

Patient Rights and Responsibilities

1. OUR PATIENTS WILL BE TREATED WITH RESPECT, CONSIDERATION, AND DIGNITY.
2. OUR PATIENTS WILL ALWAYS BE HONORED WITH PRIVACY BOTH OF MEDICAL INFORMATION AS WELL AS THE MEDICAL CARE PROVIDED. CURTAINS PROTECTING YOUR PRIVACY ARE PROVIDED IN THE PATIENT CARE AREAS WHEN NECESSARY. IF YOU CHOOSE, ADDITIONAL PATIENT GOWNS ARE AVAILABLE IN ORDER TO PROTECT THE EXPOSURE OF YOUR BACKSIDE. YOU HAVE THE **RIGHT TO PRIVACY**.
3. WHEN REQUIRED TO DO SO BY LAW, WE WILL RELEASE YOUR MEDICAL RECORDS. HOWEVER, ALL OTHER TIMES THE RELEASE OF YOUR MEDICAL INFORMATION WILL BE ONLY AT YOUR APPROVAL. YOU HAVE THE **RIGHT TO THE PROTECTION OF YOUR HEALTH INFORMATION**.
4. WE WILL ALWAYS PROVIDE TO YOU COMPLETE INFORMATION CONCERNING YOUR DIAGNOSIS, EVALUATIONS, TREATMENTS, AND PROGNOSIS. WHEN IT IS MEDICALLY INADVISABLE TO GIVE THIS INFORMATION TO YOU AS OUR PATIENT, WE WILL THEN PROVIDE THIS INFORMATION TO ONE AS DESIGNATED EITHER BY THE COURTS OR BY YOURSELF. YOU HAVE THE **RIGHT TO KNOW**.
5. UNLESS IT IS CONTRAINDICATED FOR MEDICAL REASONS, WE WILL ALWAYS PROVIDE TO YOU THE OPPORTUNITY TO BECOME INVOLVED IN YOUR OWN HEALTH CARE DECISIONS. YOU HAVE THE **RIGHT TO PARTICIPATE IN YOUR OWN HEALTHCARE DECISIONS**.
6. EVEN THOUGH THIS FACILITY DOES NOT HONOR ADVANCED DIRECTIVES, **YOU DO HAVE THE RIGHT TO PROVIDE US ONE THAT YOU HAVE EXECUTED** FOR THE PURPOSE OF US PROVIDING THIS TO ANY ACUTE CARE SETTING IN WHICH YOU WOULD BE TRANSFERRED TO IN THE EVENT THAT A HIGHER LEVEL OF CARE WERE TO BE NEEDED.
7. YOU HAVE THE **RIGHT TO KNOW IN ADVANCE THAT THIS FACILITY DOES NOT PROVIDE EMERGENCY CARE OR AFTER HOURS CARE**. YOU SHOULD CONTACT YOUR SURGEON FOR NON-URGENT MATTERS AND FOR EMERGENCY RELATED MATTERS, YOU SHOULD CALL THE 9-1-1 EMERGENCY PHONE LINE AND/OR BE TAKEN TO THE NEAREST EMERGENCY ROOM DEPARTMENT.
8. YOU HAVE THE **RIGHT TO KNOW IN ADVANCE, THE COST OF THE SERVICE** SHOULD YOU BE CASH, CHECK, CREDIT CARD OR FINANCED PAYER.
9. YOU HAVE THE **RIGHT NOT TO PARTICIPATE IN ANY TYPE OF RESEARCH BEING CONDUCTED HERE AT THIS FACILITY**. PLEASE NOTE THAT THIS FACILITY DOES NOT PARTICIPATE IN ANY TYPE OF RESEARCH AND ONLY FDA APPROVED MEDICATIONS AND DEVICES/INSTRUMENTATION WILL BE USED DURING YOUR PROCEDURE.
10. YOU HAVE THE **RIGHT TO KNOW THE CREDENTIALS OF ANY PHYSICIAN OR NON-PHYSICIAN** WHO PROVIDES CARE TO YOU WHILE YOU ARE HERE AT THIS SURGERY CENTER.
11. YOU HAVE THE RIGHT TO HAVE THIS LIST OF RIGHTS PRIOR TO HAVING ANY TYPE OF SURGICAL PROCEDURE.
12. YOU MAY, AT YOUR OWN WILL, DECIDE TO CHANGE PROVIDERS AT ANY TIME. HOWEVER, THIS MAY CAUSE THE PROCEDURE TO BE RESCHEDULED OR CANCELLED DEPENDING ON THE AVAILABILITY OF THE NEW PROVIDER YOU CHOOSE.
13. WE HAVE THE RIGHT TO ASK THAT YOU PROVIDE TO US COMPLETE AND ACCURATE INFORMATION REGARDING YOUR MEDICAL HISTORY AND MEDICATIONS. OVER THE COUNTER MEDICATIONS ARE ALSO TO BE NOTED AS PART OF YOUR MEDICATION HISTORY.
14. YOU MUST DISCLOSE TO US ANY KNOWN ALLERGIES OR SENSITIVITIES YOU MAY HAVE TO MEDICATIONS AS WELL AS FOODS AND OR OTHER SUBSTANCES.
15. YOU MUST FOLLOW THE TREATMENT PLAN AS DESCRIBED BY YOUR PROVIDER.

