

PATIENT NOTIFICATION

DISCLOSURE OF OWNERSHIP

Our Physician's do have a financial interest in this facility.

PATIENT RIGHTS:

- The patient has the right to be informed of his/her rights in advance of receiving care. The patient may appoint a representative to receive this information should he/she so desire.
- Exercise these rights without regard to sex, cultural, economic, education, religious background or the source of payment for care.
- Considerate, respectful and dignified care, provided in a safe environment, including privacy in treatment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Appropriate assessment and management of pain as part of the treatment process, and have his/her reports of pain believed and responded to quickly.
- 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 and non-physicians who will participate in the care. The patient has a right to change providers if other qualified providers are available.
- Be advised if the physician has a financial interest in the surgery center.
- Receive complete information from his/her physician about his/her illness, course of treatment, alternative treatments, outcomes of care (including unanticipated outcomes), and prospects for recovery in terms that he/she can understand.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- Participate actively in decisions regarding his/her medical treatment including the right to refuse treatment. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Be informed of the facility's policy and state regulations regarding advance directives and be provided advance directive forms if requested.
- Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his /her health care.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility. His/her written permission will be obtained before medical records can be made available to anyone not directly concerned with their care.

- Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and, as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.
- Access information contained in his/her medical record within a reasonable time frame.
- Be informed by his/her physician or a delegate thereof of the continuing healthcare requirement following his/her discharge from the facility.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

PATIENTS RESPONSIBILITIES:

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary supplements), allergies and sensitivities and other matters relating to his/her health.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours unless exempted from that requirement by the attending physician.
- The patient is responsible for his/her actions should you refuse treatment or not follow your physician's orders.
- The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
- The patient is responsible for following facility policies and procedures.
- The patient is responsible to inform the facility about the patient's advance directives.
- The patient is responsible for being considerate of the rights of other patients and facility personnel.
- The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.

PATIENT NOTIFICATION

ADVANCE DIRECTIVE NOTIFICATION:

All patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Power of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Stockdale Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, Stockdale Surgery Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after surgery.

Therefore, it is our policy, 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 this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or healthcare Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official state forms are available at our facility.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

PATIENT COMPLAINT OR GRIEVANCE

As the Section 504 Coordinator, the Administrator will maintain the files and records relating to the complaints, participate in the investigation of complaints, and assist and cooperate in their resolution.

The right of a person to prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of the other remedies such as the filing of a Section 504 complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. Utilization of this grievance is not a prerequisite to the pursuit of other remedies.

These rules shall be liberally constructed to protect the substantial rights of interested persons, to meet appropriate due process standards and to ensure that Stockdale Surgery Center in compliance with Section 504 regulations.

All Medicare beneficiaries may file a complaint or grievance with the Medicare Beneficiary Ombudsman. You may call: 1-800-MEDICARE and they will direct your inquiry to the Medicare Ombudsman. You may write to them at:

Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

PATIENT COMPLAINT OR GRIEVANCE

An individual who feels that he or she has experienced discrimination at Stockdale Surgery Center based on race, color, national origin, handicap or age should make a complaint in writing.

A written complaint should contain the name and address of the individual filing the complaint, and briefly described the action alleged to have been in violation of the regulation (Section 504). The complaint form is available upon request. Complaints should be addressed to:

Stockdale Surgery Center
9802 Stockdale Hwy 104
Bakersfield, CA 93311
(661) 665-7885

Department of Health Services,
Division of Health Facilities,
1800 Mount Vernon, Bakersfield, CA 93306
(661) 868-0503

The complaint should be filed within a reasonable time after the person filing the complaint becomes aware of the action alleged to be prohibited by the regulation.

The Administrator or his/her designee will conduct an informal, but thorough, investigation of the complaint in a manner appropriate to determine its validity. All interested persons and their representatives, if any, will be provided an opportunity to submit evidence relevant to the complaint. The resolution will be completed within thirty (30) working days and the person filing the complaint will be notified by mail.

You may visit the Ombudsman's webpage on the web at:
www.cms.hhs.gov/center/ombudsman

I received information on patient right's & responsibilities, Physician ownership disclosure, advance directive policy and the grievance policy at least one day in advance of my surgery.

Patient/Patient Representative Signature

Date