



## Our Ethics, Rights & Responsibilities

**The surgery center has adopted the following list of rights & responsibilities for patients:** *The facility will observe and respect a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, gender identity, personal values, or belief systems. The facility will, prior to the start of the surgical procedure, provide the patient, the patient's representative, or the patient's surrogate with verbal and written notice of the patient's rights*

**Patient Rights:** *The patient has 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, gender identity, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made based on medical evidence and treatment capability.
- Respect of personal privacy throughout entire facility.
- Receive care in a safe and secure environment and follow the agreed-upon treatment plan prescribed by their provider and be an active participant in their care.
- 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, dentists, or anesthesia providers if other qualified physicians, dentists, or anesthesia providers are available.
- Receive information concerning your diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information, the information is provided to a person designated by the patient or to a legally authorized person.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed to give or withhold informed consent.
- Participate in decisions about their health care, treatment or services planned and to refuse care, treatment, or services, in accordance with law and regulation, except when such participation is contraindicated for medical reasons.
- 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 the patient 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.
- Be free from all forms of abuse or harassment.
- 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 on the patient rights poster posted in the center lobby.
- If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of

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the patient are exercised by the person appointed under State law to act on the patient's behalf.

- If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
- You may request the services of the organization, provisions for after-hours and emergency care, fees for service and payment policies.

**Patient Responsibilities:** *The Patient is responsible for:*

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Behaving respectfully toward all health care professionals and staff, as well as other patients and visitors.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to provide transportation home and to remain with them for 24 hours as if directed by the provider or as indicated on discharge instructions.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand their 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 complete and accurate information to the best of your ability about your health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Promptly fulfilling your financial obligations to the center, including personal financial responsibilities for any charges not covered by insurance.
- Payment to center for copies of the medical records they may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

**PROCESS TO EXPRESS & FILE A COMPLAINT:** It is the mission of this organization to provide care that we wish for our loved ones & ourselves. We welcome suggestions and complaints, as well as appreciation. Your feedback is important to help us improve patient care and our environment. We will mail you a patient satisfaction form within ten (10) business days after surgery. We hope you take time to complete the survey. You may express your concern or complaint at any time to a staff member or the administrator. The administrator reviews all compliments and complaints and attempts to rectify any issue and will send you a written response within thirty (30) calendar days of the complaint.

*Karen Reiter RN, CNOR, RNFA CASC  
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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, in writing, within thirty (30) calendar days of the complaint. If you are still not satisfied, you may file a written complaint with the California Department of Public Health.

*Center for Healthcare Quality, Licensing, and  
Certification Division: OC District Office  
681 S. Parker Street, Suite 200  
Orange, CA 92868*

*OR  
AAAHC  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
(847) 853-6060*

*AND/OR*

*Medicare & Medicaid Services at:*

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

**ADVANCED DIRECTIVES:** An "Advance Directive" is a general term that refers to your oral and written instructions about your future medical care if you become unable to speak for yourself. Each state regulates the use of advance directives differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like a copy <http://www.calhospital.org/public/advancehealth-care-directive>

**ADVANCE DIRECTIVE POLICY:** Most procedures performed at the Surgery Center are of minimal risk. Of course, no surgery is without risk. You and your procedure and the risks associated with your procedure, the expected recovery, and the care after your surgery. It is the policy of the 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 Surgery 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 health care power of attorney. I received information on patient rights, patient responsibilities, physician disclosure, advance directive policy and grievance policy prior to the start of my surgical procedure.

*English and Spanish versions of Patient Rights and Responsibilities handout are available. Date reviewed or revised: 5/2009; 1/2012; 4/2013; 4/2015; 2/2018, 9/2018, 9/2021*

Patient Signature

Date

**DISC Surgery Center at Newport Beach**

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