



PATIENT RIGHTS

- Exercise these rights without regard to sex or cultural educational or religious background or the source of payment for his/her care.
- Treated with respect, consideration, and dignity
- Provided with appropriate personal privacy, care in a safe setting, and free from all forms of abuse and harassment.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the name and professional relationships of other physicians who will see him/her.
- Receive information from his/her physician about his illness, his/her course of treatment or procedure as he/she 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 each, and to know the name of the person who will carry out the procedure or treatment.
- Actively participate in decisions regarding his/her medical care to the extent permitted by this law, this includes the right to refuse treatment or change his/her primary physician.
- Disclosures and records are treated confidentially, except when required by law, patients are given the opportunity to approve or refuse their release.
- Information for the provision of after-hour and emergency care.
- Information regarding fees for service, payment policies and financial obligations.
- The rights to decline participation in experimental or trial studies.
- The right to receive marketing or advertising materials that reflects the services of the center in a way which is not misleading.
- The right to express their concerns and receive a response to their inquiries in a timely fashion.
- The right to self-determination including the right to accept or refuse treatment and the right to formulate an Advance Directive
- The right to know and understand what to expect related to their care and treatment.

PATIENT RESPONSIBILITIES

- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.

- Ask for an explanation if you do not understand your papers you are asked to sign or anything about your own or your child's care
- Gather as much information as you need to make informed decisions.
- Be available so staff can teach you how to care for yourself or your child; we want to share our knowledge with you; you must be prepared to learn.
- Follow the care prescribed or recommended for you or your child by the physician, nurses, and other members of the health care team; remember, if you refuse treatment or do not follow instructions, you are responsible for your actions.
- Respect the rights and privacy of others.
- Assure the financial obligations associated with your own or your child's care is fulfilled.
- Responsible for being respectful of his/her personal property and that of the other persons in the center.
- Take an active role in ensuring safe patient care. Ask questions or state concerns, while in our care. If you don't understand, ask again.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hrs. if required by your provider.
- Inform his/her provider about any living will, medical power or attorney, or other directive that could affect his/her care.

PATIENT CONCERNS AND/OR GRIEVANCES:

Persons who have a concern or grievance regarding De La Vina Surgicenter (DLVSC), including but not limited to, decisions regarding admission, treatment, discharge, denial of services, quality of services, courtesy of personnel or any other issue are encouraged to contact the Administrator or write a statement to:

**De La Vina Surgicenter Attn: Administrator
2323 De La Vina Suite 102 Santa Barbara, CA 93105**

De La Vina Surgicenter is Medicare certified. Any complaints regarding services provide at DLVSC can be directed in writing or by telephone to:

**Department of Public Health
Licensing and Certification Program
1889 North Rice Ave Suite 200 Oxnard, CA 93036
(805) 604-2926**

Medicare patients should visit the website below to understand your rights and protections
<http://www.cms.hhs.gov/center/ombudsman.asp>

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PHYSICIAN OWNERSHIP DISCLOSURE

The physician owners of De La Vina Surgicenter include: Michael J. Behrman, M.D., Robert M. Ruth, M.D.; Christopher S. Proctor, M.D., Adam W. Rives, M.D. , Asher Kupperman, M.D. [These physicians also have ownership interest in the Center for Specialized Surgery of Santa Barbara.](#)

ADVANCED DIRECTIVE

An "Advanced 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, visit

http://WWW.calhealth.org/Download/AdvanceDirective_English.pdf
Or
http://www.calhealth.org/Download/AdvanceDirective_Spanish.pdf

OUR SURGERY CENTER'S ADVANCE DIRECTIVE POLICY

The majority of procedures performed at the DLVSC are considered to be of minimal risk. Of course, no surgery is without risk. You and your surgeon will have discussed the specifics of your procedure and the risks associated with the procedure, the expected recovery and the care after your surgery.

It is the policy of the DLVSC, 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 at DLVSC, the personnel at the DLVSC will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. (Ca. Probate code §4735-4736). At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.

Our facility will not honor "DNR" (Do-not-resuscitate) orders. If you do not agree with this policy, we will be pleased to assist you to reschedule the procedure

Yes I have an Advanced Directive, Living Will or Health Care Power of Attorney

No, I do not have an Advanced Directive, Living Will or Health Care Power of Attorney

I received information on patient rights, patient responsibilities, physician disclosure, advance directive policy and grievance policy prior to my surgery

Print Patient Name

Patient/Responsible Party Signature

Date