



## PATIENT RIGHTS AND RESPONSIBILITIES

### **As a patient, you have the right to:**

1. Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity and free from any act of discrimination or reprisal, including sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation or marital status.
2. Protection from abuse or neglect and be free from all forms of abuse or harassment.
3. Consideration or respectful care.
4. Access to protective services.
5. Personal and informational privacy and security for self, property, and health information.
6. Receive care in a safe and respectful setting.
7. Prompt complaint resolution within 30 days or less.
8. Spiritual care.
9. Documentation and explanation of any restriction of communication to you or your family/surrogate.
10. Make decisions about medical care, including the right to accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks and alternatives, without coercion, or retaliation.
11. Have family input in care decision, in compliance with existing legal directives of the patient or existing court-issued legal orders.
12. Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the Patient Rights when you are judged incompetent and unable to do so, without coercion, discrimination or retaliation.
13. If a state 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.
14. Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records.
15. Information concerning your diagnosis, treatment, and prognosis, to the degree known; and to be informed of any unanticipated outcomes. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
16. Participate in decisions involving your healthcare and be fully informed of and to consent or refuse to participate in any experimental or research project without compromising your access to services.
17. Complain about your care and treatment without fear of retribution or denial of care.
18. Be involved in resolving problems with care decisions.
19. Competent, caring healthcare providers who act as your advocates and treats your pain as effectively as possible.
20. Know the identity and professional status of individuals providing service and be provided with adequate education regarding self-care at home, written in language you can understand.
21. Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience or retaliation.
22. Know the reason(s) for your transfer either inside or outside the facility.
23. Impartial access to treatment regardless of race, age, sex, ethnicity, religion, sexual orientation, or disability.
24. Receive an itemized bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitations or constraints placed upon your care.
25. File a grievance with the facility by contacting the ASC Director or Compliance Officer, via telephone or in writing, when you feel your rights have been violated.  
Pacific Eye Institute  
555 N 13<sup>th</sup> Ave., Upland, CA 91786  
Phone: 909-982-8846
26. Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.

27. Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.
28. Be provided with a written statement of your patient rights.
29. If you have concerns about this ambulatory surgical center and the services provided here, contact the Department of Human Services:

464 West 4<sup>th</sup> Street, Suite 529, San Bernardino, CA 92401 – 877-410-8829, or  
PO Box 1100 1201 K Street, Suite 800, Sacramento, CA 95812-1100 – 916-443-7401

**Center for Medicare and Medicaid Services (CMS)**, Office of the Medicare Beneficiary Ombudsman  
<http://medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

**As a patient, you are responsible for:**

1. Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history, any medications including over-the-counter products and dietary supplements, and any allergies or sensitivities, and reporting any unexpected changes to the appropriate physician(s).
2. Following the treatment plan recommended by the primary physician involved in your case.
3. Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
4. Indicating whether you clearly understand a contemplated course of action and what is expected of you and ask questions when you need further information.
5. Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
6. Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible and accept personal responsibility for any charges not covered by your insurance.
7. Providing information about and/or copies of any living will, power of attorney, or other directive that you desire us to know about.
8. Behave respectfully toward all the health care professionals and staff, as well as other patients.
9. If you have any questions regarding your rights or responsibilities, please discuss your concerns with us.

**Advance health care directives, also known as advance directives or living will**, are instructions given by individuals specifying what actions should be taken for their health in the event that they are no longer able to make decisions due to illness or incapacity. If you already have an advance directive, please bring it with you to the surgery center. In the event of an emergency, your advance directive will go with you and your chart to the hospital, should you be admitted. We have Advance Directive forms and information available at the surgery center if you would like to have it. A health care directive, commonly referred to as a 'living will', is a legal document specifying your wishes regarding the care you receive at the end of life, should you become unable to communicate them. Health care directives may also be called a directive to a physician, declaration or medical directive.