

PATIENT RIGHTS

- Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for his/her care.
- Receive information from his/her physician about his/her illness, course of treatment and prospects for recovery in terms that he/she can understand.
- Receive as much information 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 this treatment, alternate course of treatment or non-treatment and the risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
- Participate actively in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to refuse treatment.
- Full consideration of privacy concerning his/her medical 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/her care and stay in the center. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Reasonable responses to any reasonable request he/she may make for service.
- Leave the surgery center even against the advice of his/her physician; Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
- Be advised if the surgery center or personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects without compromising access to care.
- Be informed by his/her physician, or a delegate of his/her physician, of the continuing health care requirements following his/her discharge from the surgery center.
- Receive information regarding fees and payment schedule.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which surgery center rules and policies apply to his/her conduct while a patient.
- Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- Have the right to refuse care, treatment, and services in accordance with law and regulation.

- Have the right to be informed, and when appropriate their families, about the outcomes of care, treatment, and services, including unanticipated outcomes.
- Have the right to be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- All personnel shall observe these patient rights.

Our center is dedicated to the provision of quality care and your opinion of the care provided is important to us. If you feel you have been treated unfairly, without respect, or treated inappropriately, please contact the administrative office at Phone # (909) 558-4082. They will listen to you and direct your compliment-complaint or observation to the appropriate individual and/or committee for resolution.

You can also notify JCAHO Department of Quality Monitoring regarding your experience with our center at 1-800-994-6610.

File a complaint with the state Department of Health Services regardless of whether you use the center's grievance process. The state Department of Health Services's phone number and address is:

**Department of Health Services
464 West 4th Street, Suite 529
San Bernardino, California 92401
(900) 344-2896**

PATIENT RESPONSIBILITIES

The patient is responsible to:

- Provide accurate and complete and accurate information concerning his/her present complaints, past medical history and any medications, including over-the-counter products and dietary supplements, allergies or sensitivities and other matters relating to his/her health.
- Inform the center about any living will, medical power of attorney or other directive that could effect the patients care.
- Make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.
- Follow the treatment plan established by his/her physician, including the instructions of nurses and other health professionals, as they carry out the physician's orders.
- His/her actions should he/she refuses treatment or not follow his/her physician's orders.
- Accept financial obligations
- Have a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
- Be respectful and considerate of all the rights of other patients and facility personnel.
- Follow center rules and regulations affecting patient care and conduct.
- Notify appropriate personnel if language barrier exists so services of an interpreter can be secured.

Advance Directives

I do NOT have an Advance Directive

I do have an Advance Directive

If yes, do you waive the non-resuscitation clause? [] Yes [] No Initials _____

An advance directive is a written document which communicates your health care wishes clearly. There are two types of advance directive documents:

A Durable Power of Attorney for Health Care: Allows you to designate another person (known as a proxy agent) who is at least 18 years of age to make medical decisions for you in the event you are unable to do so. These decisions may include, but are not limited to, the withholding or withdrawal of life prolonging procedures.

A Living Will or Health Care Directive: Allows you to state in advance your wishes regarding the use of certain medical procedures and treatments and becomes effective when you are unable to make your own decisions and can no longer communicate such decisions. It serves as a guide to your family or the person you name as your agent.

Patient's/Guardian's Initials and Date _____