

PATIENTS RIGHTS AND RESPONSIBILITIES AND PROCESS TO EXPRESS & FILE A COMPLAINT

PATIENT RIGHTS

Patients have the following Rights and Responsibilities without regard to age, race, sex, religion, culture, physical handicap and personal values or beliefs.

The Right To:

Informed consent for:

Care that includes the risk, benefits, treatment alternatives and consequences of not adhering to the treatment plan

Designate a surrogate decision-maker.

Involve or not involve your family in your care and related decisions.

Participate in treatment decisions, ethical issues and in conflict resolution concerning your care.

Refuse care.

Pain management and comfort measures.

Know the names and professional studies of caregivers.

Information about fees and payment schedules.

Protection of privacy of your person and confidentiality of your personal and financial

information that is consistent with federal and state laws and of your medical information except in the event of an emergency in which case the medical record would be transferred with you to the receiving medical facility.

Freedom from any form of abuse or harassment.

Protection of your safety and security.

Respect for personal values and beliefs as well as considerate and respectful care.

Respect personal privacy information concerning your condition/procedure and instruction for care after discharge.

Information on conflict resolution and the grievance process.

To examine and receive an explanation of his/her bill regardless of the source of payment.

Present an Advance Directive, however it is the policy of this facility to not honor an Advance Directive, as life saving measures are made in the event of an emergency. The Advance Directive is kept with your medical record in case you are transferred to another medical facility in the event of an emergency.

PATIENT RESPONSIBILITIES

Provide accurate and complete information about complaints, past illnesses, hospitalizations, medications, advance directives, and other matters of care.

Ask questions if you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your doctor. You are responsible for outcomes if you do not follow the care, treatment or service plans.

To participate in plan of care acknowledge when you don't understand a treatment or plan of care to alert staff if the information being passed from one caregiver to another is not accurate.

To provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.

Have a responsible adult provide transportation and to assist with your care during the first 24 hours post-op.

To keep appointments, be on time for appointments, or call the facility if you cannot keep your appointment.

PROCESS TO EXPRESS & FILE A COMPLAINT

It is the mission of this organization to provide care that we wish for our loved ones and ourselves.

We welcome suggestions, complaints as well appreciation.

Your feedback is important to help us improve patient care and our environment.

We will provide you with a patient satisfaction form on your day of surgery. We hope you take time to complete the survey

You may express your concern or complaint at anytime to a staff member or the Director of Nursing.

The Director of Nursing reviews all complaints and attempts to rectify any issue within 48 hours of receipt of the complaint.

The Director of Nursing will contact you with a potential resolution within 48 hours of you expressing a complaint.

If the issue is not resolved to your satisfaction, the Governing Body will review the complaint. A representative of the Governing Body will contact you within seven (7) days of the complaint.

If you are still not satisfied, you may file a complaint in writing or by phone:

Accreditation Association for Ambulatory Care- 5250 Old Orchard Road, Suite 200. Skokie, Il. 60077 Phone-1-847-853-6060

Or

Department of Public Health, Licensing and Certification Division.

Bakersfield District Office, 4540 California Ave. Suite200 Bakersfield, Ca. 93309. Phone- (661) 336-0543

Or

Medicare patients should visit the website below to understand your rights and protections

<http://www.cms.hhs.gov/center/ombudsman.asp>

ADVANCE DIRECTIVES

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 Advance Directives differently. There are two types of Advance Directives: A Living Will and A Medical Power of Attorney. If you have an Advance Directive you may provide us with a copy to keep on your surgical chart. If you would like a copy of the official state Advance Directive forms, visit.

<http://www.calhospital.org/resource/advance-health-care-directive>

OUR SURGERY CENTER'S ADVANCE DIRECTIVE POLICY:

The majority of the 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 risk involved.

It is the policy of Sierra Ambulatory 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 center will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive or healthcare power of attorney. If you have supplied the Surgery Center with a copy of your Advance Directive it will be sent to the Acute Care Hospital should you be transferred to their care.

Patient Signature
Acknowledging I have read and understand both sides of this form.

Print Patient Name

Patient Signature

Date

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