

Notice for Emergency Room

It's the Law! If You Have a Medical Emergency or Are in Labor

You have the right to receive, within the capabilities of this hospital's staff and facilities:

- An appropriate medical screening examination;
- Necessary stabilizing treatment (including treatment for an unborn child);
- And, if necessary, an appropriate transfer to another facility even if you cannot pay, you do not have medical insurance or you are not entitled to Medicare or Medicaid.

This hospital [does/does not] participate in the Medi-Cal program.

If you have any questions concerning this hospital's emergency services policy, please ask the admitting nurse or contact (title of other contact person at hospital) _____.

If you have any complaints concerning the services you have received from this hospital, you may contact:

California Department of Public Health, Licensing and Certification
_____*District Office

** Fill in the name, address and telephone number of the appropriate CDPH district office.*

NOTE: This sign must be large enough to be clearly readable by patients from a distance of 20 feet or the expected vantage point of the patients.

Reference: 42 U.S.C. Section 1395cc(a)(1)(N)(iii) and (iv); 42 C.F.R. Section 489.20(q);
42 C.F.R. Section 489.20(q)
Health and Safety Code Section 1317.3(d)

Aviso para la Sala de Emergencias

¡La ley lo exige!

Si tiene una emergencia médica o está en trabajo de parto

Tiene derecho a recibir, dentro de las posibilidades del personal y las instalaciones de este hospital:

- Un examen médico de evaluación adecuado;
- La atención necesaria para estabilizarlo/a (incluida la atención de un niño por nacer);
- Si fuera necesario, el traslado a otro establecimiento adecuado, aunque usted no pueda pagar, no tenga seguro médico o no tenga derecho a recibir los servicios de Medicare o Medicaid.

Este hospital [sí/no] participa en el programa Medi-Cal.

Si usted tiene cualquier pregunta respecto a las normas relativas a servicios de emergencia de este hospital, favor de preguntar a la enfermera de admisiones o póngase en contacto con (puesto e alguna otra persona representante del hospital) _____.

Si usted tiene cualquier queja relacionada con los servicios que ha recibido de este hospital, puede ponerse en contacto con:

Departamento de Salud Pública, Certificación y Licencias

_____ *Oficina de Distrito

** Fill in the name, address and telephone number of the appropriate DPH district office.*

NOTE: This sign must be large enough to be clearly readable by patients from a distance of 20 feet or the expected vantage point of the patients.

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42 C.F.R. Section 489.20(q)
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