

  
**SPECIALTY**  
SURGICAL CENTER  
ARCADIA  
51 North Fifth Avenue, Suite 101  
Arcadia, California 91006  
(626)471-9901 • FAX (626)471-9020

**You have the RIGHT as a patient or client:**

- To receive care that respects your individual, cultural, spiritual and social values, regardless of race, color, creed nationality, age gender, disability or source of payment.
- To request and receive medically appropriate treatment and services within the surgery center's capacity and mission.
- To receive respectful, considerate, compassionate care that manages your pain as well as possible, and promotes your dignity, privacy, safety and comfort.
- To receive a full explanation, in understandable language, of diagnosis, proposed treatment and procedures in terms that are easily understood and that include benefits, risks involved, significant complications, and the outcome and alternative treatments available.
- To expect that efforts will be made to provide you with the best of care during and after your procedure.
- To know at all times the identity and professional status of all individuals providing any type of service. To request a second opinion or change physicians.
- To be involved in the decisions about your medical care and receive prompt/reasonable responses to questions or requests.
- To accept or refuse recommended tests or treatments, to the extent the law permits. To refuse to sign a consent form if there is anything you do not understand or agree to. To change your mind about any procedure to which you have consented.
- To receive services that are accessible to those individuals with communication barriers such as visual impairment, hearing impairments, communication disorders, inability to read or follow directions, and non-English speakers
- To be informed of Advance Directives specific to the operation.
- To expect that your advance directives/living will is honored when ethically possible and in accordance with state law.
- To have patient disclosures and records treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.
- To be made aware of our fee for services and payment policies.
- To be informed of available resources for resolving disputes, grievances and conflicts, without fear of reprisal and have access to center level, state and federal assistance in clarifying ethical issues guiding treatment decisions.
- To be free from all forms of verbal harassment, abuse or racial discrimination.
- To participate in the resolution of those issues.
- To ask that your medical record be corrected if you believe it is not accurate or not complete, or to be told how to add a statement that you disagree with information in the record.
- This center does not provide after hours care, nor emergency care.

**For complaints or comments about your medical care, you may contact:**

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, DIVISION OF HEALTH SERVICES**  
5555 Ferguson Drive, Suite 320, Commerce, California  
(323) 869-8500

**ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE**  
5260 Old Orchard Road, Suite 200, Skokie, IL 60077

**You may also contact the Office of the Medicare Beneficiary Ombudsman at the following website:**  
[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp) or at (800) MEDICARE (633-4227)

## **PATIENT RESPONSIBILITIES**

These responsibilities apply to patients, family members, significant others, and/or decision-makers when they are acting for the patient.

You have the **Responsibility:**

- To answer questions about your past illnesses, hospital stays, medicines, and other health matters when asked by a doctor or staff member; to include over-the-counter products, dietary supplements and any allergies or sensitivities.
- To cooperate with doctors and staff during your visit;
- For seeking clarification when necessary to fully understand your health problems and proposed plan of action;
- For making known to their physician, caregiver, and surgery center, any advance directives or religious/cultural beliefs to be honored. However; the center WILL NOT honor a DNR (Do Not Resuscitate). In an emergency, we will act to employ all life saving measures while you are under our care.
- Following the treatment plan as ordered by the physician responsible for care. The consequences of non-compliance or refusal of recommended treatment and instruction rests with them;
- For following rules and regulations affecting patient care, confidentiality, conduct and safety;
- For reporting any perceived safety issue to any staff member;
- For being considerate of the rights of others;
- For providing information for insurance claims and for working with our business office to make payment arrangements when necessary;
- To accept personal financial responsibility for any charges not covered by his/her insurance.
- Provide a responsible adult to transport him/her home from the center and remain with him/her for 24 hours if required by his/her provider;
- Be respectful of all health care providers and staff, as well as, other patients.

## **ADVANCE DIRECTIVES**

**Advance directive is a general term that refers to your oral or written instructions about your future medical care in the event that you become unable to communicate those instructions. As a provider of outpatient services, it is the policy of SPECIALTY SURGICAL CENTER OF ARCADIA that Advance Directives will NOT be honored. SPECIALTY SURGICAL CENTER OF ARCADIA will provide full resuscitative service for any patient requiring emergency life saving/support. You, your conservator or guardian will be given an opportunity to cancel the surgical procedure.**

A CA state Advance Directive form is available free of charge at:  
[www.ag.ca.gov/consumers/pdf/ProbateCodeAdvancedHealthCareDirectiveForm.pdf](http://www.ag.ca.gov/consumers/pdf/ProbateCodeAdvancedHealthCareDirectiveForm.pdf)

## **NOTICE OF SIGNIFICANT BENEFICIAL INTEREST**

**California Business and Professions Code Section 654.2 requires your physician to notify you when your physician, or someone in his or her immediate family has a "significant beneficial interest," as that term is defined under Section 654.2, in any organization to which your physician refers you for services.**

**We are providing this notice to inform you that your doctor may have a significant beneficial interest in SPECIALTY SURGICAL CENTER OF ARCADIA.**

**Please be advised that you may choose any organization for the purpose of obtaining the services ordered or requested by your doctor.**