed, and herbal medications), allergies, hospitalizations, unexpected changes in your condition, possible risks in your care, and any other matters relating to your health. Please provide us with feedback about your needs and expectations.
3. Bring immunization records for your child if the appointment or hospitalization is for your child.
4. Follow instructions; ask questions to make sure you are fully informed about treatment and understand the plan for care. Be honest with us about instructions you receive; let us know if you do not understand them or feel that you cannot follow them.
5. Understand that you are responsible if you refuse treatment or if you do not follow your doctor's instructions and/or recommendations for care.
6. Follow the rules and regulations of the hospital, including the no smoking policy, cell phone restrictions, and visitation guidelines.
7. Show respect and consideration for the safety and property of other patients and staff; keep information about others confidential; help maintain a quiet atmosphere; ask that your visitors do the same.
8. Be prompt about payment of bills; give us information necessary for insurance processing of your bills, ask any questions you may have concerning your bills.
9. Make us aware of any Advance Directives or any other health care instructions or directions you may have about the medical care you want to receive.



YOUR RESPONSIBILITIES *(cont.)*

WHAT IS YOUR ROLE IN YOUR HEALTH CARE?

- You should be active in your health care.
- You should ask questions.
- You should pay attention to the instructions given to you by your caregivers. Follow the instructions.
- You should share as much information as possible about your health with your caregivers. For example, give them an up-to-date list of your medicines. And remind them about your allergies.

CAN YOUR FAMILY OR FRIENDS HELP WITH YOUR CARE?

Find out if there is a form you need to fill out to name your personal representative, also called an advocate. Ask about your state's laws regarding advocates.

HOW CAN AN ADVOCATE HELP WITH YOUR CARE?

They can get information and ask questions for you when you can't. They can remind you about instructions and help you make decisions. They can find out who to go to if you are not getting the care you need.

CAN YOUR ADVOCATE MAKE DECISIONS FOR YOU?

No, not unless they are your legal guardian or you have given them that responsibility by signing a legal document, such as a health care power of attorney.

CAN OTHER PEOPLE FIND OUT ABOUT YOUR DISEASE OR CONDITION?

The law requires health care providers to keep information about your health private. You may need to sign a form if you want your health care providers to share information with your advocate or others.



YOUR RESPONSIBILITIES *(cont.)*

WHAT IS “INFORMED CONSENT”?

This means that your health care providers have talked to you about your treatment and its risks. They have also talked to you about options to treatment and what can happen if you aren’t treated.

WHAT HAPPENS IF SOMETHING GOES WRONG DURING TREATMENT OR WITH MY CARE?

If something goes wrong, you have the right to a timely, honest explanation and an apology.



PATIENT GUIDE TO SURGICAL SERVICES

IF YOU ARE HAVING SURGERY

Welcome to Ventura County Medical Center/Santa Paula Hospital Surgery Department. Our dedicated Surgery, Medical, Nursing, Hospital Faculty and Ancillary staff are committed to meet the surgical needs of you and your family.

PRE-ADMISSION PROCEDURE

After your clinic visit, you will complete the necessary admission paperwork at the clinic site or be asked to see the admission clerk in the Admitting Department at VCMC or SPH. You may also receive a phone call from the Admitting Department to verify demographic and insurance information. After registration, you will also be asked to have any laboratory workup, EKG or any other diagnostic procedures required by your physician for your surgery.

PRE-OP AREA

You will meet your surgeon, Anesthesiologist, and operating room nurse. They will re-evaluate your medical history, laboratory tests results and answer further questions you may have. For your safety, you or your doctor will be asked to verify and mark the correct site of your surgery. The nurse may give you medicine via your intravenous line to relax you before you are taken to the Operating Room. Up to two (2) visitors per patient are allowed in the Pre-Op area. Visitors must be free of infection.

FAMILY SURGERY WAITING ROOM

The waiting room is designed with you and your family in mind. Our staff is available to answer any of your questions. The surgeon will come to talk to you once surgery is completed. Updates on the process of surgery will be displayed on the North Tower Main or tracking board in the surgery waiting area. Please refer to your "Surgery Tracking Guide" for more information.

►► ***On the day prior to your surgery, please refer to the Pre-Operative Instructions/Patient Information Handout the Clinic gives you.***



PATIENT GUIDE TO SURGICAL SERVICES *(cont.)*

PRE-OP

On the day of surgery, please proceed to the Admitting Department for check in. You will be directed to the Pre-Op area. You will be asked to change into your hospital gown. The nurse will record your blood pressure, temperature, and start your intravenous fluids at this time.

OPERATING ROOM

Once in the operating room, monitoring devices such as blood pressure cuffs, heart and respiratory monitors and other safety devices shall be attached to you. You will be ready for anesthesia and surgery. The length of surgery will depend on the type of surgery you are having.

