

Your Responsibilities (continued):

- I need to pay my bills on time. If this is hard for me, I can ask about a payment plan.
- I need to tell my health care team if I refuse any treatment or medicine that my doctor has prescribed for me.
- I need to tell my health care team if I don't understand my medical condition or treatment plan.
- I need to tell my health care team if I have trouble following my diet, taking my medications, or following any other part of my plan of care.
- I need to be on time for my treatments or other appointments.
- I need to tell the staff if I know that I am going to be late or miss a treatment or other appointment.
- I need to tell my health care team if I have medical problems, am going to the dentist, am being treated by another doctor, or have recently been to the hospital.
- I need to follow the rules of the clinic.
- I need to get to and from the clinic for my appointments.
- I need to inform staff of other changes such as insurance, address, and telephone number.

Mammoth Hospital
(760) 934-3311

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Mammoth Lakes, CA 93546
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Mammoth Hospital's Patient Complaint and Grievance Process



Reporting Concerns:

Any person receiving services or the parent/guardian of the person receiving services can file a complaint or grievance with the health care provider, insurance or managed care plan, or the hospital.

We want you to share your concerns with us. We will keep your concerns private and review them promptly. This helps us to improve our services.

Expedited Complaint Process:

If you think your concern cannot wait for the regular review process because you believe your health is at risk, you can ask for an expedited review process.

Steps you can take:

- Discuss your concern with your health care provider, case manager, or any other hospital representative.
- If you do not feel you received sufficient assistance to resolve the issue and/or would like to submit a formal grievance to us, you may do so by contacting our patient experience team by phone at 760-924-4306 or by email at patientexperience@mammothhospital.com

- If you file a complaint with us, you can expect someone to contact you within ten business days.

- Complaints can also be filed with the California Department of Public Health:

California Department of Public Health

464 West 4th Street Suite 529
San Bernardino, Ca. 92401
909-383-4777

Things to know:

- You can also submit any complaint or grievance without identifying yourself. However, it will be more difficult for us to resolve.
- You are welcome to involve someone you trust in any part of this process. To protect your privacy, we will need written authorization from you to do so unless he/she is your legally authorized representative.
- If you submit a grievance regarding the care of another person, we cannot communicate with you regarding that care unless the patient signs a written authorization unless you are the patient's legally authorized representative.
- You may ask any staff member you are comfortable with to help you. They will contact a member of Mammoth Hospital if needed.

Your Rights:

- I have the right to be told about my rights and responsibilities in a way that I understand.
- I have the right to be treated with respect and dignity, and as a unique individual.

- I have the right to privacy and confidentiality in aspects of my treatment and medical record.

- I have the right to review my medical records and obtain records if desired.

- I have the right to be told about the services offered at the clinic/hospital and any charges for services not covered by insurance or Medicare.

- I have the right to be told about any financial help available to me.

- I have the right to be told about my health in a way that I understand.

- I have the right to meet with my whole health care team to participate as part of the team in the planning of my care.

- I have the right to be told about and to choose my treatment options, including those not offered here.

- I have the right to accept or refuse any treatment or medicine my doctor prescribes for me.

- I have the right to have and execute advance directives.

- I have the right to be told about the rules at the clinic/hospital.

- I have the right to know about grievance procedures.

Your Responsibilities:

- I need to participate as part of the health care team in the planning of my care.

- I need to treat other patients and staff as I would like to be treated, with respect.