

ANTELOPE VALLEY SURGERY CENTER

an affiliate of **SCA**

Dear Patient,

We are excited your physician and you have chosen the Antelope Valley Surgery Center for your procedure. We pre-register our patients to expedite the process and to make your day of surgery as stress free as possible. **Included in this packet are important documents that you *MUST* receive, date, and sign prior to the date of your procedure.** You will need to bring this letter with you **dated and signed** when you pre-register. **Failure to comply could result in cancellation of your procedure.** Also included is a brochure on our facility to familiarize you with the Antelope Valley Surgery Center. You will also find directions to our facility in the brochure. Should you have any questions you may call 661-940-1112. Our office hours are Mon.-Thurs. 6:00am-5:00pm and Fri. 6:00am-3:30pm.

Listed below are the documents included in this packet:

- **Patient Rights and Responsibilities**
- **Policy on Advance Directive/Not applicable**
- **Physician Disclosure of Ownership/Not applicable**

By signing below, you are acknowledging that you received these required documents **PRIOR to the date of your procedure.**

Patient Signature: _____

Date: _____

Surgical Care Affiliates

Patient Rights and Responsibilities

SCA observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems.

You have the right to:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the center to disclose, when applicable, physician financial interests or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the center, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the center's policy regarding advance directives/living will. Expect the center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center's payment policies.

- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Expect the center to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided below.

You are responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the center.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

You may contact the following entities to express any concerns, complaints or grievances you may have:

CENTER	LORIE HIBLER, ADMINISTRATOR (661) 940-1112
STATE AGENCY	ATTN: KATHLEEN J. BILLINGSLEY, RN DEPUTY DIRECTOR CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CENTER FOR HEALTH CARE QUALITY (CHCQ) LICENSING AND CERTIFICATION DIVISION P.O. BOX 997377 MS 3000 SACRAMENTO, CA 95899 COMPLAINTS (800) 236-9747 GENERAL INFORMATION (916) 558-1784
MEDICARE	OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN: www.cms.hhs.gov/center/ombudsman.asp

To care for our patients, serve our physicians, and improve healthcare in America

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Information Regarding Advance Directives

Advance directives are legal documents that allow you to convey your decisions about end-of-life care ahead of time. They provide a way for you to communicate your wishes to family, friends and health care professionals, and to avoid confusion later on.

A living will tells how you feel about care intended to sustain life. You can accept or refuse medical care. There are many issues to address, including

A durable power of attorney for health care is a document that names your health care proxy. Your proxy is someone you trust to make health decisions if you are unable to do so.

While all of these documents play a very important role as to how healthcare decisions are made on your behalf, it is the policy of the Antelope Valley Surgery Center that we **DO NOT** honor Advance Directives during your episode of care at the facility.

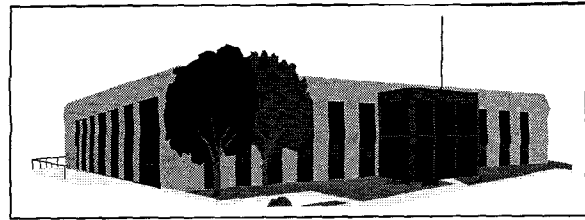
If you have an Advance Directive, please bring it with you for your visit to the Antelope Valley Surgery Center and we will place it in your medical record for reference in the unlikely event you are transferred to the hospital.

If you do not have an Advance Directive and would like more information, please contact our office at 661-940-1112 and we will be happy to provide it for you.



Surgical Care Affiliates

The Surgery Center of Antelope Valley Surgery Center



Disclosure Statement

Dear Prospective Patient:

We are delighted that you have chosen the Surgery Center for your elective surgery.

Due to physician investment in this facility, it is required by California law that we notify you of the alternative facilities available to you.

Antelope Valley Surgical Institute
44830 Valley Central Way Suite 108
Lancaster, Ca 93534

Oasis Surgery Center
815 Auto Center Drive
Palmdale, CA 93551

Your signature below will also confirm that you have been made aware of your physician's approximate 1% ownership interest in this facility, and that you have been provided names and address of alternative facilities should you choose to use them.

Patient Signature