

Dear Parent of \_\_\_\_\_

We are excited your physician and you have chosen the Indio Surgery Center for your procedure. We pre-register our patients to expedite the process and to make your day of surgery as stress free as possible. **Included in this packet are important documents that you MUST receive, date and sign prior to the date of your procedure.** You will need to bring this letter with you dated and signed when you pre-register. **Failure to comply could result in cancellation of your procedure.** Also, included is a brochure on our facility to familiarize you with the Indio Surgery Center. You will also find directions to our facility in the brochure. Should you have any questions you may call (760) 396-5733. Our office hours are Monday through Thursday 7:30 a.m. - 5:00p.m. and Friday 8:00a.m. - 4:30p.m. An Indio Surgery Center Staff member will contact you prior to your procedure to review your child's medical history and provide important information concerning the procedure.

Listed below are the documents included in this packet:

- Patient Rights and Responsibilities
- Policy in Advance Directive
- Disclosure of Ownership

By signing below, you are acknowledging that you received these requirements **PRIOR to the date of your procedure.**

Parent Signature : \_\_\_\_\_

Date: \_\_\_\_\_

## **DISCLOSURE STATEMENT**

Dear Prospective Patient:

We are delighted that you have chosen the Indio Surgery Center for your Dental Surgery.

It is required by California law that we notify you of Dr. Lawrence R. Church 100% ownership in the Indio Surgery Center.

Upon request we will give you information on alternative facilities available to you.

Your signature below will confirm that you been made aware of the ownership interest in this facility.

\_\_\_\_\_  
Patient /Guardian Signature

\_\_\_\_\_  
Date

## **Information Regarding Advance Directives**

Advance directives are legal documents that allow you to convey your decision about end-of-life care ahead of time. They provide a way for you to communicate your wishes to family, friends and health care professionals, and to avoid confusion later on.

A living will tells how you feel about care intended to sustain life. You can accept or refuse medical care. There are many issues to address, including:

A durable power of attorney for health care is a document that names your health care proxy. Your proxy is someone you trust to make health decisions if you are unable to do so.

While all of these documents play a very important role as to how healthcare decisions are made on your behalf, it is policy of Indio Surgery Center that we do not honor Advance Directive during your episode of care at the facility.

If you have an Advance Directive, please bring it with you for your visit to Indio Surgery Center and we will place it in your medical record for reference in the unlikely event you are transferred to the hospital.

If you do not have Advance Directive and would like more information, please contact our office at (760) 396-5733 and we will be happy to provide it for you.

# 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.

<b>Center</b>	<b>Diana Jesson, RN, Administrator (760) 396-5733</b>
<b>State Agency</b>	<b>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</b>
<b>The Joint Commission</b>	<b>The Joint Commission One Renaissance Blvd Oakbrook Terrace, IL 60181</b>
<b>Medicare</b>	<b>Office of the Medicare Beneficiary Ombudsman :</b> <a href="http://www.cms.hhs.gov/coner/ombudsmaa.asp">www.cms.hhs.gov/coner/ombudsmaa.asp</a> <b>a</b>