



*Sutter Alhambra
Surgery Center*
A Sutter Health Affiliate

Conditions for Coverage Information Packet

- Patient Welcome Letter
- Advance Directive
- Notice of Patients Rights and Responsibilities
- Physician Ownership Disclosure Statement



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Greetings!

On behalf of the entire staff, we welcome you and look forward to your upcoming visit at Sutter Alhambra Surgery Center. We are fully committed to you, delivering high quality healthcare to ensure a superior patient experience and clinical outcome.

Enclosed in this packet, it is the policy of our center to notify you of the following information prior to your arrival at the facility on your day of service:

1. Sutter Alhambra Surgery Center Brochure
2. Facility policy regarding Advance Directives including a description of applicable State health and safety laws
3. Notice of Patient Rights and Responsibilities
4. Physician Ownership Disclosure

Also, someone from our center will be contacting you prior to your arrival at the facility.

We hope you will find the care you receive at Sutter Alhambra Surgery Center a pleasant experience. If you have questions, please feel free to contact us anytime.

Warm regards,

Andrew Kim
Administrator

Surgical Care Affiliates

Patient Rights and Responsibilities

SCA observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, 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, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of 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 or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the center to disclose, when applicable, physician financial interests or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a 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 and to refuse 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 interpretative 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, films 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 center, 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 center's policy regarding advance directives/living will. Expect the center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center'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.
- Expect the center 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 or 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.

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 center.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center 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 service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center 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:

CENTER	ANDREW KIM, ADMINISTRATOR (916) 733-8222
STATE AGENCY	ATTN: KATHLEEN J. BILLINGSLEY, RN DEPUTY DIRECTOR CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CENTER FOR HEALTH CARE QUALITY (CHCQ) LICENSING AND CERTIFICATION DIVISION P.O. BOX 997377 MS 3000 SACRAMENTO, CA 95899 COMPLAINTS (800) 236-9747 GENERAL INFORMATION (916) 558-1784
MEDICARE	OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN: www.cms.hhs.gov/center/ombudsman.asp

To care for our patients, serve our physicians, and improve healthcare in America

Advance Directives

On July 1, 2000, the California Health Care Decisions Law went into effect [A.B. 891, 1999 Stat. ch. 658]. The law made extensive changes in the rules governing "advance health care directives," which allow persons to designate how they will be cared for in the event that they later become incompetent. The law revoked existing rules dealing with the designation of surrogates to make health care decisions on behalf of incompetent patients, and replaced them with a new set of standards. Thus, the old durable power of attorney for health care statute and the Natural Death Act were repealed. However, documents created under the old laws prior to July 1, 2000 continue to be valid under the same terms on which they were drafted [Cal. Probate Code §4665]. Documents created after July 1, 2000 must conform to the requirements of the California Health Care Decisions Law. In addition, advance directives created in other states under the laws of those states are valid in California [Cal. Probate Code §4676(a)].

The California Health Care Decisions Law identifies two types of advance directives that a competent adult may sign to deal with future situations where he or she may be incompetent. The first is an "individual health care instruction," by which a person states his or her wishes concerning treatment or non-treatment in particular named circumstances, including, possibly, end-of-life situations. The second is a "power of attorney," by which an individual designates an "agent" to make decisions on his or her behalf in the event of incompetency. The California Health Care Decisions Law presents a model form entitled "Advance Health Care Directive" that serves as both a power of attorney and an individual health care instruction [Cal. Probate Code §4701].

An Advance Health Care Directive is the best way to make sure that your health care wishes are known and considered if for any reason you are unable to speak for yourself. By completing a form called an "Advance Health Care Directive" California law allows you to do either or both of two things:

First, you may appoint another person to be your health care "agent." This person (who may also be known as your "attorney-in-fact") will have legal authority to make decisions about your medical care if you become unable to make these decisions for yourself. Second, you may write down your health care wishes in the Advance Health Care Directive form—for example, a desire not to receive treatment that only prolongs the dying process if you are terminally ill.

The Advance Health Care Directive is now the legally recognized format for a living will in California. It replaces the Natural Death Act Declaration. The Advance Health Care Directive allows you to do more than the traditional living will, which only states your desire not to receive life-sustaining treatment if you are terminally ill or permanently unconscious. An Advance Health Care Directive allows you to state your wishes about refusing or accepting life-sustaining treatment in any situation.

Unlike a living will, an Advance Health Care Directive also can be used to state your desires about your health care in any situation in which you are unable to make your own decisions, not just when you are in a coma or are terminally ill. In addition, an Advance Health Care Directive allows you to appoint someone you trust to speak for you when you are incapacitated. You do not need a separate living will if you have already stated your wishes about life-sustaining treatment in an Advance Health Care Directive.

The Advance Health Care Directive has replaced the Durable Power of Attorney for Health Care (or "DPAHC") as the legally recognized document for appointing a health care agent in California. The Advance Health Care Directive allows you to do more than a DPAHC. An Advance Health Care Directive permits you not only to appoint an agent, but to give instructions about your own health care. You can now do either or both of these things.

Our Policy: While all of these documents play a very important role as to how healthcare decisions are made on your behalf, it is the policy of Sutter Alhambra Surgery Center that we **DO NOT** honor Advance Directives during your episode of care at the facility. If you have an Advance Directive, please bring it with you for your visit to Glenwood Surgery Center and we will place it in your medical record for reference in the unlikely event you are transferred to the hospital.

Additional information and resources, including sample forms, are available from the website of the Office of the Attorney General: http://ag.ca.gov/consumers/general/adv_hc_dir.htm. We can also provide you with a sample Advance Health Care Directive form upon your request.



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COMMON INTEREST DISCLOSURE STATEMENT

Your physician has chosen to refer you to the Sutter Alhambra Surgery Center for medical services. He or she has selected Sutter Alhambra Surgery Center because of his or her medical confidence in the ability of the surgery center to provide the quality medical services of the type you require. You should be aware, however, that your physician may have a financial interest in Sutter Alhambra Surgery Center as defined in section 654.2 of the California Business and Professional code. You are hereby advised that if you wish, you may choose any surgery center for the purposes of the medical services you require, although you should discuss your choice with your physician as he or she may not have medical privileges at the facility of your choosing. The following physicians have a financial interest in Sutter Alhambra Surgery Center:

David B. Coward, MD
Mark E. Endicott, MD
Erin E. Forest, MD
M. Richard Goldberg, MD
Jeffrey I. Kauffman, MD
Steven F. Kelso, DPM
Michael W. Leathers, MD
George J. Lian, MD
Scott R. Lipson, MD
Masoud Ghalambor, MD
Timothy P. Mar, MD
Michael W. Nielson, MD
Norman K. Poppen, MD
Randall K Schaefer, MD
Scott Smith, MD
Stephen C. Weber, MD
Gregory M. Whitset, MD
Geoffrey P. Wiedeman, MD