



Campus Surgery Center

901 Campus Drive, Suite 102

Daly City, CA 94015

(650) 991-2000

Dear Patient,

We are pleased that you and your physician have selected Campus Surgery Center ("Center") to schedule your surgery. Below is some important information for you to review before the date of your surgery.

Patient Rights

1. As a recipient of Federal financial assistance, the Center does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, creed, sex or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by the Center directly or through a contractor, or any other entity with which the Center arranges to carry out its programs and activities.
2. Receive considerate care that respects your value and belief system preferences.
3. Knowledge of the names of the professional staff and physician(s) who have responsibility for coordinating your care and the names and professional relationships of other physicians who will see you.
4. Patients have the right to personal privacy.
5. Patients have the right to receive care in a safe setting.
6. Patients have the right to pain management.
7. The patient has the right to be free from all forms of abuse or harassment.
8. Patient disclosures and records are treated confidentially. Patients are given the opportunity to approve or refuse their release, except when required by law.
9. Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis, except when it is medically inadvisable to give such information to a patient or to a legally authorized person.
10. Patients are given the opportunity to participate in decisions involving their healthcare, except when such participation is contraindicated for medical reasons.
11. Patients are given information for the provision of after-hour and emergency care.
12. Patients are given information regarding fees for service, payment policies and financial obligations.
13. Patients have the right to decline participation in experimental or trial studies.
14. Patients have the right to receive marketing or advertising materials that reflects the services of the Center in a way that is not misleading.
15. Patients have the right to express their concerns and receive a response to their inquiries in a timely fashion.
16. Patients have the right to self-determination including the right to accept or to refuse treatment and the right to formulate an advance directive.
17. Patients have the right to know and understand what to expect regarding their care and treatment.
18. If a patient is declared incompetent under applicable California health and safety 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 patient's behalf.
19. If a State court has not declared a patient incompetent, any legal representative designated by the patient in accordance with California law may exercise the patient's rights to the extent allowed by law.
20. Exercise his or her rights without being subjected to discrimination or reprisal.

Patient Responsibilities

1. Provide complete and accurate information, to the best of your ability, about your (or your child's) health, any medications including over the counter products and dietary supplements, and any allergies or sensitivities; and to report unexpected changes in your own or your child's condition.
2. Inform your provider about any living will, medical power of attorney, or other directive that could affect your care.
3. Ask for an explanation if you do not understand papers you are asked to sign or anything about your own or your child's care.
4. Gather as much information as you need to make informed decisions.
5. Be available so staff can teach you how to care for yourself or your child; we want to share our knowledge with you, but you must be prepared to learn.
6. Follow the care prescribed or recommended for you or your child by the physicians, 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.
7. Respect the rights and privacy of others. Be respectful to all the health care providers and staff, as well as other patients.
8. Know and follow the Center's policies and procedures.
9. Assure the financial obligations associated with your own or your child's care is fulfilled.
10. Be respectful of your personal property and that of other persons in the Center.
11. 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.
12. Provide for a responsible adult to transport you home and, if required by your provider, remain with you for twenty-four (24) hours.

If you have a complaint or concern...

The Administration of each Center is committed to protecting patient's rights and providing quality care. If you have any complaints or concerns, please ask to speak to the Clinical Director. If you are not able to resolve your concerns, please direct them to the Chief Executive Officer at (650) 321-8677, (TDD/State Relay Number 711). We are committed to respond to your concerns. You may also communicate your concerns to either the State of California Department of Public Health or the federal Office of the Medicare Beneficiary Ombudsman either in writing or by telephone as listed below:

State of CA Department of Public Health

San Francisco District Office
150 North Hill Drive, Suite 22
Brisbane, CA 94005
District Administrator: Diana Marana
Telephone: (415) 330-6353 or (800) 554-0353
FAX: (415) 330-6350

OR

Office of Medicare Beneficiary Ombudsman
U.S. Department of Health & Human Services
Centers for Medicare and Medicaid Services
Visit: www.medicare.gov or
[http://www.medicare.gov/claims-and-appeals/
medicare-rights/get-help/ombudsman.html](http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html)
Call: 1-800-MEDICARE (1-800-633-4227)

Accreditation Association for Ambulatory
Health Care, Inc. ("AAAHHC")
5250 Old Orchard Road, Suite 200
Skokie, IL 60077
Telephone: (847) 853-6060
Fax: (847) 853-9028

ADVANCE DIRECTIVES

All patients have the right to participate in their own health care decisions and to make advance directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. The Center respects and upholds those rights.

However, unlike in an acute care hospital setting, the Center does not routinely perform "high risk" procedures. Most procedures performed in the Center are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

Therefore, it is the policy of the Center, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney, that if an adverse event occurs during your treatment at the Center, resuscitative or other stabilizing measures will be initiated and you will be transferred to an acute care hospital for further evaluation. 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.

If you have an Advance Directive, please bring a copy of the document with you to the Center on the day of your surgery.

PHYSICIAN OWNERSHIP IN THE SURGERY CENTER

Your physician may have a financial ownership in the Center where your surgery is scheduled. If you have questions regarding this, please call the Business Office at (650) 321-8677.