

Patient Rights & Responsibilities were established with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, family, physician and facility providing services. Patients shall have the following rights and responsibilities without regard to age, race, gender, sexual orientation, national origin, cultural, economic, educational or religious background, physical handicap, personal values, belief systems or the source of payment for care.

THE PATIENT HAS THE RIGHT TO:

Receive the care necessary to help regain or maintain his or her maximum state of health and, if necessary, cope with an adverse outcome.

Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience to perform the services for which they are responsible with the highest quality of service. The patient has the right to be advised as to the credentials of health care professionals and the reason for the presence of any individual.

Expect full recognition of individuality, including personal dignity and privacy in treatment and care. In addition, all communications will be handled with discretion and records will be confidentially kept.

Complete information, to the extent known by the physician, regarding diagnosis, evaluation, treatment and prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment. The patient has the right to be informed by the physician or designee of continuing health care requirements, including reasonable provisions for the time and location of next appointments. When it is medically inadvisable to give such information to the patient, it will be provided to the patient's designated or legally authorized representative.

Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care and payment policies.

Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.

Make informed decisions regarding his or her care, except when such participation is contraindicated for medical reasons.

Refuse treatment to the extent permitted by the law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his/her actions should he/she refuse treatment or not follow the instructions of the physician/facility.

Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract.

Be informed of any human experimentation or other research/educational projects affecting his or her care or treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.

Express grievances/complaints or suggestions at any time, verbally or in writing.

Change primary or specialty physicians or dentist if other qualified physicians or dentists are available.

Provide patient access to and/or copies of his or her individual medical records or billing information regardless of the source of payment.

Be informed as to the facility's policy regarding advance directives/living wills.

Be fully informed before any transfer to another facility or organization, except when an emergency situation prevents it.

Express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient.

Expect compliance with Federal Civil Rights laws with provisions for interpretation for those not proficient in English and materials formats, such as TDD, large print or audio taped, for hearing or sight impaired individuals.

Have an initial assessment and regular reassessment of pain.

Receive educational information and instruction for patient and families, when appropriate, regarding their roles in managing pain, as well as potential limitations and side effects of pain treatment while considering personal, cultural, spiritual and/or ethnic beliefs in communicating to them and their families that pain management is an important part of care.

THE PATIENT IS RESPONSIBLE FOR:

Being considerate of other patients, providers and personnel, following facility rules, such as a no smoking policy, and for assisting in the control of noise and other distractions.

Respecting the property of others and the facility.

Reporting whether he or she clearly understands the planned course of treatment, what is expected of him or her and the presence of any directives that could affect care.

Keeping appointments and providing a responsible adult to transport and give aftercare, as required by the provider, and, when unable to do so for any reason, notifying the facility and physician.

Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, including over-the-counter products and dietary supplements, any known allergies or sensitivities, unexpected changes in the patient's condition or any other patient health matters.

Observing rules of the facility during his or her stay and following the treatment plan prescribed by the providers and, if such instructions are not followed, forfeiting the right to care at the facility and being responsible for the outcome.

Accepting and promptly fulfilling his or her financial obligations to the facility.

“SPEAK UP” POLICY

SMI Surgery Center encourages its patients to be active participants in their health care experience. Please communicate your questions, concerns or observations freely at any time during your visit.

OTHER PATIENT CONCERNS OR GRIEVANCES:

Persons who have a concern or grievance regarding SMI Surgery Center’s decisions regarding admission, treatment, discharge, denial of services, quality of services, courtesy of personnel or any other issue are encouraged to contact the Administrator in person, by phone or in writing to:

Administrator
SMI Surgery Center
3939 Ruffin Road, Suite 100,
San Diego, CA 92123
(858) 633-0401

SMI Surgery Center is Medicare Certified and Accredited by The Joint Commission. Any complaints regarding services provided at the facility can be directed in writing or by phone to:

Department of Public Health
San Diego District Manager
7575 Metropolitan Drive, Suite 204
San Diego, CA 92108
(619) 278-3700

OR

The Joint Commission
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(800) 994-6610

Patients may visit the following websites to understand their rights and protections:

www.cms.hhs.gov/center/ombudsman.asp

jointcommission.org

ADVANCED DIRECTIVES

An “Advance Directive” is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advance directives differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like a copy of the official State advance directive forms you may download them from:

www.calhealth.org

SMI SURGERY CENTER’S ADVANCE DIRECTIVE POLICY

Although the elective, outpatient procedures performed at the Surgery Center are considered to be of minimal risk, no surgery is without risk. You and your surgeon will have discussed the specifics of your procedure and the risks associated with it, the expected recovery and the care after your surgery.

It is the policy of this Surgery Center, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment here, the personnel at the Surgery Center will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. The center will only take a copy of your Advance Directive for your chart in order to send it along 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 health care power of attorney.

On the day of surgery, you will be asked to sign paperwork indicating that you understand that the Center will **NOT** honor a “Do Not Resuscitate” directive and you wish to proceed with the surgery.

FINANCIAL POLICY

Our Center is committed to providing you with the best possible care. In order to achieve this goal, we need your assistance in understanding our payment policy. Payments for services are due at the time services are provided.

If you have medical insurance, proof of insurance must be presented at the time of admission. A photo ID should also be presented. We are eager to help you receive your maximum allowable benefits and we will be happy to process your insurance claims for you; however, deductibles and co-payments are required prior to your surgery. As providers of surgical care, we must emphasize our relationship is with you, not your insurance carrier. The filing of an insurance claim is done as a courtesy; ultimately, all charges remain the patient’s responsibility.

If you do not have medical insurance, we accept all forms of payment including MasterCard, Visa and American Express.

Past due balances (older than 30 days) may be subject to additional collection fees and interest charges of 1.5% per month.

If you have any questions or uncertainty regarding insurance coverage, please call our billing office at (858) 633-0404. We are here to help you.

OWNERSHIP DISCLOSURE

SMI Surgery Center is owned and operated by Titan Health Care and a group of local physicians. Your surgeon may have an ownership interest in this facility. If this is a concern to you, please visit our website for more details:

www.smisurgerycenter.com

and discuss it with your surgeon. Please be aware that you have the option to schedule your procedure at another facility.