

The Advanced Surgical Institute

19671 Beach Blvd., Suite 321
Huntington Beach, CA 92648

PATIENT RESPONSIBILITY & PATIENT RIGHTS

In accordance with the Health and Safety codes, The Advanced Surgical Institute and Medical Staff have adopted the following list of Patient Responsibilities:

1. Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
2. Follow the treatment plan prescribed by his/her provider.
3. Provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24 hours, if required by his/her provider.
4. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
5. Accept personal financial responsibility for any charges not covered by his/her insurance.
6. Be respectful of all the health care providers and staff, as well as other patients.
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In accordance with health and safety codes, the ASI and Medical Staff, have adopted the following list of patient rights:

1. Exercise these rights without regard to sex or culture, economics, educational or religious background, or the source of payment for his or her care.
2. Considerate and respectful care.
3. Knowledge of the name of the Physician who has primary responsibility for coordinating his or her care and the names and professional relationships of other physicians who will see this patient.
4. Receive information from his or her Physician about his or her illness, his or her course of treatment and his or her prospects for recovery in easy to understand terminology.
5. Receive as much information about any proposed treatment or procedure as he or she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved and knowledge of the name of the person who will carry out the procedure or treatment.
6. Participate actively in decisions regarding his or her medical care. To the extent permitted by law, include the right to refuse treatment.
7. Full consideration of privacy concerning his or her medical care program. Case discussion, consultation, examination, and treatment are confidential and are conducted discretely. The patient has the right to know the reason for the presence of any individual.
8. Confidential treatment of all communication and records pertaining to his or her care and his or her stay in the ASI, his or her written permission is obtained before his or her medical records are made available to anyone not directly concerned with his or her care.
9. Reasonable responses to reasonable requests he or she may make for services.
10. He or she may leave the ASI even against the advice of his or her Physician.
11. Reasonable continuity of care and to know in advance the time and location of appointment as well as the Physician providing the care.
12. Be advised if the ASI's personal Physician proposes to, or performs, human experimentation affecting his or her care of treatment, the patient has the right to refuse to participate in any such research projects.
13. Be informed by his or her Physician or a delegate for his or her Physician of his or her continuing health care requirement following his or her discharge from ASI.

Signed: _____ Date: _____