

Patient Rights and Responsibilities for Outpatient Surgery

UCSD CENTER FOR SURGERY OF ENCINITAS OBSERVES AND RESPECTS ALL PATIENT'S RIGHTS AND RESPONSIBILITIES WITHOUT REGARD TO AGE, RACE, COLOR, SEX, GENDER IDENTITY, NATIONAL ORIGIN, RELIGION, CULTURE, PHYSICAL OR MENTAL DISABILITY, PERSONAL VALUES OR BELIEF SYSTEMS.

You have the right to:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, gender identity, age, mental disability, or physical disability. Any treatment determinations based on a person's physical; status or diagnosis will be made based on medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment of services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice insurance.
- Expect the facility to disclose, when applicable, physician financial interests or ownership in the facility
- Receive assistance when requesting a change in primary or specialty physicians or anesthesia providers if other qualified physicians or anesthesia providers are available.
- Receive information about health status, diagnosis, the expected prognosis, and expected outcomes of care, in terms that can be understood, and before a treatment or procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned; including refusal of care, treatment or services in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretive assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film or other images for purposes other than care; and to request cessation of production of the recordings, film or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the facility, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare and be informed as to the facility's policy regarding advance directive/living will. Expect the facility to provide the state's official advance directive form if requested where applicable.
- Obtain information concerning fees for services rendered and the facility's payment policies.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Be free from all forms of abuse or harassment.

- Access to language assistance service, free of charge, by a qualified interpreter for individuals with limited English proficiency or individuals with a disability.
- Expect the facility to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment of care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided below.

If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient will be exercised by the person appointed under State law to act on the patient's behalf.

If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

You are responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking, and other distractions.
- Respecting the property of others and the facility.
- Identifying any patient safety concerns.
- Observing prescribed rules of the facility during your stay and treatment and if instructions are not followed, forfeiting the right to care at the facility and be responsible for the outcome.
- Providing a responsible adult to transport you home from the facility and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you; and asking questions when you do not understand your care, treatment or services, or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications (including over-the-counter products and dietary supplements), any allergies or sensitivities, unexpected changes in your condition and/or any other health matters.
- Promptly fulfilling your financial obligations to the facility, including charges not covered by insurance.
- Payment to facility for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

You may contact the following entities to express any concerns, complaints, or grievances you may have:

FACILITY	UCSD Center for Surgery of Encinitas Olej gng'I cngl . CEO (760) 942-8800
STATE AGENCY	Donna Loza, District Manager Department of Public Health Center for Healthcare Quality Licensing and Certification Program 7575 Metropolitan Drive, Ste 211 San Diego, California 92108 Ph: (619) 278-3700 Fax: (619) 688-6444
MEDICARE	Office of the Medicare Beneficiary Ombudsman: 1-800-MEDICARE www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html
OFFICE OF CIVIL RIGHTS	US Department of Health and Human Services Office of Civil Rights 200 Independence Avenue SW, Room 509F, HHH Building Washington D.C. 20201 (800) 368-1019; (800) 537-7697 (TDD) Internet address: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
ACCREDITING ENTITY	AAAHC (Accreditation Association of Ambulatory Health Care) 3 Parkway North, Suite 201 Deerfield, IL 60015 (847) 853-6060 www.AAAHC.org



Notice of Privacy Practices, Advance Directive Notification, Grievances & Disclosure of Ownership

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PRIVACY PRACTICES

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time.

1. How We May Use and Disclose Your Protected Health Information

Your healthcare provider will use or disclose your protected health information as described in Section 1. Your protected health information may be used and disclosed by your healthcare provider, our office staff and others outside of your facility that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of this facility.

Following are examples of the types of uses and disclosures of your protected healthcare information that the Center for Surgery of Encinitas is permitted to make. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by our facility.

Treatment: We may use protected health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in your care. Different departments of our facility also may share protected health information about you in order to coordinate your needs, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to individuals outside of Center for Surgery of Encinitas who may be involved in your medical care, such as family members or others we use to provide services who are part of your care. When required, we will obtain your authorization before disclosing any of your information. Only the minimal amount of information will be revealed during any disclosures.

Payment: Your protected health information will be used, as needed, to obtain payment of your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining

approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose as needed, your protected health information in order to support the business activities of your healthcare provider and Center for Surgery of Encinitas. These activities include, but are not limited to, quality assessment activities, employee review activities, and conducting or arranging for other business activities.

