

LOS ALAMITOS SURGERY CENTER LIST OF PATIENT RIGHTS

IN ACCORDANCE WITH HEALTH AND SAFETY CODES, THE ASC AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING LIST OF PATIENT RIGHTS:

Patient rights will be exercised without regard to sex or culture, economic, educational or religious background or the source of payment for his or her care.

1. Considerate and respectful care.
2. Knowledge of the name of the physician who has primary responsibility for coordinating his or her care and the names and professional relationships of other physicians who will see the patient.
3. Receive information from his or her physician about his or her illness, his or her course of treatment and his or her prospects for recovery in easily understood terminology.
4. Receive as much information about any proposed treatment or procedure as he or she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved and knowledge of the person who will carry out the procedure or treatment.
5. Participate actively in decisions regarding his or her medical care, to the extent permitted by law, including the right to refuse treatment.
6. Full consideration of privacy concerning his or her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to know the reason for the presence of any individual.
7. Confidential treatment of all communications and records pertaining to his or her care and his or her stay in the ASC. His or her written permission shall be obtained before his or her medical records can be made available to anyone not directly concerned with his or her care.
8. Reasonable responses to reasonable requests he or she may make for services.
9. He or she may leave the ASC, even against the advice of his or her physicians.
10. Reasonable continuity of care and advance knowledge of the time and location of appointment, as well as knowledge of the physician providing the care.
11. Be advised if ASC/personal physician proposes to engage in or perform human experimentation affecting his or her care or treatment. The patient has the right to refuse to participate in any research projects.
12. Be informed by his or her physician, or a delegate of his or her physician, of his or her continuing health care requirements following his or her discharge from the Surgery Center.

For complaints or comments about your medical care, ask to speak with our Medical Director, Dr. Shawn Taheri, LASC Administrator, Jody Aldstadt or our Director of Nursing Michael Castro, RN. You may also contact: The California Department of Health Services, Division of Health Facilities, by phone at 714-456-0630, via mail at 2150 Towne Centre Place, Suite 210, Anaheim, CA 92806, or go to the website of the Medicare Beneficiary Ombudsman www.cms.hhs.gov/center/ombudsman.asp. Also, visit www.medicare.gov or call 1-800-633-4227.

LOS ALAMITOS SURGERY CENTER

Financial Interest or Ownership Disclosure

The California State Business codes and the Centers for Medicare and Medicaid Services (CMS) require that you be notified when your physician has a financial interest in any organization to which your physician refers you for services.

This notice is to inform you that your Doctor may have a financial interest in the Los Alamitos Surgery Center. Please be advised that you may obtain the surgical services that have been ordered by your physician at any organization to which he or she is a medical staff member with surgical privileges.

Revised 2009

LOS ALAMITOS SURGERY CENTER LIMITED PARTNERSHIP ROSTER

<u>PHYSICIANS</u>	<u>ADDRESS</u>	<u>PHONE</u>
DUKE AHN, MD UPIN# F09047	3771 KATELLA AVE #310 LOS ALAMITOS, CA 90720	562-430-3561
WILLIAM AIELLO, MD UPIN# B50435	10921 CHERRY ST #200, LOS ALAMITOS, CA 90720	562-594-5996
LESTER ASCH, MD UPIN# A45812	3801 KATELLA AVE #212, LOS ALAMITOS, CA 90720	562-431-6000
SONGUL ATAY, MD UPIN# G64567	5122 KATELLA AVE #102, LOS ALAMITOS, CA 90720	562-430-4449
DEREK DEE, MD UPIN# H53653	3771 KATELLA AVE #310, LOS ALAMITOS, CA 90720	562-430-3561
RICHARD DOCHERTY, MD UPIN# B42743	1040 ELM AVE #100, LONG BEACH, CA 90813	562-901-2453
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VICTORIA FOLEY, DPM UPIN# U20497	3840 WOODRUFF AVE #211, LONG BEACH, CA 90808	562-420-9800
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WILLIE GOFFNEY, MD UPIN# A52300	3300 E. SOUTH STREET #201, LONG BEACH CA 90805	562-531-9272
PETER LY, MD UPIN# H22743	10921 CHERRY ST #100, LOS ALAMITOS, CA 90720	562-795-5600
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LINDA SWANSON, MD UPIN# E05472	23560 MADISON STREET #101, TORRANCE, CA 90505	310-517-0931
SHAWN TAHERI, MD UPIN# F79751	10921 CHERRY ST #100, LOS ALAMITOS, CA 90720	62-795-5600
CHRISTOPHER WOODSON, MD NPI# 1326015470	3771 KATELLA AVE #200, LOS ALAMITOS, CA 90720	562-314-1400
SERENA YOUNG, MD UPIN#F23562	1760 TERMINO AVE #208, LONG BEACH, CA 90804	562-961-5655

Advance Directives

Objective:

To assure considerate and appropriate care is administered with the patient's complete understanding. To provide procedures for informing patients of their right to issue an advance medical directive and to receive assistance from staff in this matter.

Policy:

It is the policy of Los Alamitos Surgery Center to not honor advance directives presented by a potential patient. If it is felt that the patient's health status or surgical risk is such that an advanced directive would be prudent, the surgery shall be cancelled and rescheduled at a center of higher care or at a later date when health conditions have improved.

Prior to presentation of an advance directive the patient will be informed of the policy not to honor the directive. The patient will be informed that in the event of an emergency he/she will be revived and transferred to the Los Alamitos Medical Center. Any document relating to an advanced directive will be sent to the hospital with the chart upon transfer.

Los Alamitos Surgery Center

10921 Cherry St. Suite 100
Los Alamitos, CA 90720
Ph: 562.795.5600
Fx: 562.795.5602

Dear Patient,

HIPAA privacy guidelines prevent us from leaving messages regarding appointments, lab results or any other information concerning your health care.

In order to efficiently communicate appointment confirmations, changes in schedules, results or requests and important information regarding our surgery center we are hereby asking your permission to leave a message on your answering machine/voice mail service or with a family member.

I give permission to the Los Alamitos Surgery Center staff to leave phone messages with:

Family Members Yes No
Answering Machine/Service Yes No

Please use the following phone numbers: _____ - _____ - _____
_____ - _____ - _____

_____ I understand that my surgery is planned to be performed at the Los Alamitos Surgery Center. I further acknowledge receipt of my *Los Alamitos Surgery Center Patient Rights Package*.

Patients Name (print)

Signature

Date