

PATIENT RIGHTS

In accordance with Health and Safety Codes, this Center and its Medical Staff has adopted the following list of Patient Rights. As a patient, you and/or your legal representative may:

1. Be protected from discrimination in health care on the basis of race, color, national origin, age, disability and sex, including discrimination based on pregnancy, gender identity and sex stereotyping, and the source of payment for care.
2. Receive considerate, respectful care and free from any and all forms of abuse and harassment.
3. Know the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and nonphysicians who will see you.
4. Receive information about the illness, the course of treatment and prospects for recovery in terms that you can understand.
5. Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or non treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
6. Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to refuse treatment.
7. Be informed of your right to change providers if other qualified providers are available.
8. Receive full consideration of privacy concerning the medical care program. Case discussion consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual.
9. Receive confidential treatment of all communications and records pertaining to the care and the stay in the Center. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with your care.
10. Receive reasonable responses to any reasonable requests made for service.
11. Leave the Center even against the advice of a physician.
12. Receive reasonable continuity of care and to know in advance of the time and location of appointment as well as the identity of persons providing the care.
13. Be advised if the Center physician proposes to engage in or perform human experimentation affecting care or treatment. You have the right to refuse to participate in such research projects.
14. Be informed of continuing health care requirements following discharge from the Center.
15. Examine and receive an explanation of the bill regardless of source of payment.
16. Know which Center rules and policies apply to your conduct while a patient.

17. Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
18. Designate visitors of your choosing if you have decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
 - (A) No visitors are allowed.
 - (B) The Center reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the Center's staff, or other visitor to the Center, or would significantly disrupt the operations of the Center.
 - (C) You have indicated to the Center staff that you no longer want a specific person to visit.
19. Have your wishes considered for purposes of determining who may visit if you lack decision-making capacity and to have the method of that consideration disclosed in the Center policy on visitation. At a minimum, the hospital shall include any person living in the household.
20. This section may not be construed to prohibit the Center from otherwise establishing reasonable restrictions upon visitation, including restrictions upon the hours of visitation and the number of visitors.
21. Be advised if your treating physician does not carry current liability insurance.
22. Upon request, be informed of the physician credentialing process conducted at the Center.
23. Be informed of the right to change providers if other qualified providers are available.
24. A grievance procedure is available to all patients and visitors of the Center. In the event you feel we have not satisfactorily met your needs or you have any complaints or concerns regarding your experience at SAN ANTONIO AMBULATORY SURGICAL CENTER, INC., please feel free to contact:
The Center's Administrator @ (909) 579-1500.
25. Should you have further grievance regarding your experience, you may call or contact:
Accreditation Association for Ambulatory Health Care
5250 Old Orchard Rd. Suite 200
Skokie, IL 60077
(847) 853-6060
CA Department of Public Health
464 West 4th Street, Suite 529
San Bernardino, CA 92401
(909) 383-4777
website www.cdph.ca.gov
26. Medicare beneficiaries who wish to file a complaint about their quality of care should contact:
Medicare Beneficiary Ombudsman
website <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>
or you may phone 1-800-633-4227.
California Administrative Code, Section 70707, Title 22