

# Patient Rights and Responsibilities

This Surgery Center has adopted the following list of Rights and Responsibilities for Patients:

## PATIENT RIGHTS:

- Exercise these rights without regard to sex or culture, 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/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand. 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.
- 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 change his/her primary physician to refuse treatment or participate in experimental research.
- 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 marketing or advertising materials that reflect the services of the 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.
- Receive credentials of health care professionals.
- Ability to change their provider if other qualified providers are available.
- The right to know and understand what to expect related to their care and treatment.
- The right to know that the Surgery Center is physician owned (Robert Aycocock, M.D., Mang Chen, M.D., David Kim, M.D., and Heidi Wittenberg, M.D.,)
- The right to exercise his/her rights and respect for property and person without being subjected to discrimination or reprisal.

## 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 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.
- 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 this 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:

**ATTN: Administrator**  
**575 Sir Francis Drake Blvd, Ste 3**  
**Greenbrae, CA 94904 (415) 925-8900**

Surgery Center is Medicare Certified. Any complaints regarding services provided at Surgery Center can be directed in writing or by telephone to:

**Deputy Director**  
**California Department of Public Health**  
**Center for Health Care Quality (CHCQ)**  
**Licensing and Certification**  
**P.O. Box 997377 MS 3000**  
**Sacramento, CA 95899**  
**Complaints (800) 236-9747**  
**General Information (916) 558-1784**

Medicare patients should visit the website below to understand your rights and protections:  
<http://www.cms.hhs.gov/center/ombudsman.asp>

## ADVANCE DIRECTIVES OR LIVING WILL:

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. There are two types of advance directives: a living will and a medical power of attorney.

- 1) If you have completed an Advance Directive, please bring it with you on the day of surgery where it will be placed in your medical record for reference in the unlikely event you are transferred to the hospital.
- 2) If you do not have an Advance Directive and would like more information please contact our office at (415) 925-8900 or reference the California Office of the Attorney General's website:  
<http://ag.ca.gov/consumers/pdf/AHCD1.pdf>

Contact the U.S. Living Will Registry:  
<http://uslivingwillregistry.com/contact/pdf/AHCD1.pdf>  
U.S. Living Will Registry  
523 Westfield Ave., P.O. Box 2789  
Westfield, NJ 07091-2789  
Phone: 1-800-LIV-WILL (1-800-548-9455)  
Fax: 1-908-654-1919  
E-mail: [admin@uslivingwillregistry.com](mailto:admin@uslivingwillregistry.com)

- 3) Or if you would like a copy of official State advance directive forms, copies are available at the reception desk or you may visit the following website:  
<http://www.calhospital.org/resource/advance-health-care-directive>

## OUR SURGERY CENTER'S ADVANCE DIRECTIVE POLICY:

The majority of procedures performed at the 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 this 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 the Surgery Center, the personnel at the Surgery Center will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further treatment or withdrawal of treatment measure already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.

The State of California requires that you receive documentation of the following items prior to your surgery:

- Patient's Rights and Responsibilities
- Advance Directives Information
- Physician Ownership Disclosure

I certify that I have received verbal information and written documentation of the above items, in advance of the date of my scheduled procedure.

Furthermore, I understand that this information is being provided for my benefit and that should I have any questions regarding its content, I should contact the Surgery Center for clarification.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**Has the patient executed an Advance Directive Form?**

YES  NO

  
**GREENBRAE**  
Surgery Center