UC Riverside, School of Medicine Policies and Procedures Policy Title: Patient Transfers to and from Certain Healthcare Organizations Policy Number: 950-02-039

Responsible Officer:	Chief Medical Officer
Responsible Office:	UCR Health
Origination Date:	February, 2023
Date of Revision:	April, 2024
Scope:	UCR Owned and Affiliate Practice Locations

### I. Policy Summary

This policy outlines the patient transfer process in accordance with the University of California Policy on *Affiliations with Certain Healthcare Organizations*.

### II. Definitions

**Affiliate:** A health care provider, health plan, or other entity that owns or operates an organization that provides health care services in the United States and with which the University has established an affiliation.

**Covered Person or Organization:** A health care provider, health plan, or other person or organization owning or operating locations where the health care services are provided in the United States, that has adopted or operates pursuant to policy-based restrictions on health care services. A covered person or organization with which the University has established an affiliation is a **Covered Affiliate and the arrangement is a Covered Affiliation**. Public affiliates are not Covered Organizations or Affiliates under this policy.

**Policy-Based Restrictions:** Restrictions imposed by a Covered Affiliate, directly or through its governing body, sponsors, or other non-governmental authority, on health care services within the scope of a health care provider's license. This term does not refer to services that the Covered Affiliate is: (i) barred from performing as a matter of federal or state law, (ii) unable to provide to ANY patient due to absence of necessary equipment or qualified personnel, lack of applicable licensure or accreditation, or lack of financial resources: or (iii) that the Covered Affiliate limits or restricts as a result of credentialing, privileging, and utilization review polices or processes consistent with California law and Medicare Conditions of Participation.

**UC Clinical Location**: A collection of University buildings and personnel that service a University academic health system, student health, or counseling center, or other health delivery sites including hospitals, ambulatory surgery centers, outpatient centers, clinics, or other locations where preventative, diagnostic, therapeutic, or other interventional physical or behavioral health care services are provided to UC patients, students, employees, or research participants.

### **III.** Responsibilities

**A.** When UCR clinical faculty members are supervising trainees, UCR faculty are ultimately responsible for the care of the patient in accordance with the UCR Graduate Medical Education supervision policy.

Faculty should ensure that they assist with the transfer of patients to or from Covered Affiliates. Any questions or barriers to the transfer of care must be immediately directed to the department chair.

- **B.** Under the supervision and with assistance from UCR faculty, trainees must help arrange for appropriate referrals and transfers of care. Any questions or barriers to the transfer of care must be immediately directed to the program director. If the program director is not available at that time, issues must be immediately escalated to the department chair.
- **C.** Complaints regarding policy-based restrictions at Covered Affiliates should be referred to Compliance Advisory Services for investigation and resolution.

### **IV. Procedures**

A. Patients at a UC Clinical Location Requiring Transfer to a Covered Affiliate:

Each patient being transferred from a UCR Health clinic, shall be provided with an After Visit Summary, which shall provide the patient with information about care at Affiliated Organizations and the website address where more information can be obtained.

### B. Provider Obligations Towards UCR Health Patients at Covered Affiliates:

All faculty and trainees' clinical decisions must be consistent with the standard of care and independent professional judgment.

- 1. Inform patients of all of their health care options.
- 2. Prescribe any interventions that are medically necessary and appropriate.
- 3. Transfer or refer patients to other facilities whenever it is determined that it is in the patient's interests.
- 4. Provide any item or service deemed in the resident/fellow's professional judgment to be necessary and appropriate in the event of an emergency. This includes the provision of any necessary items or services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition.

Faculty and trainees must be educated on the transfer process for the services listed below:

- 1. Abortion
- 2. Contraception
- 3. Assisted reproductive technologies
- 4. Gender-affirming care
- 5. End-of-life care

### V. References

UCR SOM *Resident Supervision Policy*: 950-09-011 https://policy.ucop.edu/doc/5000698/AffiliationHealthcareOrganizations

### Approvals:

COMPLIANCE COMMMITTEE APPROVAL (04/29/2024)

Paul HACKMAN BC5CF44DC0494EA...