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16. WE ASK THAT YOU BE RESPECTFUL OF OTHERS TO INCLUDE OTHER PATIENTS, OUR EMPLOYEES, AND PHYSICIANS.
19. IF YOUR PHYSICIAN WERE NOT TO HAVE CURRENT MALPRACTICE COVERAGE, IT IS OUR RESPONSIBILITY TO ENSURE THAT YOU ARE AWARE OF THIS PRIOR TO YOUR SURGICAL PROCEDURE.
20. YOU HAVE THE RIGHT TO ASK FOR AN INTERPRETER IF YOU FEEL A LANGUAGE BARRIER IS CAUSING YOU TO HAVE LESS THAN ANYTHING OTHER THAN A TOTAL UNDERSTANDING OF THESE RIGHTS AND RESPONSIBILITIES.
21. WE GUARANTEE THAT IN NO WAY HAVE WE ADVERTISED OR ATTEMPTED TO ADVERTISE ANY FORM OF MEDICAL CARE THAT WE ARE NOT QUALIFIED TO DELIVER.
22. YOU HAVE THE RIGHT TO KNOW IF YOUR PHYSICIAN HAS ANY FINANCIAL INTEREST IN THIS FACILITY OR IN THE DEVICES, INSTRUMENTS, OR MEDICATIONS HE USES ON YOU WHILE YOU ARE HERE AT THIS FACILITY. THIS SHOULD OCCUR DURING YOUR INITIAL CONSULTATION WITH YOUR PATIENT CONSULTANT. HOWEVER, IF IT DOES NOT OCCUR AT THAT TIME, THEN AT THIS TIME DURING YOUR PRE-OPERATIVE PORTION OF YOUR VISIT, IT SHOULD BE MADE KNOWN TO YOU, IF APPLICABLE.
23. YOU HAVE THE RIGHT TO RECEIVE A SATISFACTION SURVEY IN ORDER TO RATE OUR QUALITY OF CARE WE PROVIDED TO YOU. SHOULD YOU NOT RECEIVE THIS SURVEY AT THE TIME OF DISCHARGE, PLEASE CALL THE SURGERY CENTER AND ASK TO SPEAK TO THE MANAGER IN ORDER FOR US TO ENSURE YOUR RECEIPT OF ANOTHER SURVEY.
24. BECAUSE YOUR CONCERNS REGARDING YOUR CARE AND THE QUALITY OF CARE YOU RECEIVE WHILE HERE AT THIS FACILITY ARE SO IMPORTANT TO US, WE INVITE YOU TO VOICE CONCERNS, COMPLAINTS, AND OR GRIEVANCES. WE ASK THAT YOU FIRST ALLOW THE MANAGEMENT OF THIS FACILITY TO PROVIDE YOU THE CORRECTIVE MEASURES TO RESOLVE AND IMPROVE THE QUALITY OF YOUR CARE YOU RECEIVED BY MAKING IT RIGHT BY YOU, OUR PATIENT. SHOULD YOU NOT ASCERTAIN THE COMFORT OR THE RESOLUTION YOU WISHED WAS NOT PROVIDED AND YOU STILL HAVE ISSUE WITH YOUR CARE, WE WANT YOU TO KNOW THAT YOU MAY CONTACT: THE COMPLAINT FORM ON THE CALIFORNIA MEDICAL BOARD WEBSITE @ [HTTP://WWW.MEDBD.CA.GOV/COMPLAINTS.HTML](http://www.medbd.ca.gov/complaints.html). ONCE WE ARE ACCREDITED, YOU CAN CALL THE INSTITUTE OF MEDICAL QUALITY TO FILE A COMPLAINT BY GOING TO THEIR WEBSITE @ [WWW.IMQ.ORG](http://www.imq.org).