Patient Rights

Patient rights will be exercised without regard to sex/gender, culture, economic, educational, religious background or any other factors, including but not limited to: the source of payment for care.

You (patient) have the right to:

- 1. Receive dignified, considerate and respectful care in a safe setting for pain management or other specialty.
- 2. Be informed of the name and qualifications of any clinician who has primary responsibility for care or will see you at any time.
- 3. Receive information from your clinician about your illness, course of treatment, and prospects for recovery in easily understood terminology and in a language you are comfortable.
- 4. Receive as much information about any proposed treatment or procedure you may need to choose to provide informed consent or refusal. This includes information regarding the medical consequence and any alternative options that may be provided. Except in emergencies, this information shall include a description of the procedure/treatment, significant risks, and person performing.
- 5. Full consideration of privacy concerning your medical care. All aspects of care provided, communications and records are confidential and should be conducted discreetly. You have the right to know the reason for the presence of any individual and may review the notice of privacy for further information.
- 6. Written permission obtained before medical records can be made available to anyone.
- 7. Reasonable responses to reasonable requests shall be applicable for services requested.
- 8. Leave the ASC or clinic, even against medical advice from a clinician.
- 9. Reasonable continuity of care from your clinician.
- Be advised if the company proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in research projects.
- 11. Be charged accurately for the services provided to you and receive an itemized statement detailing those charges upon request.
- 12. Be informed of continuing health requirements following discharge from surgery center by a qualified clinician or representative of the clinician.
- 13. File a grievance which will be investigated within a reasonable time.
- 14. Choose a physician that is different than the one originally assigned.
- 15. Make arrangements for a responsible adult to take you home after a procedure that will stay with you for a minimum of 24 hours.

Patient Responsibilities

The care a patient receives depends partially on the patient (you). Therefore, in addition to the patient and privacy rights, a patient has certain responsibilities as well.

You (patient) have the responsibility to:

1. Report perceived risks in your care and unexpected changes in your condition to the responsible practitioner.

2. Insert a family, friend, power of attorney who can provide support when you are not able to for any reason and they will additionally adhere to these responsibilities.

3. Provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.

4. Support and maintain a safe environment for all others who engage with our organization. These rules apply to you and your guests. This includes refraining from any abusive, disrespectful or discriminatory language. Not bring any weapons or conducting in any illegal activity on premise. Remaining respectful and considerate of property and other people.

5. Ask questions about your condition, treatment, procedures, clinical laboratory and other diagnostic test results especially when you (your representative) do not understand what has been explained about the treatment plan, instructions, or any other directives.

6. Your action should you refuse treatment or not follow your clinician's orders.

7. Following company policies and procedures and bring forth any concerns/errors promptly to a manager or above.8. Keeping appointments and notifying promptly (more than 24-hours) if unable to attend.

9. Assuring financial obligations are fulfilled promptly.

10. Follow the treatment plan established by your clinician including the instructions of nurses and other health professionals s they carry out the clinician's orders.

11. Provide an advanced directive if you wish for specific considerations, understanding preservation of life is always first within our organization.

Company Grievance Email Info@apmgca.com or call 818-348-7246 to speak to a manager/director

THE JOINT COMMISSION www.jointcommission.org FILLOUT ONLINE FORM FAX 630-792-5636 OR EMAIL complaint@jointcommission.org

AAAHC Complaint/Concern Form

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH 916-558-1784

Office of the Medicare Beneficiary Ombudsman, The Medicare Beneficiary Ombudsman Works for You

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Advanced Pain Medical Group and Affiliates