For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel and others to:

- Evaluate the performance of our staff
- Assess the quality of care and outcomes in your case and similar cases
- Learn how to improve our facilities and services
- Determine how to continually improve the quality and effectiveness of the health care we provide

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician or therapist. We may also call you by name in the waiting room when your healthcare provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that may perform various activities (e.g. billing, transcription services) for the Center for Surgery of Encinitas. Whenever an arrangement between our facility and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Permitted and Required Uses and Disclosures That May Be Made with Your Authorization, or Opportunity to Object

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your healthcare will be disclosed. We may use and disclose your protected health information in the following instances.

Facility Directories: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms). All this information will be disclosed to people that ask for you by name.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosure to family or other individuals involved in your healthcare.

Other Permitted and Required Uses and Disclosures That may Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your protected health information without your authorization in the following situations:

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil right laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority who is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect, or domestic violence. In this case, the disclosure will be consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to; report adverse drug events, product defects or problems, biologic product deviations, track products; to enable protect recalls; to make repairs or replacements or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose protected health information so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and those otherwise required by law (2) limited information requests for identification and location purposes (3) pertaining to victims of a crime (4) suspicion that death has occurred as a result of criminal conduct (5) in the event that a crime occurs at this facility (6) medical emergency (not on these premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclose is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the president or others legally authorized.

Worker's Compensation: Your protected health information may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally established programs.

Required Uses and Disclosure: Under the law, we must make disclosure to you, and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq., Privacy of Individually Identifiable Health Information.

2. Your Rights

Following a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your healthcare provider and the Center for Surgery of Encinitas use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, civil, criminal, or administrative action or proceeding and protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Medical Records Department if you have questions about access to your medical record. If you request a copy of the information, we may charge a fee for the costs of retrieving, copying, mailing and any other supplies associated with your request.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your healthcare provider is not required to agree to restrictions you may request. If the healthcare provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your healthcare provider does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your healthcare provider.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Medical Records Department.

You may have the right to have your healthcare provider amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy if any such rebuttal. Please contact our Medical Records Department to determine if you have a question about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us. You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time. To request a copy of this notice, you must make your request in writing to our Privacy Officer.

ADVANCE DIRECTIVE NOTIFICATION

All patients the right to participate in their own health care decisions and to make Advance Directives or to execute a Power of Attorney that authorizes others to make decisions on your behalf based on your expressed wishes when you are unable to make decisions or unable to communicate decisions. UCSD Center for Surgery of Encinitas respects and upholds these rights.

However, unlike in an acute care hospital setting, UCSD Center for Surgery of Encinitas does not routinely perform “high risk” procedures. Most procedures performed in this facility 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 surgery.

Therefore, it is our policy, 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 this facility, we, the personnel at this facility, will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or Healthcare Power of Attorney. Your agreement with this facility’s policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official state forms are available at our facility.

If you do not agree with this facility’s policy, we will be pleased to assist you in rescheduling your procedure.

PATIENT COMPLAINT OR GRIEVANCE

If you have a problem or complaint, please speak to the receptionist or your caregiver. We will address your concern(s) promptly.

If you would like, you can call the Facility Administrator, Michelle Galvez, CEO, at (760) 942-8800, to discuss your concern with a goal of resolution.

If you are not satisfied with the response of the Surgery Center, you may contact the:

Department of Health Services
Division of Health Facilities
Department of Public Health
Health Administration Building
7575 Metropolitan Drive, Ste 433
San Diego, California 92108
Ph: 619-8- : /83; 2
Hotline: 800-824-0613

or

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5'Rctny c{ 'P qtj . 'Uwkg"423
F ggtkgrf , Illinois 60217
847-853-6060
kphq@cccj e.org

DISCLOSURE OF OWNERSHIP

Your physician may have a financial interest in this facility.



ACKNOWLEDGMENT OF RECEIPT

You may refuse to sign this acknowledgement

UCSD Center for Surgery of Encinitas will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care.

We have prepared detailed notices to help you better understand our policies about your rights and personal health information. The terms of these notices may change with time and we will always post the current notice at our facilities, on our website, and have copies available for distribution.

I have received a copy of this facility's *Patient Rights and Responsibilities, Notice of Privacy Practices, Physician Ownership Disclosure, Advance Directive Notification* and the *Complaint/Grievance Process* prior to my surgery.

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our facility's *Patient Rights and Responsibilities, Notice of Privacy Practices, Physician Ownership Disclosure, Advance Directive Notification* and the *Complaint/Grievance Process*, but the acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT
Include completed consent in the patient's medical record