



1120 Newbury Rd, Suite 100 Thousand Oaks, Ca. 91320 (805-230-3100)

## **DISCLOSURE NOTICES**

### **Patients Rights:**

In recognition of the responsibility of this Center in the rendering of patient care and our commitment to high standards of quality professional care, these rights and responsibilities are affirmed as the policies and practices of Thousand Oaks Surgery Center.

1. Patients may exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, marital status, or the source of payment for care. These rights also apply to adolescent patient and their parent/guardian.
2. Patients have the right to considerate and respectful care, with consideration given to the psychosocial, spiritual and cultural variables that influence the perception of illness.
3. Patients have the right to receive as much information about any proposed treatment or procedure as the patient may need in order to make an informed consent or to refuse treatment. This information shall include a description of the procedure or treatment and the medically significant risks involved in the treatment, expected benefits, alternate courses of treatment or non treatment, and the risk involved in each and to know the name of the person who will carry out the procedure or treatment.
4. Patients or his/her representative have the right to actively participate in the development and implementation of his/her plan of treatment allowing his/her to make informed decisions as to the treatment. To the extent permitted by law, this includes the right to refuse treatment and to be informed of medical consequences of such refusal. This right must not be construed as a mechanism to demand the provision of treatment or services to be deemed medically unnecessary or inappropriate.
5. Patients have the right to choose their own physicians.
6. Patients have the right to privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual.
7. Patients have the right to confidential treatment of all communications and records pertaining to the care and stay at *Thousand Oaks Surgery Center*. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.
8. Patients have the right to a response to any reasonable request made for service within *Thousand Oaks Surgery Center's* capacity and mission.
9. Patients have the right to refuse treatment to the extent permitted by law and are informed of the medical consequences of such refusal. The patient accepts responsibility for his/her actions should he/she refuses treatment or not follows the instructions of the physician or facility.
10. Patients have the right to reasonable continuity of care and to know, in advance, the time and location of their procedure as well as the identity of persons providing the care.
11. Patients have the right to be informed of continuing healthcare requirements following discharge.
12. Patients have the right to examine and receive an explanation of bill, regardless of source of payments.
13. All patients' rights apply to the person who may have legal responsibility to make decision regarding medical care on behalf of the patient.
14. Patients have the right to designate visitors of his/her choosing in accordance with our Centers policy.
15. Patients, or designated representative, have the right to participate in the consideration of the ethical issues that arise in the care of the patient.
16. Patients have the right to be informed of the mechanism for the review and resolution of concerns regarding the quality of care.
17. Patients and/or their legal representative have access to the information contained in the medical record. Written permission will be obtained before medical records can be made available to anyone not directly concerned with their care. Picture ID will be required upon arrival.
18. Patients have the right to reasonable access to care.
19. Patients have the right to access protective services.



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20. Each Patient or, when appropriate, the patients representative will be given a written copy of the patients rights in advance of furnishing or discontinuing patient care whenever possible.
21. Patients have the right to participate in the development and implementation of his plan of care.
22. Patients have the right to appropriate assessment and management of pain.
23. Patient has his/her right to personal privacy.
24. Patient or his/her representative has the right to make informed decisions regarding his /her care. The patients rights include being informed of his her health status, being involved in care planning and treatment, and being able to request or refuse treatment

**GRIEVANCE POLICY:**

25. Patients have the right to prompt resolution of patient grievances and will be informed on who to contact to file a grievance.
26. Thousand Oaks Surgery Center LLC staff has a formal grievance policies and procedures in effect. For grievances with the Surgery Center, the following steps should be followed.
  1. With any grievance or concern against an individual member of the Thousand Oaks Surgery Center Staff, the patient is encouraged to attempt to discuss the issue with the staff member involved.
  2. If the grievance is unresolved by using step 1 (one), or if you still have any complaint concerns please contact our grievance officer Mary Williams at 415 East Rolling Oaks Dr. Suite 110 Thousand Oaks, Ca.91361. (805-230-3100).
  3. If the grievance is un resolved at the Thousand Oaks Surgery Center , within 15 (fifteen days of submitting your *Complaint in Writing*, you may then contact: DHS, Division of Los Angeles, CA. Health Facilities, Licensing & Certification, 600 Commonwealth Ave, Suite 800, Los Angeles, CA 90005. Phone: 231-351-8205 [www.lacounty.ca.gov](http://www.lacounty.ca.gov). OR Accreditation association for Ambulatory Healthcare. 5250 Old Orchard Rd, Suite 200, Skokie, IL. 60077. Phone: 847-853-6060. [www.aaahc.com](http://www.aaahc.com) OR [www.medicare.gov](http://www.medicare.gov) 877-486-2048. Broadway Surgical Institute is committed to Resolve. Patient Grievances are dealt with in a non-discriminatory manner. Culturally sensitive and language appropriate mediation will be offered regardless of the patients: Race, Sex, National Origin, Immigration Status, Functional Ability, Beliefs, Values, Educational or Financial Status. An Interpreter will be provided where language is a barrier for successful resolution of the problem.

