

PATIENT RIGHTS

we are committed to protecting your privacy

PURPOSE

The purpose of this policy is to reinforce the facility's commitment to upholding the rights and responsibilities of our patients and to provide guidelines for staff to follow in the safe setting and care of these patients. The patient or patient's representative will be provided with verbal and written notice of the patient's rights in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands. The written notice of the patient rights should be prominently displayed in a place or places within the Ambulatory Surgery Center (ASC) likely to be noticed by patients (or their representative, if applicable), e.g. - waiting for treatment, in the patient waiting room. The patient's rights should be posted, followed and promoted.

- Patients are treated with respect, consideration, dignity and are provided appropriate personal privacy.
- Patients have the right to receive adequate notice regarding this facility's privacy practices. Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse the release, except when release is required by law.
- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- When the need arises, reasonable attempts are made for health care professionals and other staff to communicate in the language or manner primarily used by patients.
- Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Patients have the right to the facility's rules and regulations as they apply to their conduct, responsibilities and participation as a patient.
- The patient has the right to change their provider if other qualified providers are available.
- Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care, and related fees for services rendered.
- Be informed of charges, fees for service, payment policies, receive an explanation of your bill and receive counseling on the availability of known financial resources for health care services.
- Be informed of your right to refuse to participate in experimental research if applicable.
- Know that, in the event that a patient has an advance directive, it is the policy of this facility to resuscitate all patients; however, any advance directive will be noted in the patient medical record and will be communicated to other medical facilities, if a transfer is needed.
- The patient has the right to receive enough information from the physician so that he/she can understand the services being rendered in order to sign the informed consent.
- The patient may leave this facility, even against the advice of his or her physicians.
- Reasonable continuity of care and advance knowledge of the time and location of appointment, as well as knowledge of the physician providing the care.
- Be free from all forms of abuse, discrimination, harassment or reprisal. In compliance with applicable Federal civil rights laws, all patients receive access to equal medical treatment and accommodations regardless of race, color, national origin, age, disability, sex, religion or sources of payment for care.
- Know that your physician may have financial interests or ownership in this facility.
- Know the name and role of your caregiver (e.g., doctor, nurse, technician, etc.). You have a right to request information, malpractice insurance coverage and/or credentials about the physician providing your care.
- Report any comments or voice any grievances concerning the quality of services provided to the patient during the time spent at the facility without being subjected to discrimination or reprisal and receive timely, fair follow-up on your comments.
- Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients.

For complaints or comments about your medical care, you may call or contact any of the following:

State Department of Health Services (County Health Department) • The Medical Board of California-2005 Evergreen Street, Suite 1200 Sacramento, CA 95815 (916) 263-2382, Fax (916) 263-2944, <http://www.mbc.ca.gov/Breeze/Complaints.aspx> • Accrediting Agency • Medicare Beneficiary Ombudsman: www.cms.hhs.gov/center/ombudsman

120 South Spalding Drive, Suite 402 • Beverly Hills, CA 90212 • 310.275.3304 • fax 424.279.9540