

## **FREMONT SURGERY CENTER**

### **Notice of Patient Rights and Patient Responsibilities**

*Fremont Surgery Center 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.*

#### **THE PATIENT HAS THE RIGHT TO:**

- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful, and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services.
- Expect full recognition of individuality, including personal privacy in treatment and care. In addition, all communications and records are to be kept confidential.
- Complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment and procedures prior to the procedure.
- Be fully informed of the scope of services available at the facility, provisions for after-hours care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, except in the case of a transfer to another facility, or as required by law or third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care or treatment and can refuse participation in such experimentation or research without compromise to care.
- Express grievances/complaints and suggestions at any time and be informed of the procedure to do so when requested.
- Expect the facility to establish a process for prompt resolution of patient grievances.
- Receive care in a safe setting.
- Have access to and/or copies of his or her individual medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- If an adverse event occurs during the treatment at the facility, resuscitative or stabilizing measures will be initiated before transferring the patient to an acute care hospital.
- Be informed of credentialed health care providers' educational background and professional licensure verification if requested.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English. The facility presents information in a manner and form, such as TDD and interpreters that can be understood by hearing-impaired and sight-impaired individuals.
- 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 and not on the basis of fear or prejudice.
- Have an initial assessment and regular reassessment of pain. Educate patients and families, when appropriate, regarding their roles in managing pain, as well as potential limitations and side effects of pain treatment, if applicable.
- Be free from all forms of abuse or harassment.
- Have his or her personal, cultural, spiritual and/or ethnic beliefs considered when communicating to him or her and his or her family about pain management and his or her overall care.
- Communicate with the health care providers in confidence and have the confidentiality of his or her health care information protected, in accordance with the HIPAA health information privacy rule.

*If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of 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 designated by the patient in accordance with State laws may exercise the patient's rights to the extent allowed by State law.*

# FREMONT SURGERY CENTER

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### THE PATIENT IS RESPONSIBLE FOR:

- Being considerate of other patients and personnel and for assisting in the control of noise and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other pertinent health matters.
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and being responsible for the outcome.
- Promptly fulfilling his or her financial obligations to the facility and agreeing to pay any expenses not covered by his or her insurance.
- Adhering to the treatment plan recommended by his or her doctor.
- Arranging for a responsible adult to take him or her home after his or her surgery/procedure.
- Identifying any patient safety concerns.
- Providing information about and/or a copy of any living will, power of attorney, or other advance health care directive.

### PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility's Nurse Manager by phone at (510) 456-4600 or by mail at:

Nurse Manager  
Fremont Surgery Center  
39350 Civic Center Drive, Suite 100  
Fremont, CA 94538

Complaints and grievances may also be filed through the California Department of Public Health, Licensing and Certification Division, at:

California Department of Public Health  
East Bay District Office  
850 Marina Bay Parkway  
Richmond, CA 94804-6403  
(510) 620-3900  
(800) 554-0352 (Toll Free)

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman at: 1-800-633-4227 or [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

### ADVANCE DIRECTIVE NOTIFICATION

In the State of California, 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 Fremont Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, the Fremont Surgery Center does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, 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 this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

### DISCLOSURE OF OWNERSHIP

Fremont Surgery Center (FSC) is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administration of policies of our facility. This involvement helps to ensure the highest quality of surgical care for our patients. Your physician may or may not have a financial interest in this facility. If you have any questions about this, please discuss it with your physician.