

Patient Rights and Responsibilities

This Surgery Center has adopted the following list of Rights and Responsibilities for Patients

PATIENT RIGHTS:

- Treatment without regard to sex, or cultural, economic, educational, or religious background or the source of payment for his care.
- Considerate and respectful care.
- The knowledge of the name of the physician who has primary responsibility for coordinating his care and the names and professional relationships of other physicians who will see him.
- Receive information from his physician about his illness, his course of treatment, and his prospects for recovery in terms he can understand. 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.
- Receive the necessary information about any proposed treatment or procedure 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 this treatment, alternate course of treatment or non-treatment and the risks involved in each, and the name of the person who would carry out the treatment or procedure.
- Participate actively in decisions regarding his medical/dental care. To the extent permitted by law, this includes the right to refuse treatment.
- Full consideration of privacy concerning his medical/dental care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
- Confidential treatment of all communications and records pertaining to his care. His written permission shall be obtained before his medical/dental records are made available to anyone not concerned with his care.
- Reasonable responses to any reasonable request he makes for services.
- Reasonable continuity of care and to know in advance the time and location of appointments as well as the physician providing the care.
- Be advised if physician proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
- Be informed by his physician or designee of his continuing health care requirements.
- Examine and receive an explanation of his bill regardless of source of payment.
- Have all patient's rights explained to the person who has legal responsibility to make decisions regarding medical/dental care on behalf of the patient.

PATIENT RESPONSIBILITIES:

- Good communication is essential to a

successful physician-patient relationship.

To the extent possible, patients have a responsibility to be truthful and to express their concerns clearly to their physicians.

- Patients have a responsibility to provide a complete medical history, to the extent possible, including information about past illnesses, medications, hospitalizations, family history of illness, and other matters relating to present health.
- Patients have a responsibility to request information or clarification about their health status or treatment when they do not fully understand what has been described.
- Once patients and physicians agree upon the goals of therapy, patients have a responsibility to cooperate with the treatment plan. Compliance with physician instructions is often essential to public and individual safety. Patients also have a responsibility to disclose whether previously agreed upon treatments are being followed and to indicate when they would like to reconsider the treatment plan.
- Patients generally have a responsibility to meet their financial obligations with regard to medical care or to discuss financial hardships with their physicians.
- Patients should discuss end-of-life decisions with their physicians and make their wishes known. Such a discussion might also include writing an advanced directive.
- Patients should also have an active interest in the effects of their conduct on others and refrain from behavior that unreasonably places the health of others at risk. Patients should inquire as to the means and likelihood of infectious disease transmission and act upon that information which can best prevent further transmission.

PATIENT CONCERNS AND/OR GRIEVANCES:

Persons who have a concern or grievance regarding PDI Surgery Center, including but not limited to, decisions regarding admission, treatment, discharge, denial of services quality of services, courtesy of personnel or any other issue are encouraged to contact the Administrator or write a statement to:

Administrator
PDI Surgery Center
1380 19th Hole Drive, Windsor, CA 95492

PDI Surgery Center is Medicare Certified and is accredited by the Accreditation Association for Ambulatory Health Care, Inc. Any complaints regarding services provided at PDI Surgery Center can be directed in writing or telephone to:

California Department of Public Health
District Manager
2170 Northpoint Pkwy
Santa Rosa, CA 95407
(707)576-6775

OR

AAAHC
5250 Old Orchard Road, Suite 200
Skokie, IL 60077
(847)853-6060

OR

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

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

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, 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:

The majority of procedures performed at the Surgery Center are considered to be of minimal risk. Of course, no surgery is without risk. You and your surgeon will have discussed the specifics of your procedure and the risks associated with your procedure, the expected recovery and the care after your surgery.

It is the policy of the Surgery Center, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney, in fact, that if an adverse event occurs during your treatment at the Surgery Center, the personnel at the Surgery Center will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.

I received information of patient rights, patient responsibilities, physician disclosure, advance directive policy and grievance policy at least one day in advance of my surgery.

Print Name

Signature

Date