

Patient Notification Pasadena Surgery Center

PATIENT RIGHTS

Pasadena Surgery Center would like to assure you of your rights and responsibilities as a patient.

You have the right to:

- Considerate, respectful & dignified care provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Personal & informal privacy, within the law.
- Information concerning your diagnosis, treatment & prognosis, to the degree known in a language or manner you understand, or to an individual designated by you or to a legally authorized individual as part of the informed consent process.
- Appropriate assessment & management of pain.
- The opportunity to participate in decisions involving your health care, unless contraindicated by concerns of your health.
- Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability.
- Be advised & refuse to participate in any research without risk of compromising your right to access care, treatment and/or services.
- Know the identity & professional status of individuals providing service.
- Request a change in providers of care if other qualified providers are available
- The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.
- If a patient is adjudged incompetent under applicable state health and safety law by a court of proper jurisdiction, the right of the patient are exercised by a person appointed under state law to act on the patient's behalf. [416.50(b)(2) **Standard:** Exercise of rights and respect for property and person]
- If a court has not adjudged a patient incompetent, any legal representative designed by the patient in accordance with state law may exercise the patient's right to the extent allowed by state law. [416.50(b)(3) **Standard:** Exercise of rights and respect for property and person]

PATIENT COMPLAINT OR GRIEVANCE

Pasadena Surgery Center will promptly review, investigate & resolve any patient grievances or complaints in a timely manner. If you feel you may have an issue, we provide you with the following contact information:

Morayma Erazo, Manager
224 North Fair Oaks Ave., Suite 300
Pasadena, Ca 91103
(626) 696-1455

Medical Board of California
Central Complaint Unit
2005 Evergreen street Suite 1200
Sacramento, Ca 95815
www.medbd.ca.gov
Ca Toll Free Number: (800) 633-2322
Telephone Phone: (916) 263-2382
Fax Number: (916) 263-2435

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage at:

www.cms.hhs.gov/center/ombudsman.asp

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois, 60181
(630) 792-5800
Email: complaint@jointcommission.org

State of California

Ella Shaw – Program Manager
California Department of Public Health
Health Facilities Inspection Division Operations
3400 Aerojet Avenue, Suite 323
El Monte, Ca 91731
(800) 228-1019
(626) 927-9293 Fax

CONSULTATION

The patient, at his/her own request & expense, has the right to consult with a specialist.

PATIENT RESPONSIBILITIES

You are responsible for:

- Providing accurate complete information regarding your present health status (including past & present medications), past medical history, & for reporting any unexpected changes to the appropriate practitioner(s).
- Following the treatment plan recommended by the primary practitioner.
- Following the rules & regulations of the facility affecting patient care & conduct.
- In the case of a pediatric patient, a parent or guardian is to remain in the facility for the duration of the patient's stay in the facility.
- Being considerate & respectful of the rights of other patients & facility personnel.
- Providing a responsible adult to transport you home after your procedure & an adult to be responsible for you at home for the first 24 hours after your procedure.
- Indicating whether you clearly understand a contemplated course of action & what is expected of you.
- Your actions if you refuse treatment, leave the facility against the advice of the practitioner and/or do not follow the practitioner's instructions relating to care.
- Assuring financial obligations to your health care are fulfilled as expeditiously as possible.
- Inform his/her provider about any living will, medical, power of attorney or other directive that could affect.

PRIVACY & CONFIDENTIALITY

Pasadena Surgery Center complies with federal HIPAA (Health Insurance Portability & Accountability Act) regulations to maintain the privacy of your health information.

ADVANCED DIRECTIVE

Pasadena Surgery Center is not an acute care facility; therefore regardless of the contents of any advanced directive or instructions from a health care surrogate or attorney, if an adverse event occurs during your treatment, we will initiate resuscitative or any other stabilizing measures & transfer you to an acute care setting for further evaluation. Your agreement with this policy **does not** revoke or invalidate any current health care directives or health care power of attorney.

DISCLOSURE OF OWNERSHIP

Andrew Seltzer M.D.

If you need a translator

If you will need a translator, 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 arrangement to have them accompany you on the day of your procedure.
(800)752-6096