



INDIO SURGERY CENTER

Estimado Padre de _____

Estamos agradecidos por que su doctor y usted escogieron a Indio surgery center para su procedimiento. Nosotros pre-registramos a nuestros pacientes para acelerar el proceso y para hacerle dia de cirugía lo menos estresante posible. **Este paquete se incluyen documentos importantes que usted DEVE recibir antes del día del procedimiento, devera firmar y poner fecha para el día del procediminto**

Usted devera traer esta carta con usted con el dia y la firma cuando usted se pre-registre. **El incumplimiento resultara en la cancelacion del procedimiento.** Tambien se incluye un folleto de nuestras instalaciones para que usted se familiarize con Indio Surgery Center. Tambien encontrara direcciones de nuestas instalaciones en el folleto. Si usted tiene alguna pregunta puede llamar al (760)396-5733. Nuestras horas de oficina son Lunes a Jueves 7:30 am- 5:00pm, Viernes 7:30- 4:30. Un empleado de Indio Surgery Center se comunicara con usted antes del dia del procedimiento para revisar el historial medico del nino y proveerle informacion importante acerca del procedimiento.

Enlistados abajo estan los documentos incluidos en este paquete:

- *Derechos y responsavilidades del paciente
- *Testamento Vital de voluntades anticipadas
- *La divulgacion de la propiedad

Firmando abajo, usted comprende que usted recivio estos documentos **ANTES de la fecha del procedimiento.**

Firma del Padre: _____

Fecha: _____



INDIO SURGERY CENTER

Documento de Declaracion

Estimado Posible Paciente:

Estamos encantados que usted a escogido a Indio Surgery Center para su Cirugia dental.

Es requerido por las leyes de California que notifiquemos a usted que Dr Lawrence R. Church es 100% propietario de Indio Surgery Center.

Bajo pticion podemos dar informacion sobre instalaciones alternativas disponibles para usted.

Su firma nos confirma que usted esta conciente de los intereses del propietario en estas instalaciones.

Paciente/Firma del Guardian

Fecha



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Informacion de Voluntades Anticipas

Las Voluntades Anticipadas es un documento legal que le permite decidir acerca del cuidado al final de vida con tiempo de anticipacion. Proporciona una forma de comunicarle sus decesos a su familia, amigos y profesionales del cuidado y asi evitar confuciones mas adelante.

Un testamento de vida le dice como se siente acerca de como mantener sus ultimos momentos de vida. Usted puede aceptar o rechazar tratamiento medico. Son varios temas para aboradar que incluyen:

Un poder notariable duradero para cuidado medico es un documento que nombra y da poder para la atencion de salud. Su apoderado es alguien en que usted confia para hacer deciciones haerca de su cuidado de salud si usted no esta en condiciones de tomar deciciones.

Este documento juega un papel muy importante acerca de las deciciones del cuidado de salud en su nombre. En esta poliza de Indio Surgery Center nosotros no nombramos directivos anticipados durante el episodio de cuidado en nuestras instalaciones.

Si usted tiene un poder de Deciciones Anticipadas de vida, por favor traigalas con usted cuando visite Indio Surgery center y lo guadaremos en nuestros registros medicos como referencia si tuvieramos que trasportarlo al hospital.

Si usted no tiene un poder de Deciciones Aticipadas y decea mas informacion , por favor contacte a nuestras oficinas al (760) 936-5733 y estaremos contentos de ayudarle.

Indio Surgery Center

Patient Rights and Responsibilities

Indio Surgery Center observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems.

PATIENT RIGHTS

- Treatment without regard to sex, or cultural, economic, educational, or religious background or the source of payment for his care.
- Considerate and respectful care.
- The knowledge of the name of the physician who has primary responsibility for coordinating his care and the names and professionals relationship of other physicians who will see him and the credentials of health care professionals involved in his care.
- Receive information from his physician about his illness, his course of treatment, and his prospect for recovery in terms he understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Received the necessary information about any proposed treatment or procedure 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 risk involved in this treatment, alternate course of treatment, or non-treatment and the risk involved in each, and the name of the person who would carry out the treatment of procedure.
- Participating actively in the decision regarding his medical care. To the extent permitted by law, this includes the right to refuse treatment.
- Full consideration of privacy concerning his medical care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
- Confidential treatment of all communications and records pertaining to his care. His written permission shall be obtained before his medical records are made available to anyone not concerned with his care.
- Reasonable responses to any reasonable request he makes for services.
- Reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing the care.
- Be advised if physician proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
- Be informed by his physician or designee of his continuing health care requirements.
- Examine and receive an explanation of his bill regardless of source of payment.
- Have all patient's rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
- Express any grievances or suggestions verbally or in writing to the Center Management and/or The Accreditation Association of Ambulatory Healthcare at (847) 853-6060, California Department of Public Health at (619) 278-3700, office of the Medicare Beneficiary Ombudsman <http://www.cms.hhs.gov/center/ombudsman.asp>

PATIENT RESPONSIBILITIES

- Good communications is essential to a successful physician-patient relationship. To the extent possible, patients have a responsibility to be truthful and express their concerns clearly to the physicians.
- Patient have a responsibility to provide a complete medical history, to the extent possible, including information about past illnesses, and other matters relating to present health.
- Patient have a responsibility to request information or clarification about their health status or treatment when they do not fully understand what has been described.
- Once patient and physician agree upon the goal of therapy, patients have a responsibility to cooperate with the treatment plan. Compliance with physician instructions is often essential to public and individual safety. Patient also have a responsibility to disclose whether previously agreed upon treatment are being followed and to indicate when they would like to reconsider the treatment plan.
- Patients generally have a responsibility to meet their financial obligations with regard

to medical care or to discuss financial hardships with their physicians.

- Patient should discuss end-of-life decision with their physicians and make their wishes known. Such a discussion might also include writing an advance directive.
- Patient should also have an active interest in the effects of their conduct on others and refrain from behavior that unreasonably places the health of others at risk. Patient should inquire as to the means and likelihood of infectious disease transmission and act upon that information which can best prevent further transmission.
- Patient are responsible for proving a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.

Center	Diana Jesson, RN, Administrator (760) 396-5733
State Agency	Attn: Lorraine M. Sosa District Administrator California Department of Public Health Licensing and Certification, Riverside District Office. 625 E. Carnegie Drive, Suite 280 San Bernardino, CA 92408 Complaint (909) 388-7170
AAAHHC	AAAHHC 5200 Old Orchard Rd., Suite 200 Skokie, IL 60077 (847) 853-6060
Medicare	Office of the Medicare Beneficiary Ombudsman : www.cms.hhs.gov/coner/ombudsmaa.aspa

*Has to be changed to
The Joint Commission*