

## PATIENT ATTESTATION

### ASC Conditions of Coverage

**Patient Name:** \_\_\_\_\_

**Date of Procedure:** \_\_\_\_\_

I certify that I have received written documentation of the following items, in advance of the date of my scheduled procedure:

1. Patient's Rights and Responsibilities
2. Inland Surgery Center policy concerning Advance Directives
3. Disclosure of Physician Ownership
4. Notice of Privacy Practices
5. Medical History Form.

I understand that this information is being provided for my benefit. Should I have any questions regarding its content, I should contact Inland Surgery Center for clarification.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

If patient is a minor or unable to sign complete the following:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date

**IMPORTANT: PLEASE REVIEW ALL ENCLOSED MATERIAL AND SIGN THIS FORM PRIOR TO YOUR DATE OF SURGERY.**

**PLEASE BRING THIS FORM ALONG WITH:**

- Photo Identification**
- All active medical insurance cards.**
- Completed Medical History form.**





***Inland Surgery Center*** an Affiliate of SCA

### **Disclosure Statement**

Dear Prospective Patient:

We are delighted that you and your physician have chosen Inland Surgery Center for your elective surgery.

Due to physician investment in this facility, it is required by California law that we notify you of alternative facilities available.

Redlands Community Hospital  
350 Terracina Boulevard  
Redlands, CA 92373

LLUMC  
11234 Anderson Street  
Loma Linda, CA 92354

The following physician's have an approximate 1% ownership in the facility.

Johnny Arruda, MD  
Wisam Haddad, MD  
Owen McIvor, MD  
Todd Rau, MD  
Alvin Umeda, MD

John Carlson, MD  
Neil Jamron, MD  
Richard Pesavento, MD  
Steven Rimmer, MD  
James Watson, MD

Norberto Collins, MD  
Sharen Jeffries, MD  
Richard Rau, MD  
Donald Simmons, MD  
Michael Yoon, MD



## 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 **Inland 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 Inland 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](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.



# INLAND SURGERY CENTER

## Patient Rights and Responsibilities

Inland Surgery Center 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:**

<b>CENTER</b>	JACQUELIN BELCHER, ADMINISTRATOR (909) 793-4701
<b>STATE AGENCY</b>	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
<b>MEDICARE</b>	OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN: <a href="http://www.cms.hhs.gov/center/ombudsman.asp">www.cms.hhs.gov/center/ombudsman.asp</a>

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



INLAND SURGERY CENTER  
an affiliate of **SCA**

The **INLAND SURGERY CENTER** and your doctors desire to make this visit as safe and pleasant as possible. To assist us in caring for you, please complete the following medical history. Be sure and bring this form with you on the day of surgery.

**PATIENT NAME** **HT. WT. SEX AGE**

\_\_\_\_\_  
(LAST) (FIRST)

**MEDICAL HISTORY**

DO YOU HAVE OR HAD YOU EVER HAD: (CIRCLE ONE) EXPLANATION

- ANY BREATHING DIFFICULTIES..... YES NO \_\_\_\_\_  
(i.e.: Asthma, pneumonia, bronchitis, TB, chronic cough, emphysema, sleep apnea, etc.?)
- Do you SMOKE? ..... YES NO \_\_\_\_\_  
If so, how much? \_\_\_\_\_ packs/day
- Any HEART problems? ..... YES NO \_\_\_\_\_  
(i.e. chest pain, heart attack, heart failure, murmurs, pacemaker)
- HIGH BLOOD PRESSURE..... YES NO \_\_\_\_\_
- DIABETES ..... YES NO \_\_\_\_\_
- BLEEDING TENDENCY?..... YES NO \_\_\_\_\_
- HEPATITIS?..... YES NO \_\_\_\_\_
- OR ANY OTHER MEDICAL PROBLEM? ..... YES NO \_\_\_\_\_
- Have you had a recent cold or infection? ..... YES NO \_\_\_\_\_
- Have you or any member of your family had ..... YES NO \_\_\_\_\_  
any serious problems with ANESTHESIA?  
(including high fever)
- Are you allergic to any MEDICATIONS ..... YES NO \_\_\_\_\_  
(or tape, soap, food or Latex products)
- Is there any chance you may be PREGNANT? YES NO Last Menstrual Period \_\_\_\_\_
- Alcohol use (how much) \_\_\_\_\_ daily \_\_\_\_\_ weekly
- Recreational drug use: YES NO WHAT \_\_\_\_\_ LAST USED \_\_\_\_\_
- Metal implants or body piercings (location) \_\_\_\_\_

PLEASE REMOVE ALL JEWELRY AND CONTACT LENSES THE DAY OF SURGERY.

Please list any past SURGERIES that you have had: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

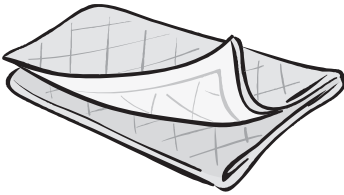


## REDUCE YOUR RISK OF INFECTION



### **Site Preparation**

Follow your doctor's instructions to shower or cleanse your surgical site before arriving before arriving for your surgery to remove bacteria from your skin. If there are no instructions, please bathe or shower before coming. You should not shave the area where you are having surgery.



### **Warmth**

Studies have shown that keeping warm during and after your surgery may improve outcomes. Please let your nurse know if you are cold so that we can provide you with more warmth.

### **Hand Hygiene**

Hand hygiene is the most effective way of preventing the spread of infection. Please ask healthcare staff if they have washed their hands or used alcohol hand rub. As a patient you should also practice good handwashing after using the bathroom, before eating, after blowing your nose and before and after touching the bandage or your incision.



### **Smoking Cessation**

If you are a smoker, consider quitting. This will reduce your chances of developing an infection after surgery.

**Please let your doctor and anesthesiologist know if you are a diabetic so that we can manage your blood sugar during your stay at ISC**

