Patient Rights & Responsibilities

PATIENT RIGHTS & RESPONSIBILITIES

Thank you for choosing Surgery Center of Long Beach and

We look forward to providing the care and

Services that you need.

Prior to my admission I received verbal and written information on the centers Notice of Patient Rights,

Advance Directive, and Physician Ownership.

Patient's Signature _____ Date _____

Witness's Signature _____ Date _____

The following local physicians have an ownership interest in Surgery Center of Long Beach:

Shahryar Ahmadi, MD

David C. Lee, MD

Amandeep Bhalla, MD Ross P. Nathan, MD

Harry R. Karp, MD Kourosh M. Kolahi, MD

Peter R. Kurzweil, MD Albert M. Tsai, MD

William H. Warden III, MD Philip S. Yuan, MD

Your Patient Rights at Surgery Center of Long Beach include:

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE/SURROGATE PRIOR TO THE PROCEDURE/SURGERY.

• To ensure that the rights and responsibilities of patients are communicated and respected throughout the patient's care experience at the surgery center

• Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his/her care.

• To be treated with respect, consideration, and dignity.

• To be provided with appropriate personal privacy, care in a safe setting and freedom 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 healthcare providers who will see him/her.

• To be informed of their right to change providers if other qualified providers are available.

• Receive information from his/her physician about your illness, his/her course of treatment and the prospects for recovery in a manner that will be understood by the patient and/or patient representative/surrogate.

• Receive as much information from you 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.

• Reasonable continuity of care and to know in advance the time and location of appointment(s), as well as, the practitioner providing the care.

• 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 reflect the services of the center in a way which is not misleading.

• The right to express concerns and receive a response to 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 Healthcare Directive and understand the facility's policy and state regulations regarding Advance healthcare Directives • Advance Directives: You have the right to information regarding Advance Directives and this facilities'' policy on Advance Directives. Applicable state forms will be provided upon request. The surgery center is not an acute care facility; therefore, regardless of the contents of any advance directive or instructions from a health care surrogate, if an adverse event occurs during treatment, patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family. If they have been provided to the surgery center, a copy of the patient's Advance Directives will be sent to the acute care facility with the patient. If the patient or patient's representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with those wishes.

• The right to know and understand what to expect related to their care and treatment.

• Access protective and advocacy services or have these services accessed on the patient's behalf.

• 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.

• Be advised of the facility's grievance process, should the patient or patient's representative or surrogate wish to communicate a concern regarding the quality of the care he or she receives. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date.

• To leave the facility even against the advice of his/her physician.

• To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.

• To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his/ her patient record.

• To appropriate assessment and management of pain.

• Be advised if the physician has a financial interest in the surgery center.

• (IF APPLICABLE) Be advised as to the absence of malpractice coverage.

• (IF APPLICABLE) Regarding care of the pediatric patient, to be provided supportive and nurturing care which meets the emotional and physiological needs of the child and for the participation of the caregiver in decisions affecting medical treatment.

PATIENT RESPONSIBILITIES:

• Provide complete and accurate information to the best of your ability regarding your health, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.

• It is expected that the patient will not take any drugs which have not been prescribed by his/her attending physician and administered by the Surgery Center of Long Beach.

• 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.

• Follow the care prescribed or recommended for you or your child by the physicians, nurses, and other members of the health care team.

• Respect the rights and privacy of others.

• Assure the financial obligations associated with your own or your child's care is fulfilled.

• 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 the center and physician about any Advance Directives that could affect your care

• Keep appointments and notify the physician or facility when unable to do so.

• To be respectful of all the healthcare professionals and staff, as well as other patients, and observe the no smoking policy.

• In the case of pediatric patients, a parent or guardian is responsible to remain in the facility for the duration of the patient's stay in the facility. The parent or legal guardian is responsible for participating in decision making regarding the patient's care.

If you need an interpreter:

If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

LANGUAGE ASSISTANCE SERVICES are available to you at Long **Beach Surgery Center, LP dba Surgery Center of Long Beach** free of charge. To obtain services, please call (562) 988-9566.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-562-988-9566 **Tagalog-Filipino:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-562-988-9566 **Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-562-988-9566 If you have any questions regarding your rights or responsibilities, please express grievances, or

suggestions verbally or in writing to:

The Administrator at: 2880 Atlantic Avenue, Suite 160 Long Beach, CA 90806

(562) 988-9566

or AAAHC 3 Parkway North Blvd, Suite 201 Deerfield, IL 60015 Telephone: (847) 853-6060

Fax: (847) 853-9028

Office of the Medicare Beneficiary Ombudsman https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home

Los Angeles County Department of Public Health

Licensing and Certification 3400 Aerojet Avenue, #323 El Monte, CA 91731 Phone: (626)569-3724 or (800) 228-1019