

PATIENT RIGHTS

You have the right to:

1. Receive safe, considerate and respectful care, without discrimination, and respect for your cultural, psychosocial, spiritual and personal values, beliefs, and preferences; and free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment.
2. Participate in and make informed decisions about your care and pain management, and receive as much information about any proposed treatment or procedure as you need in order to give informed consent or to refuse a course of treatment.
3. Request or refuse treatment or leave the surgery center even against the advice of physicians, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services.
4. Have your condition, treatment plan, pain alternatives and prognosis explained in a manner that you understand. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution.
5. Reasonable response to reasonable requests for service.
6. Receive private and confidential treatments, communications, and medical records. You have the right to be told the reason for the presence of any individual and to have visitors leave prior to an examination. Privacy curtains will be used in semi-private rooms. You will receive a separate "HIPAA Patient Consent Form" that explains your privacy rights in detail and how we may use and disclose your protected health information.
7. Know the name and role of your caregiver (e.g., doctor, nurse, technician, etc.). You have a right to request information and/or credentials about the physician providing your care.
8. Be fully informed of the scope of service available at the facility, know in advance time and location of appointments as well as the identity of the persons providing care, continuing health care requirements, options following discharge from the surgery center, and provisions for after hours and emergency care. You have the right to be involved in the development and implementation of your discharge plan. A friend or family member may be provided with this information upon your request.
9. Information regarding fees for service, payment policies and financial obligations.
10. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
11. Be informed of any human experimentation or other research/educational projects affecting his/her care or treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
12. Formulate and be given an opportunity to receive information regarding advance directives. Regardless of the contents of any advance directive or instructions from a health care surrogate or attorney, if an adverse event occurs during a patient's treatment, Bay Surgery Center personnel will initiate resuscitative and/or stabilizing measures and transfer the patient to an acute care hospital for further evaluation. If a copy of your advance directive was provided to us, it will be sent to the acute care hospital. Copies of the Advance Health Care Directive Kit are at <http://www.cmanet.org/bookstore/product.cfm?productid=154> or are available at this facility.
13. Exercise your rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, gender identification, educational background, economic status, source of payment for care, or fear of reprisal.
14. Receive marketing or advertising materials that reflects the services of the surgery center in a way which is not misleading.
15. Designate visitors of your choosing, if you have decision making capacity, whether or not the visitor is related by blood or marriage, unless: 1) No visitors are allowed. 2) The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility, or 3) You have told the health facility staff that you no longer want a particular person to visit.
16. To know that your physician may or may not have an ownership interest in Bay Surgery Center as not all physicians who practice here have an ownership interest. As a patient, you have the right to receive a list of all physician owners in this facility, upon request.
17. File a grievance. Each patient has the right to present complaints or grievance to any employee; by completing the Patient Satisfaction Questionnaire, in writing or phone. The grievance committee will review each grievance and provide you with a written response within 10 days. The written response will contain the name of a person to contact at the surgery center, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. You have a right to file a complaint with the state Department of Public Health regardless of whether you use the surgery center's grievance process.

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Medicare patients should visit the Office of the Medicare Beneficiary Ombudsman website below to understand your rights and protections or call 1-800-MEDICARE (1-800-633-4227). <http://www.cms.hhs.gov/center/ombudsman.asp>