

## EL DORADO SURGERY CENTER OWNERSHIP DISCLOSURE & PATIENT INFORMATION

### **OWNERSHIP DISCLOSURE**

I am aware that the following physicians:

Douglas Bishop, M. D.	Robert M. Jarka, M. D.
Stephen Cyphers, M. D.	Christopher Molitor, M. D.
Troy Dickson, M.D.	Leilani Norton, M. D
Ronald Evans, M. D.	Taylor Vance, M. D

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.

### **PATIENT'S RIGHTS**

#### ***All Patients, their representatives or surrogates:***

- Will be treated with respect, consideration and dignity without discrimination with regard to gender or cultural, economic, educational or religious background or the source of payment for his or her care.
- Will be provided with appropriate personal privacy, in a safe setting and free from all forms of abuse and harassment and/or reprisal.
- Are entitled to know the name of the physician who has primary responsibility for coordinating his or her care and the name and professional relationship of other physicians who will see him or her during their care at the Center.
- Will receive information from his or her physician about the illness, course of treatment and prospects for recovery in terms that he or she can understand.
- Will receive as much information from his or her physician about any proposed treatment and/or procedure he or she may need in order to give informed consent or refuse the course of treatment. Except in emergencies, this information will include a description of the procedure and/or treatment, medically significant risks involved and will be informed of the person who will carry out the procedure and/or treatment.
- Are entitled to actively participate in decisions regarding his or her medical care to the extent permitted by law. This includes the right to refuse treatment and/or change his or her primary physician.
- Are entitled to full consideration with respect to privacy concerning his or her medical care. Case discussion, consultation, examination and treatment are confidential and will be conducted discreetly.

#### ***The patient has the right:***

- To be advised as to the reason for the presence of any individual while in the facility.
- To confidential treatment of all communications and records pertaining to his or her care. His or her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- To make reasonable requests with respect to disclosure of confidential records and may refuse their release, except when release is required by law.
- To be given information regarding after-hour and emergency care.
- To information regarding fees for service, payment policies and financial obligations.
- To decline participation in experimental or trial studies.
- To receive marketing or advertising materials that reflect the services of the Center in a way, which is
  - not misleading.
  - To express concerns and receive a response to inquiries in a timely fashion.
  - To self-determination including the right to accept or refuse treatment and the right to formulate an Advance Directive.
  - To know and understand what to expect relative to their care and treatment.

### **PATIENT RESPONSIBILITIES**

#### ***All patients, their representatives or surrogates will:***

- Provide complete and accurate information to the best of his/her ability about your own or the patient's 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 the patient's care.
- Gather as much information as you need to make an informed decision.
- Be available so staff can teach you how to care of yourself or the patient. We want to share our knowledge with you, but you must be prepared to learn.
- Follow the care prescribed or recommended for you or the patient by the physician, nurses and other members of the healthcare team. Remember, if you refuse treatment or do not follow instructions, you may be responsible for any adverse outcome.

- Respect the rights and privacy of others.
- Assure the financial obligations associated with your own or the patient’s care are fulfilled.
- Be responsible for being respectful of your own or the patient’s personal property and that of other persons in the Surgery 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 or the patient home from the facility and remain with you for 24 hours if required by your provider.
- Inform your provider about any living will, medical power of attorney or other directive that could affect your or the patient’s care.

**PATIENT FINANCIAL RESPONSIBILITIES**

***All patients, their representatives or surrogates:***

Understand if I have an unpaid balance due to El Dorado Surgery Center and do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of the fee of any collection agency, which may be based on a percentage at a maximum of 35% of the debt and all costs and expenses, including reasonable collection and attorney’s fees incurred during collection efforts.

In order for El Dorado Surgery Center or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that El Dorado Surgery Center and the designated external collection agency are authorized to (1) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me; (2) contact me by sending text messages (message and data rates may apply) or emails using any email address I provide and (3) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable. Furthermore, I consent for the designated external collection agency to share personal contact and account-related information with third-party vendors to communicate account related information via telephone, text, email, and mail notification.

**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 either or both:

El Dorado Surgery Center 4300 Golden Center Drive Suite E Placerville, CA 95667 Attn: Tina Heinrich	CA Dept of Public Health 3901 Lennane Drive Suite 210 Sacramento, CA 95834 800-544-0354
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**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 an Advance Directive Form in English or Spanish go to:

[www.caringcommunity.org/advanced-care-planning](http://www.caringcommunity.org/advanced-care-planning).

**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.

If you have any questions about the information contained herein, please contact the El Dorado Surgery Center to speak with our Facility Administrator, Tina Heinrich, at 530-344-1680.