

Name: _____

Date of Birth: _____

PATIENT RIGHTS AND RESPONSIBILITIES

M/S Surgery Center has adopted the following list of Rights and Responsibilities for patients:

PATIENT RIGHTS

- ◆ Exercise these rights without regard to sex or cultural, race, 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 names and professional relationships of other physicians who will see him/her.
- ◆ Receive information from his/her physician about his 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 Surgery Center in a way which is not misleading.
- ◆ The right to express their concerns and receive a response to their inquiries in a timely fashion.
- ◆ The right to self-determination including the right to accept or to 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 or anything about your own or your child's care.
- ◆ Gather as much information as you need to make informed decisions.
- ◆ 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 physicians, 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 are fulfilled.
- ◆ Responsible for being respectful of his/her personal property and that of other persons in the Surgery 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 if required by your provider.
- ◆ 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

Persons who have a concern or grievance regarding MIS 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:

Director of Quality Assurance
M/S Surgery Center, L.L.C.
3510 Martin Luther King Jr. Blvd,
Lynwood, CA 90262
(310) 638-9391, ext. 412

MIS Surgery Center is Medicare Certified and is accredited by the Joint Commission. Any complaints regarding services provided at M/S Surgery Center can be directed in writing or by telephone to:

California Department of Public Health
District Manager
Richmond, CA 94804-6403
(510) 307-8409
OR
Fax: (630) 792-5636
(Office of Quality Monitoring)
(800) 994-6610
OR

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

<http://www.cms.hhs.gov/center/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 an advance directive form, visit www.oag.ca.gov/consumers/general/adv_hc_dir

M/S SURGERY CENTER'S ADVANCE DIRECTIVE POLICY

The majority of procedures performed at M/S 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 MIS 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 M/S Surgery Center, the personnel at M/S 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.

NOTICE OF PHYSICIAN OWNERSHIP

M/S Surgery Center is wholly owned by Dr. H. John Shammas.

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

Patient's Signature (or person authorized to sign for patient)

Date

Witness

Date