

PATIENT'S RIGHTS AND RESPONSIBILITIES

PATIENT'S RIGHTS:

- Exercise these rights without regard to sex, cultural, economic, educational, or religious background or the source of payment for his/her care.
- Treated with respect, consideration, and dignity.
- Provided with appropriate personal privacy, care in a safe setting, and free from all forms of abuse and harassment.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the name and professional relationships of other physicians who will see him/her.
- Receive information from his/her physician about the illness, his/her course of treatment and his prospects for recovery in terms that he/she can understand.
- Receive as much information from his/her physician about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies this information shall include a description of the procedure or treatment, the medically significant risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
- Actively participate in decisions regarding his/her medical care to the extent permitted by law, this includes the right to refuse treatment or change his/her primary physician.
- Disclosures and records are treated confidentially, except when required by law, patients are given the opportunity to approve or refuse their release.
- Information for the provision of after-hour and emergency care.
- Information regarding fees for service, payment policies and financial obligations.
- The right to decline participation in experimental or trial studies.
- The right to receive marketing or advertising materials that reflects the services of the Centers in a way which is not misleading.
- The right to express their grievances about care and services provided or file a complaint with the Center's Administrator, Department of Public Health Licensing and Certification or

Office of Medicare Beneficiary Ombudsman. All grievances will be responded to in writing without being subjected to discrimination or reprisal within 20 days.

- The right to self-determination including the right to accept or refuse treatment and the right to formulate an Advance Directive.
- The right to know and understand what to expect related to their care and treatment.

PATIENT RESPONSIBILITIES:

- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over the counter products and dietary supplements and any allergies or sensitivities.
- Ask for an explanation if you do not understand papers you are asked to sign for your care or your child's care.
- Gather as much information as you need to make an informed decision.
- Be available so staff can teach you how to care for yourself or your child; we want to share our knowledge with you, but you must be prepared to learn.
- Follow the care prescribed or recommended for you or your child by the physician, nurses, and other members of the health care team. Remember, if you refuse treatment or do not follow instructions, you are responsible for your actions.
- Respect the rights and privacy of others.
- Assure the financial obligations associated with your own or your child's care is fulfilled.
- Responsible for being respectful of his/her personal property and that of other persons in the Center.
- Take an active role in ensuring safe patient care. Ask questions or state concerns while in our care. If you don't understand, ask again.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours.
- Inform his/her provider about any living will, Medical power of attorney, or other directive that could affect his/her care.

PATIENT CONCERNS AND/OR GRIEVANCES:

Las Ventanas Surgery Center
15 Ryan Court, Monterey CA 93940 (831) 775-0265

Persons who have a concern or grievance against Las Ventanas Surgery Center regarding admission, treatment, discharge, and denial of services, quality of services, courtesy of personnel or any other issue are encouraged to contact the Administrator or write a statement to:

Las Ventanas Surgery Center
1441 Constitution Blvd. Bldg. 400, Suite 103
Salinas, CA 93906

OR

District Administrator: Charlene Popke
California Department of Public Health
100 Paseo de San Antonio, Suite 235
San Jose, CA 95113 (408) 277-1784
(800) 554-0348 fax (408) 277-1032

OR

AAAHC Accreditation Association for
Ambulatory Healthcare
(847) 853-6060

OR

Medical Board of CA.
Consumer Information/Complaints
(800) 633-2322

OR

Medicare patients should visit the website below to understand your rights and protections.

<http://www.cms.hhs.gov/center.ombudsman.asp>

Or contact 1-800-MEDICARE

ADVANCE DIRECTIVES:

An "Advance Directive" is a general term that refers to your oral and written instructions about your future medical care in the event that you become unable to speak for yourself. Each state regulates the use of advance directives differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like a copy of the official State advance directive forms we can provide you with a packet or you may visit http://www.calhealth.org/Download/AdvanceDirective_English.pdf. Or http://www.calhealth.org/Download/AdvanceDirective_Spanish.pdf

OUR SURGERY CENTER'S ADVANCE DIRECTIVE POLICY:

In the case of deterioration, Advanced Directives will not be honored at our surgery center. We will do everything to stabilize you, the patient, and arrange for immediate transfer to a nearby hospital. If you do not have an Advanced

Directive and would be interested in completing one, we are happy to supply you with information. See (California Probate Code §4735-4736) for further information.

PHYSICIAN DISCLOSURE:

If your treatment program requires a surgical procedure your doctor may perform the surgery at Las Ventanas Surgery Center. The following physician / surgeon; Thomas Zewert, M.D., practices here and has an ownership interest. As a patient, you have the right to receive a list of all physician owners in this facility, upon request. This information is required by the Federal Government to be presented to all patients before their surgery.

All of Our Surgeons are Licensed and Regulated by the Medical Board of California.



I received a copy of this form on patient rights, patient responsibilities, physician disclosure, advance directive policy and grievance policy prior to the start of my surgical procedure.

Please initial inside box.

Print Name

Signature

Date