



PATIENT RIGHTS & RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Be treated with respect, consideration, privacy and dignity.
- Respectful care given by competent personnel with consideration of your privacy concerning your medical care.
- Be given the name of the attending physician, and the names and functions of other healthcare persons providing your care.
- Have records pertaining to your medical care treated as confidential.
- Know what Center rules and regulations apply to your conduct as a patient.
- Expect emergency procedures to be implemented without necessary delay.
- Absence of clinically unnecessary diagnostic or therapeutic procedures.
- Expedient and professional transfer to another facility when medically necessary and to have the facility notified prior to transfer.
- Treatment consistent with clinical impression\ or working diagnosis.
- Good quality care and high professional standards that are continually maintained and reviewed.
- Full information in layman's terms concerning appropriate and timely diagnosis, treatment, and preventive measures, if it is medically advisable to provide this information. If not, the information shall be given to the responsible person on your behalf.
- Participation in own healthcare decision's except if this is contraindicated due to medical reasons.
- Receive a second opinion concerning the proposed procedure, if requested.
- Accessible and available health services; information on after-hours and emergency care services.
- Give an informed consent to the physician prior to the start of a procedure.
- Be advised of participation in a medical care research program or donor program; you shall give consent prior to participation in such a program; you may also refuse to continue in a program for which you have previously given informed consent. (Only, if applicable to your ASC).
- Receive appropriate and timely follow-up information of abnormal findings and tests.
- Receive appropriate and timely referrals and consultation.
- Receive information regarding "continuity of care".
- Refuse drugs or procedures and have a physician explain the medical consequences of the drugs or procedures.
- To have pain and discomfort treated appropriately.
- Appropriate specialty consultative services made available by prior arrangement.
- Medical and nursing services without discrimination based upon age, race, color, religion, gender, national origin, handicap, disability, or source of payment.
- Services of an interpreter whenever possible.
- To have personal belongings safeguarded and returned upon discharge.
- Be provided with, upon written request, access to all information contained in your medical record.
- Accurate information regarding the competence and capabilities of the organization.



Huntington Ambulatory
SURGERY CENTER

- Receive information regarding methods of expressing suggestions or grievances to the organization.
- Appropriate information regarding the absence of malpractice insurance coverage.
- Change physicians if other qualified physicians are available.
- Health services consistent with current professional knowledge.
- Receive a Privacy Notice which provides explanation of how your protected health information is utilized and to those that may need to receive it.
- To receive an explanation of your procedure billing.
- Receive care in a safe setting and one free of all forms of abuse or harassment.
- To receive a verbal & written notice of these patient rights & responsibilities, information pertaining to this facility's policy on advance directives (and any applicable state forms if requested) and written disclosure of physician ownership in this facility all of which shall be provided in advance of your date of service.

YOU HAVE THE RESPONSIBILITY TO:

- Provide full cooperation with regards to instructions given by your physician.
- Provide the Center with all medical information, which may have a direct effect on your care.
- Follow instructions and treatment plan.
- Be respectful and considerate of other patients, guests and Center staff.
- Provide a responsible adult to transport you home from this facility and remain with you for 24 hours if required by your physician.
- Inform facility staff about any advance directive (such as a living will or medical power of attorney) that could affect your care.
- Provide the Center with all information regarding third- party insurance coverage.
- Fulfill financial responsibility, for all services received, as determined by your insurance carrier.
- Inform a staff member of any of the following: If you feel that your privacy has been violated; If you feel your safety is being threatened; If you feel a need/desire to file a grievance.

For Concerns and Suggestions, you may contact:

- The Facility Administrator (626) 229 8990
- Medicare (1-800-633-4227) or
- TYY user (1-800-486-2048)
- AAAHC (Accreditation Association for Ambulatory Health Care, Inc.) 1-847-853-6060
- California Medical Board, Central Complaint Unit 1-800-633-2322
- Medicare Ombudsman (www.cms.hhs.gov/center/ombudsman.asp)