

Patient Rights and Responsibilities

PATIENT RIGHTS

Considerate and Respectful Care

To receive ethical, high-quality, safe and professional care without discrimination.

To be free from all forms of abuse and harassment.

To be treated with consideration, respect and recognition of their individuality, including the need for privacy.

(This includes the right to request the facility provide a person of one's own gender to be present during certain parts of physical examinations, treatments or procedures performed by a health professional of the opposite sex, except in emergencies, and the right not to remain undressed any longer than is required for accomplishing the medical purpose for which you were asked to undress).

Information Relating Health Status and Care

To be informed of your health status in terms that you can reasonably be expected to understand, and to participate in the development and the implementation of your plan of care and treatment.

To be informed of the names and functions of all physicians and other health care professionals who are providing direct care to you.

To be informed about any continuing health care requirements after your discharge from the surgery center. Each patient is provided with written discharge instructions, and, when necessary, overnight supplies. You shall also have the right to receive assistance from the physician and appropriate facility staff in arranging for required follow-up care after discharge.

To be informed of risks, benefits and side effects of all medications and treatment procedures, particularly those considered innovative or experimental.

To be informed of all appropriate alternative treatment procedures.

To be informed of the outcomes of care, treatment and services.

To appropriate assessment and management of pain.

To be informed if our surgery center has authorized other health care and/or educational institutions to participate in your treatment. You shall also have a right to know the identity and function of these institutions, and may refuse to allow their participation in your treatment.

Decision Making and Notification

To choose a person to be your healthcare representative and/or decision maker. You may also exercise your right to exclude any family members from participating in your healthcare decisions.

To have a family member, chosen representative and/or your own physician promptly notified of admission.

To request or refuse treatment. This right must not be

construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

To be included in experimental research only when you give informed, written consent to such participation. You may refuse to participate in experimental research, including the investigations of new drugs and medical devices.

To formulate advance directives and be informed prior to receiving treatment how the surgery center will or will not comply with these directives.

To leave the surgery center against your physician's advice to the extent permitted by law.

Access to Services

To receive the services of a translator and/or interpreter, telecommunications devices, and any other necessary services or devices to facilitate communication between you and the surgery center's health care personnel.

To bring a service animal into the facility, except where service animals are specifically prohibited pursuant to facility policy (e.g., operating rooms, areas where invasive procedures are performed, etc.).

To pastoral counseling and to take part in religious and/or social activities while in the surgery center, unless your doctor feels these activities are not medically advised.

To safe, secure and sanitary accommodation and limited refreshments prior to discharge.

To access people outside the facility by means of verbal and written communication.

To have accessibility to facility buildings and grounds. Prime Surgical Center of Torrance recognizes the Americans with Disabilities Act, a wide-ranging piece of legislation intended to make American society more accessible to people with disabilities. The policy is available upon request.

To a prompt and reasonable response to questions and requests for service.

Access to Medical Records

To have your medical records, including all computerized medical information, kept confidential, and to access information within a reasonable time frame. You may also decide who receives copies of the records, except as required by law.

Upon leaving the facility and in accordance with our surgery center's policies regarding records requests, you have the right to obtain copies of your records.

Ethical Decisions

To participate prior to receiving treatment in ethical decisions that may arise in the course of care, including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawal of life sustaining treatment, and participation in investigational studies or clinical trials. If our facility or team decides that your refusal of treatment

prevents you from receiving appropriate care according to ethical and professional standards, the facility/patient relationship may be permanently terminated.

Protective Services

To access protective and advocacy services.

To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.

To all legal and civil rights as a citizen unless otherwise prescribed by law.

To provide your physician an impartial review of hazardous treatments or irreversible surgical treatments prior to implementation, upon request, except in emergency procedures necessary to preserve your life.

To an impartial review of alleged violations of your Patient Rights.

To expect emergency procedures to be carried out without unnecessary delay.

To give consent to a procedure or treatment and to access the information necessary to provide such consent.

To not be required to perform work for the facility unless the work is part of your treatment or done by your choice.

To file a complaint with the Department of Health, Federal, State and/or local agencies, or other quality improvement, accreditation or other certifying bodies if you have a concern regarding abuse, neglect, misappropriation of your property in the facility or other unresolved complaint, patient safety or quality concern.

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 JCAHO Department of Quality Monitoring regarding your experience with our center at 1-800-994-6610 or email compliant@jcaho.org.

Payment and Administration

To examine and receive an explanation of your facility bill regardless of source of payment, and may receive upon request, information relating to the availability of known financial resources.

To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

To be informed in writing about the facility policies and procedures for initiation, review and resolution of patient complaints, including the address and telephone number of where complaints may be filed.

Additional Patient Rights

Except in emergencies, you may be transferred to another facility only with a full explanation of the reason for transfer, provisions for continuing care and acceptance by the receiving institution.

To initiate your own contact with the media.

To get the opinion of another physician, including specialists, at your request and expense.

To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.

PATIENT RESPONSIBILITIES

Patient is Responsibilities

To provide accurate and complete information concerning your health status, medical history, hospitalizations, medications and other matters related to your health.

To report perceived risks in your care and unexpected changes in your condition to the responsible practitioner.

To report comprehension of a contemplated course of action and what is expected of you as a patient, and to ask questions when there is a lack of understanding.

To follow the plan of care established by your physician, including the instructions of nurses and other health professionals, as they are carrying out your physician's orders.

To keep appointments or notify the facility or physician if you are unable to do so.

To be responsible for your actions, should you refuse treatment or not follow your physician's orders.

To assure that the financial obligations of your health care are fulfilled as promptly as possible.

To follow facility policies, procedures, rules and regulations.

To be considerate of the rights of other patients and facility personnel.

To be respectful of your personal property and that of other persons in the facility.

To help staff to assess pain, request relief promptly, discuss relief options and expectations with caregivers, work with caregivers to develop a pain management plan, tell staff when pain is not relieved, and communicate worries regarding pain medication.

To inform the facility of a violation of patient rights or any safety concerns, including perceived risk in care and unexpected changes in your condition.

To provide a responsible adult to stay at the center for the duration of your stay, transport you home after surgery, and additionally, an adult to be responsible for you at home for the first 24 hours after surgery/anesthesia.

Compliments and/or Complaints

Dr. Alejandro Gonzalez, D.O. serves as the Chief Medical Officer of the Surgery Center. If you wish to speak with Dr. Gonzalez about the care provided at the Surgery Center, please contact him at 818-937-9969. 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 818-946-7800. They will listen to you and direct your compliment/complaint or observation to the appropriate individual and/or committee for resolution.