POST-ANESTHESIA CARE UNIT

After surgery, you will be taken to the recovery room. If you are being admitted, you will be transferred to your hospital room. If you had an outpatient surgery, before you go home, your nurse will give you both written and verbal postoperative care discharge instructions. You must have a responsible person take you home. You are not allowed to drive home after surgery.

RECOVERY ROOM VISITING GUIDELINES

Due to concerns regarding patient privacy, visitors are generally not allowed for adult surgery patients in PACU/Recovery Room. Exceptions are parents or legal guardians of pediatric patients and caretakers, parents or legal guardians of mentally and/or physically impaired patients. Only one (1) visitor at a time is allowed for these patients.



RELIGION, SPIRITUALITY, ETHICS AND OTHER RESOURCES AVAILABLE AT THE VENTURA COUNTY MEDICAL CENTER AND SANTA PAULA HOSPITAL

The Ventura County Medical Center (VCMC) and Santa Paula Hospital (SPH) are deeply committed to the personal well-being of our patients. Spiritual and cultural values are an intricate part of the healing process. We know that hospitalization can be very stressful and can add burdens far beyond the physical problems we are treating.

VCMC and the SPH do not organize or directly provide religious or spiritual care. However we strongly support and encourage the volunteer efforts of all clergy, pastors, priests, ministers, rabbis and representatives of all creeds and faiths. For convenience, we've listed the telephone numbers of organizations who have volunteered to be available, in case you have no other person to contact.

Our hospitals provided "Quiet Rooms" to be used as a private and secluded place. In these rooms, families can be alone, with their physicians, or religious representatives. It can also be used in consultation for dealing with the family's emotions of grief and other feelings involved in hospitalization. We encourage the use of these rooms, either alone or with a trusted religious representative of your choice.

VCMC and the Santa Paula Hospital provide access to members of our Ethics Committee to discuss with you issues regarding hospitalization, medical care, family responsibilities, patients' needs, etc. The VCMC and Santa Paula Hospital Ethics Committee and its members are prepared to offer advice and counsel over issues which might confront families and physicians in providing care, or involve the decisions which must be made in those areas. The Committee does not make decisions for patients, families or physicians. Rather it facilitates the discussions of issues, helping to bring perspective at a time when such advice can be most helpful to those charged with this responsibility.



CLERGY LIST

(All numbers are in the 805 area code)

BAPTIST

Coastline Bible Church	642-3244
Ventura, CA	
Freewill Baptist	229-7850
Santa Paula, CA	

CATHOLIC

Our Lady of Assumption	
Ventura, CA	642-7966
Our Lady of Guadalupe	
Santa Paula, CA	525-3716
St. Sebastian Church	525-2149
Santa Paula, CA	

EPISCOPAL

St. Paul's Episcopal	643-5033
Ventura, CA	

FOUR SQUARE

Four Square Church	648-7955
Ventura, CA	
Valley Community	525-4273
Santa Paula, CA	

JEHOVAHS WITNESS

East Ventura Congregation	
Santa Paula, CA	889-0500

JEWISH

Temple Beth Torah	647-1781
Ventura, CA	
Chabad of Ventura	658-7441
Santa Paula, CA	

LUTHERAN

Trinity Lutheran	644-7474
Ventura, CA	
Emmanuel Lutheran	525-3811
Santa Paula, CA	

METHODIST

First United Methodist	
Ventura, CA	643-8621
El Buen Pastor	525-2214
Santa Paula, CA	

MORMON

Church of Jesus Christ of Latter-day Saints	
Ventura, CA	205-7752
Santa Paula, CA	205-7752

PRESBYTERIAN

Community Presbyterian	
Ventura, CA	648-2737
1st Presbyterian	525-6654
Santa Paula, CA	



VCMC/SPH CONTACTS

- ▶▶ ETHICS COMMITTEE
(805) 652-6062
- ▶▶ HOSPITAL ADMINISTRATION
(805) 652-6058
- ▶▶ COMPLIANCE OFFICE
(805) 677-5241
- ▶▶ INTERPRETER SERVICES
(805) 652-6695 / (805) 652-3380
- ▶▶ MEDICAL DIRECTOR
(805) 652-6062
- ▶▶ PATIENT ADVOCATE
(805) 652-6691
- ▶▶ SOCIAL SERVICES / DISCHARGE PLANNING
(805) 652-3280
- ▶▶ TTY - FOR SPEECH AND HEARING IMPAIRED
TTY - (800) 735-2929 / Voice - (800) 735-2922
- ▶▶ AUXILIARY / VOLUNTEER SERVICES
(805) 652-6693

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VENTURA COUNTY
MEDICAL CENTER

SANTA PAULA HOSPITAL

A Division of Ventura County Health Care Agency