

El Dorado Surgery Center

4300 Golden Center Drive, Suite E

Placerville, CA 95667

(530) 344-1680 Fax (530) 344-1686

Patient Disclosure Information

To all of our patients:

If your treatment program requires a surgical procedure your doctor will perform the procedure at El Dorado Surgery Center, which he may have ownership in. The disclosure of the following information is required by the Federal Government to be presented to all patients at least 24 hours before their surgery. Please review the following information and sign this form in receipt of the required information and disclosure

1. Ownership Disclosure
2. Your Patient Rights
3. Patient's Responsibility for treatment at El Dorado Surgery Center
4. EL Dorado Surgery Centers Policy for patient's Concern and/or Grievances
5. El Dorado Surgery Centers Advanced Directive Policy

I, _____, have received the above information.
I have also received a copy of this information to take home.

Signature _____ Date _____ Time _____

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OWNERSHIP DISCLOSURE

I am aware that the following physicians and Marshall Medical Center own an interest in the El Dorado Surgery Center. I understand that I may choose any other facility for the purpose of having my surgery performed. I have decided to have my surgery at the El Dorado Surgery Center.

Douglas Bishop, M. D.
Daniel Cummings, M. D.
Stephen Cyphers, M. D.
Ronald Evans, M. D.
Ronald Foltz, M. D.
Robert M. Jarka, M. D.
Marshall Lewis, M. D.
Lee Marek, D. P. M.
Christopher Molitor, M. D.
Leilani Norton, M. D.
Reginald Rice Jr., M. D.
Taylor Vance, M. D.
and
Marshall Medical Center

PATIENT'S RIGHTS:

- Exercise these rights without regard to sex or cultural, economic, 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 the illness, his/her course of treatment and his prospects for recovery in terms that he/she can understand.
- Receive as much information from his/her physician about any proposed 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 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 right to decline participation in experimental or trial studies.
- The right to receive marketing or advertising materials that reflects the services of the Centers 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 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 an informed decision.
- 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.
- 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 are fulfilled.
- Responsible for being respectful of his/her personal property and that of 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 hours, if required by your provider.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

PATIENT CONCERNS AND/OR GRIEVANCES:

Persons who have a concern or grievance against El Dorado Surgery Center 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:

El Dorado Surgery Center
 4300 Golden Center Drive, Suite E
 Placerville, CA 95667
 Attention: Claudia S. Lockwood
 And/or
 California Department of Public Health
 P.O. Box 997377, MS 3000
 Sacramento, CA 95899-7377

MEDICARE PATIENTS:

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

ADVANCE 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, visit:

http://www.calhealth.org/Download/AdvanceDirective_English.pdf. or
[http://www.calhealth.org/Download/Advance Directive_Spanish.pdf](http://www.calhealth.org/Download/AdvanceDirective_Spanish.pdf)

OUR SURGERY CENTER'S ADVANCE DIRECTIVE POLICY:

The majority of procedures performed at the Surgery Center 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 risk associated with your procedure, the expected recovery and the care after your surgery.

It is the policy of the 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 at the Surgery Center, the personnel at the Surgery Center will initiate resuscitative or other stabilizing measures and transfer you 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.

Please call El Dorado Surgery Center if you have any questions about the information contained herein.

530-344-1680

Thank You,
 Claudia S. Lockwood, Facility Director