PAUL HACKMAN, J.D., L.LM. CHIEF COMPLIANCE AND PRIVACY OFFICER, SCHOOL OF MEDICINE 5/8/2024 | 11:58 AM PDT

DATE

DocuSigned by:

Deborali Deas

DEBORAH DEAS, M.D., M.P.H VICE CHANCELLOR, HEALTH SCIENCES DEAN, SCHOOL OF MEDICINE 5/12/2024 | 2:22 PM PDT

DATE

# DocuSian

### **Certificate Of Completion**

Envelope Id: 9562CCAC4699445B92A7C3D24F870150 Subject: 950-02-039 Patient Transfers to and from Certain Healthcare Organizatio... Source Envelope: Document Pages: 3 Signatures: 2 Certificate Pages: 5 Initials: 0 AutoNav: Enabled Envelopeld Stamping: Enabled Time Zone: (UTC-08:00) Pacific Time (US & Canada)

### **Record Tracking**

Status: Original 5/8/2024 11:54:41 AM

### Signer Events

Paul Hackman daphne.zamora@medsch.ucr.edu (Dept Head) Security Level: Email, Account Authentication (None)

#### **Electronic Record and Signature Disclosure:** Accepted: 5/8/2024 11:57:35 AM

ID: 138c5cc3-b4d1-472b-b1cd-6ec55f86a98b

Deborah Deas

Deborah.Deas@medsch.ucr.edu

Vice Chancellor for Health Sciences and Dean

Deborah Deas, MD, MPH

Security Level: Email, Account Authentication (None)

### **Electronic Record and Signature Disclosure:** Accepted: 5/12/2024 2:21:59 PM

ID: f49a7a3f-e3b2-400f-abc6-1241d69c98eb

Holder: Daphne Zamora daphne.zamora@ucr.edu

### Signature DocuSigned by:

Paul Hackman BC5CE44DC0494EA

Signature Adoption: Pre-selected Style Using IP Address: 76.174.164.212



Signature Adoption: Pre-selected Style Using IP Address: 172.116.31.230

Status: Completed

Envelope Originator: Daphne Zamora 100 Phoenix Dr.Suite 111 Lansing, MI 48108 daphne.zamora@ucr.edu IP Address: 76.174.164.212

#### Location: DocuSign

### Timestamp

Sent: 5/8/2024 11:56:41 AM Viewed: 5/8/2024 11:57:35 AM Signed: 5/8/2024 11:58:02 AM

Sent: 5/8/2024 11:58:02 AM Resent: 5/11/2024 8:26:01 PM Resent: 5/11/2024 8:28:39 PM Viewed: 5/12/2024 2:21:59 PM Signed: 5/12/2024 2:22:12 PM

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent Certified Delivered	Hashed/Encrypted Security Checked	5/8/2024 11:56:41 AM 5/12/2024 2:21:59 PM

Envelope Summary Events	Status	Timestamps
Signing Complete	Security Checked	5/12/2024 2:22:12 PM
Completed	Security Checked	5/12/2024 2:22:12 PM
Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

# ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Internet2 OBO University of California, Riverside (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

# **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

# Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

# Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

# All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

# How to contact Internet2 OBO University of California, Riverside:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows: To contact us by email send messages to: Shelley.Gupta@ucr.edu

# To advise Internet2 OBO University of California, Riverside of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at Shelley.Gupta@ucr.edu and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

# To request paper copies from Internet2 OBO University of California, Riverside

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to Shelley.Gupta@ucr.edu and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

# To withdraw your consent with Internet2 OBO University of California, Riverside

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to Shelley.Gupta@ucr.edu and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process.

# Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <u>https://support.docusign.com/guides/signer-guide-signing-system-requirements</u>.

# Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Internet2 OBO University of California, Riverside as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Internet2 OBO University of California, Riverside during the course of your relationship with Internet2 OBO University of California, Riverside.