

Ventana Surgical Center Patient's Rights and Responsibilities

Each patient treated at the Ventana Surgical Center has the right to:

- Treatment without regard to sex, or cultural, economic, educational or religious background or the source of payment of your care.
- Considerate and respectful care.
- The knowledge of the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians who will see you.
- Receive information from your physician about your illness, your course of treatment, and your prospects for recovery in terms he 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 the necessary information about any proposed treatment or procedure to give informed consent or to refuse your 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 course of treatment or non-treatment and the risks involved in each, and the name of the person who would carry out the treatment or procedure.
- Participate actively in decisions regarding your medical care. To the extent permitted by law, this includes the right to refuse treatment.
- Patients have the right to change providers if other qualified providers are available.
- Full consideration of privacy concerning your medical care program. Case discussion, consultation examination, and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
- Confidential treatment of all communications and records pertaining to your care. Your written permission shall be obtained before your medical records are made available to anyone not concerned with your care.
- Reasonable responses to any reasonable request you make for services.
- Reasonable continuity of care and to know in advance the time and location of appointments as well as the physician providing the care.
- Be advised if physician proposes to engage in or perform human experimentation affecting your care or treatment. The patient has the right to refuse to participate in such research projects.
- Be informed by your physician or designee of your continuing health care requirement.

- Examine and receive an explanation of your bill regardless of source of payment.
- Have all patients' rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
- Express any grievances or suggestions verbally or in writing.

PATIENT RESPONSIBILITIES

As a Patient in our facility, you have certain Responsibilities, which include:

- Provide complete and accurate information to the best of your ability about your health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Follow the treatment plan prescribed by your provider.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours. If required by your provider.
- Inform your provider about any living will, medical power of attorney, or other directive that could affect your care.
- Accept personal financial responsibility for any charges not covered by your insurance.
- Be respectful of all the health care providers and staff, as well as other patients.
- Respect the privacy of other patients.
- To work with your health care team and to follow all safety rules.
- To tell you doctor about any changes in your health after you leave our facility.
- To keep, or cancel in a timely manner, your scheduled appointments for your health care.
- To tell your health care team if you wish to change any of your decisions.
- To ask for clarification if you do not understand any information or instructions given to you by your health care team.

ADVANCE DIRECTIVE NOTIFICATION

- All patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers 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. The Ventana Surgical Center respects and upholds those rights.

- Our team is dedicated to delivering the highest quality care in a safe environment that places the patient at the center of our care. We respect your rights to participate in make decisions regarding your care and self-determination and will carefully consider your requests. After careful consideration and reviewing the applicable state regulation, CALIFORNIA PROBATE CODE SECTION 4700-4701, the leadership of the facility has established a policy to initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. The majority of procedures performed at Ventana Surgical Center are considered to be of minimal risk, hence the risk of you needing such measures are highly unlikely. 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 health care power of attorney.
- You have the option of proceeding with care at our facility or having the procedure at another location that may not set the same limitations. Having been fully informed of our Statement of Limitations, you choose to proceed with your procedure Ventana Surgical Center.

PATIENT RIGHTS AND RESPONSIBILITIES COMMENT POLICY STATEMENT

The surgery center provides for and welcomes the expression of comments, concerns, criticism and suggestions from our patients and patient's family. This feedback allows the Center to understand and improve patient's care and environment. Every patient has the right to file a grievance with any staff member or the center's administrator. The grievance process starts with the administrator, Sam Martinez, CASC, at (818) 668-6200. If the patient is not satisfied, the process is given to the corporate compliance officer. At any time, or in the event the problem is still not resolved, the patient has the right to file a complaint with the state Department of Health Services at 877-696-6775 and/or The Joint Commission, our accrediting agency, in writing at The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181, by phone at (630) 792-5000 or by fax at (630) 792-5005 or www.jointcommission.org

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

This Patient Rights document incorporates the requirements of Accrediting Healthcare Organizations; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4, and 124960; and 42 C.F.R. Section 482.13 (Medicare Conditions of Participation).