**NOTICE OF PRIVACY PRACTICES:**

The Health Insurance Portability & Accountability Act of 1966 (HIPPA) requires all health records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally to be kept confidential. This Federal Law gives you, the patient, significant new rights to understand and control how your health information is used. As required by HIPPA, we have prepared this explanation of how we are required to maintain the privacy of your health information, and how we may use and disclose your health information. You have the right to file a formal written complaint with us or with the Department of Health and Human Services, Office of Civil Rights, 200, Independence Ave., South Washington, DC. 20201 Phone: 877-696-6775, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

1. Patients have the right to be free of all forms of abuse or harassment.
2. Patients have the right to the confidentiality of his/her clinical record(s).
3. Patients have the right to access information contained in his/her clinical records within a reasonable time frame.



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**Advance Directive:**

An Advance Directive refers to your written instructions about your future medical care, in the event you become unable to speak for yourself. There are two (2) types of Advance Directives: A living will and a medical power of attorney. If you would like a copy of the official state Advanced Directive forms you may download them from [www.calhealth.org](http://www.calhealth.org).

**Our advance Directive policy:**

It is the policy of Thousand Oaks Surgery Center, regardless of the contents of any advance Directive or a healthcare surrogate or attorney in fact, that if an adverse event occurs during your procedure here, the surgery center will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital. Thousand Oaks Surgery Center will only take a copy of your Advance Directive for your chart for the purpose of accompanying with you to an acute care hospital for further treatment OR withdrawal of treatment measures already begun, in accordance with your wishes, Advance Directive or healthcare power of attorney.

- 27. If a patient is adjudged incompetent under applicable State 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 patients behalf.

**OWNERSHIP/ FINANCIAL INTEREST:**

Please be advised that these Physician’s have a financial interest in Thousand Oaks Surgery Center LLC.

- Alexander P. Hersel MD
- Bradley Spiegel MD
- Anthony Virella MD
- Brooke Gifford MD
- Michael Vercillo MD
- Gary Pattee MD

**PATIENT RESPONSIBILITIES:**

- 1. To work with your healthcare 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 healthcare team complete and correct information to the best of his/her ability about health, any medications, including over the counter products and dietary supplements, and any allergies or sensitivities.
- 5. To tell your Doctor about any changes in your health after you leave our facility.
- 6. To keep, or cancel your appointments for your healthcare.
- 7. To tell your healthcare team if you wish to change any of your decisions.
- 8. To ask for clarification if information or instructions are not understood.
- 9. Inform his/her provider about any Advance Directive and provide a copy at admission.
- 10. To accept personal financial responsibility for any charges not covered by his/her insurance.
- 11. Provide transportation by a responsible adult to take him/her home from the facility and remain with him/her for 24 hours, if required by his/her Physician.

**Reference:** Title 22, California code of regulations, Section 70707 Division 5: Health and Safety Code Section 1288.4.42 C.F.R. Section 482.13.

**ALL FACILITY PERSONNEL, MEDICAL STAFF MEMBERS AND CONTRACTED AGENCY PERSONNEL PERFORMING PATIENT CARE ACTIVITIES SHALL OBSERVE THESE PATIENTS ‘RIGHTS’.**

\_\_\_\_\_  
Print Name (Patient)

DATE \_\_\_\_\_ TIME \_\_\_\_\_

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

\_\_\_\_\_  
Staff Signature