

## **Patient Rights and Responsibilities**

**Fertility & Surgical Medical Associates of California and the LA – Ventura Surgery Center, LLC believes that a mutual understanding of the Patient Rights and Responsibilities will result in more effective delivery of health care services. Fertility & Surgical Medical Associates of California and the LA – Ventura Surgery Center, LLC cares for patients in a manner that respects their dignity. We can best care for patients when they understand their medical situation and participate in making decisions about their care. This requires openness, trust and respect among our patients, physicians and health care professionals. Fertility & Surgical Medical Associates of California is a physician-owned entity by Richard Buyalos, M.D., Gary Hubert, M.D., and Mousa Shamonki, M.D. The LA – Ventura Surgery Center LLC’s Medical Directors are Richard Buyalos, M.D., Gary Hubert, M.D., and Mousa Shamonki, M.D. and is non-physician owned by Fertility Acquisition, LLC. The following Patient Rights describe what patients can expect while they receive care at Fertility & Surgical Medical Associates of California and the LA – Ventura Surgery Center, LLC. The Patient Responsibilities describe how patients should participate in their care at Fertility & Surgical Medical Associates of California and the LA – Ventura Surgery Center, LLC. Our collaborative approach contributes to sound decision-making for the benefit and well-being of each patient.**

### **Patient Rights**

**You have the right to:**

- 1. Be treated with respect, consideration, and dignity at check-in, evaluation and treatment areas with appropriate privacy, provided in a safe environment, and free from all forms of abuse or harassment.**
- 2. Become informed of your rights as a patient in advance of, or when discontinuing, the provisions of care. The patient may appoint a representative to receive this information should he or she so desire.**
- 3. We will listen to you and respect your personal beliefs and values. You will be able to carry out your beliefs as long as they do not interfere with the well-being of others or with the course of treatment you and your physicians have planned.**
- 4. Participate in the development and decisions involving your health care, except when such participation is contraindicated for medical reasons. We will provide you with information to help you make informed decisions about your care. This information may include your health status, diagnosis, evaluation, treatment, and prognosis, along with related risks, and explanations of procedures you may undergo. We will also let you know when your care results in an outcome that was not planned, and plan with you any future treatment if you desire.**
- 5. The name, position and professional status of any individual who is treating you.**
- 6. You have access to interpretation services and may learn about your medical care and treatment plans in a language other than English.**
- 7. Refuse treatment to the extent permitted by law. You can leave the facility against your physician’s advice to the extent permitted by law. If you leave the facility against your physician’s advice, or do not follow the recommended plan of care, the facility and your physician will not be held responsible for any harm or financial consequences that your action might cause you.**
- 8. Prepare an advance directive that sets forth your wishes should you become unable to make health care decisions. You have a right to appoint an individual to make decisions on your behalf. The Facility will make reasonable efforts to obtain a copy of any Advance Directive and will retain it in the patient’s medical record upon receipt. However, Fertility & Surgical Medical Associates of California and the LA – Ventura Surgery Center, LLC will not honor any advance directives. If you require emergency medical assistance our facility will contact 911 and you will be transferred to a hospital.**
- 9. Do you have an Advance Directive (e.g., Living Will, Durable Power of Attorney for Healthcare)?**  
 Yes  No

**If Yes: Please provide a copy of your Advance Directive. The Facility will request and maintain a copy in your medical record.**

**If No: You have the right to create an Advance Directive. Please inform the Facility if you complete one in the future.**

- 10. The assessment, reassessment and management of pain.**
- 11. Remain free from seclusion or restraints of any form that are not medically necessary.**
- 12. Freedom from all forms of abuse, neglect and harassment. We will not discriminate with regard to sex, race, ethnicity, ancestry, religion, color, age, gender identity, sexual orientation, disability, national origin, or source of payment for your care.**
- 13. Access your medical record within a reasonable time. You can expect confidentiality regarding communications and records about your care. The facility provides patient information only to those involved in your care or others with a legal right to the information. You or your legal representative may obtain copies of your medical record for a fee. You may make a written request to the Medical Records Department for a copy of your medical records by completing the Medical Records Release Form.**
- 14. Change physicians or transfer your care to another facility upon your request. You also may transfer your care whenever you require a service our facility is unable to provide. The facility may not be able to provide a service due to lack of capacity or conflict with its mission or philosophy. In these circumstances, every effort will be made to arrange for transfer to another facility that can provide the requested or required service. The facility will explain to you the reasons for the transfer and other options. The transfer will occur only with your consent and when medically appropriate.**
- 15. Information about the relationship of the facility with other health care and educational institutions.**
- 16. Contact our facility if you have any questions or concerns, need clarification about facility policies or have any special needs at (805) 778-1122, between 9 a.m. and 4:30 p.m.**
- 17. Receive an explanation of your bill. Upon request, you will be given information about the bill, how to seek assistance in paying the bill or how to seek assistance in filing insurance forms.**
- 18. There may be ongoing medical studies or research at this facility. You have the right to refuse to participate in any study or research.**
- 19. Submit a complaint or grievance to the Practice Administrator if you disagree with or have concerns about your care. Our grievance process provides you the right to a timely response. This includes the results of any grievance process, the date of completion of the grievance process, and the name of a contact person at the facility.**
- 20. Contact the following entities if you have a complaint or any concerns about patient care, treatment and/or safety in the facility that have not been addressed:**

**Donna Hoffman, Practice Administrator  
225 W Hillcrest Drive, Suite 201  
Thousand Oaks, CA 91360  
805-778-1122**

**Accreditation Association for Ambulatory Health Care, Inc. (AAAHC)  
3 Parkway North Suite 201  
Deerfield, IL 60015  
847-853-6060**

**California Department of Public Health (CDPH)  
1889 N. Rice Avenue, Suite 200  
Oxnard, CA 93030  
800-547-8267**

## **Patient Responsibilities**

### **You have the responsibility to:**

- 1. Provide complete and accurate information to the best of your ability about your health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities, past illnesses, hospitalizations, and other matters relating to your health, and to answer any questions concerning these matters.**
- 2. Follow the agreed upon treatment plan prescribed by your physician and participate in your health care planning by talking openly and honestly about your concerns with your physician and other health care professionals.**
- 3. Understand your health problems and treatment to your own satisfaction and to ask questions if you do not understand.**
- 4. Cooperate with your physician and other health care professionals in carrying out your health care plan both at the facility and after discharge.**
- 5. Participate and cooperate with our health care professionals in creating a discharge plan, which meets your medical and social needs.**
- 6. Provide information relating to insurance and other sources of payment.**
- 8. Cooperate and abide by the rules, regulations and policies of the practice.**
- 9. Provide a responsible adult to provide transportation home and to remain with them as directed by their physician or as indicated on the discharge instructions.**
- 10. Accept personal financial responsibility for services performed and for charges not covered by your insurance, or paid by insurance in a timely manner.**
- 11. Behave respectfully towards all health care professionals and staff, as well as, other patients and visitors, respecting their need for privacy and a quiet environment.**

**This Patient Rights & Responsibilities listing incorporates the requirements of the AAAHC; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4, and 124960; and 42 C.F.R. Section 482.13.**