

### LIST OF PATIENT RIGHTS

IN ACCORDANCE WITH HEALTH AND SAFETY CODES, THE ASC AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING LIST OF PATIENT RIGHTS:

Our Surgery Center does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment, or the source of payment for his or her care.

1. Considerate and respectful care and the right to exercise his or her rights without discrimination or reprisal and be free from all forms of abuse or harassment.
2. Knowledge of the name of the physician who has primary responsibility for coordinating his or her care and the names and professional relationships of other physicians who will see the patient.
3. Receives information from his or her physician about his or her illness, his or her course of treatment and his or her prospects for recovery in easily understood terminology.
4. Receives as much information about any proposed treatment or procedure as he or she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved and knowledge of the person who will carry out the procedure or treatment.
5. Participates actively in decisions regarding his or her medical care, to the extent permitted by law, including the right to refuse treatment.
6. Receives full consideration of privacy concerning his or her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to know the reason for the presence of any individual.
7. Is given confidential treatment of all communications and records pertaining to his or her care and his or her stay in the ASC. His or her written permission shall be obtained before his or her medical records can be made available to anyone not directly concerned with his or her care.
8. Receives reasonable responses to reasonable requests he or she may make for services.
9. He or she may leave the ASC, even against the advice of his or her physicians.
10. Receives reasonable continuity of care and advance knowledge of the time and location of appointment, as well as knowledge of the physician providing the care.
11. Is advised if ASC/personal physician proposes to engage in or perform human experimentation affecting his or her care or treatment. The patient has the right to refuse to participate in any research projects.
12. Will be informed by his or her physician, or a delegate of his or her physician, of his or her continuing health care requirements following his or her discharge from the Surgery Center.
13. May choose a different physician than was assigned to that patient.
14. Is made aware that this facility does not honor Advance Directives.  
For complaints or comments about your medical care, you may contact our administrator or Medical Director at **310-274-2763** or you may then contact the: **CDPH, California Department of Public Health, Division of Health Facilities Inspection, 3400 Aerojet Avenue, El Monte, CA, 91713, or your Accreditation Organization. You may also contact the Office of the Medicare Beneficiary Ombudsman at: [www.medicare.gov/Ombudsman/resources.as](http://www.medicare.gov/Ombudsman/resources.as)**

**PATIENT RESPONSIBILITIES**

As a patient in our facility, you have certain responsibilities, which include:

1. To work with your health care team and to follow all safety rules.
  2. To show respect and consideration to our staff and to other patients and visitors.
  3. To respect the privacy of other patients.
  4. To give your health care team complete and correct information about your health.
  5. To tell your doctor about any changes in your health after you leave our facility.
  6. To keep, or cancel in a timely manner, your scheduled appointments for your health care.
  7. To follow the directions given by your health care team after you have agreed to treatment in our facility.
  8. To tell your health care team if you wish to change any of your decisions.
  9. To ask for clarification if you do not understand any information or instructions given to you by your health care team.
- 10. This facility does not implement Advance Directives. In the case of an emergency, 911 is called and the patient is transferred to emergency care.**

**Disclosure of Physician Ownership**

**This surgical center is owned by:**

Fadi Chahin MD, FACS  
 465 N. Roxbury Drive, Suite 1020  
 Beverly Hills, CA 90210

**IF YOU HAVE CONCERNS:**

If you have any questions or concerns about your responsibilities, you can contact our administrator or Medical Director.

If you wish to file a complaint about your care in our facility, you may contact the following agency: CDPH, California Department of Public Health, Division of Health Facilities Inspection, 3400 Aerojet Avenue, El Monte, CA 91731 or your Accreditation Organization.. You may also contact the Office of the Medicare Beneficiary Ombudsman at the following website: [www.medicare.gov/Ombudsman/resources.asp](http://www.medicare.gov/Ombudsman/resources.asp)

**By signing below, the patient acknowledges that they have received and understand the patient rights and responsibilities listed above and on page one of this document.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

(Please bring this form and give it to the receptionist on the day of your appointment. We will make a copy of this for you to keep in your records.)

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