

Irvine Plastic Surgery Center
16300 sand Canyon Ave., Suite 1011, Irvine, California 92618
(949) 727-3999

Patient's Bill of Rights & Responsibilities

Irvine Plastic Surgery Center is regularly inspected and conforms to the guidelines of the California Department of Public Health. It is the policy of our doctors, nurses and other medical staff members to respect your individuality, dignity, privacy and to make your stay pleasant as possible. As a patient at **Irvine Plastic Surgery Center**, you have rights that protect your interests. You also have responsibilities to help us to provide you with efficient and high quality care. Together, these rights and responsibilities provide the basis for a positive, mutually beneficial patient-relationship. A copy of this policy is posted in the reception area and a copy can be obtained upon request.

YOUR RIGHTS

1. You have the right to excellent medical care and treatment without regard to race, color religion, sex, sexual preference, nation origin, handicap or source of payment.
2. You have the right to good care and high professional standards that are continuously maintained and reviewed.
3. You have the right to be addressed properly, to be heard when you have a question or need more information, and to be given an appropriate and helpful response. You will be provided with an interpreter, if possible so that language differences are not a barrier.
4. You have the right to good health care management techniques that make the most effective use of your time and still provide for your comfort and convenience.
5. You have the right to a high degree of privacy. Case discussions, consultations, examinations and treatment plans are confidential and will be conducted discreetly. When you are examined you are entitled to know what role any observer may have in your case. You may request that any observer not required for your care leave the examination area.
6. At **Irvine Plastic Surgery Center**, your records are confidential and no person or agency beyond those caring for you is permitted access to this information without your permission. However, you have the right to request access to all information in your medical record unless specifically restricted by your attending physician for medical reasons or as prohibited by law. You have a right to receive a full and prompt explanation regarding any such restriction.
7. You have the right to know the name of the physician who is responsible for your care, to talk with that doctor and others who give you care. You have the right to know who will perform any test or operation.
8. You have the right to receive full information in layman's terms concerning your medical problems, the planned course of treatment, a full explanation of procedures and tests and the prognosis or medical outlook for your future. This includes information about alternative treatments and possible complications. You have the right to receive adequate instruction in self-care, prevention of disability and maintenance of your health. You have the right to ask our doctors any other relevant questions about your health. When it is not medically advisable to give the information to you, it will be given on your behalf to your family or significant other.
9. You have the right to refuse any particular procedure or treatment. Before any test or other procedure is performed, you may ask to sign a form giving your consent. If you are unable to give informed consent, a responsible person may do so for you. You have the right to receive information from the doctor that is necessary for you to give informed consent prior to the start of any procedure or treatment. Except in emergencies when procedures must be implemented without unnecessary delay, such information should

include the specific risks, the probable time that you will be incapacitated, and what alternatives there may be to the procedure or treatment that the doctor has proposed. If you refuse to give consent to a procedure or treatment, you have the right to receive any help that **Irvine Plastic Surgery Center** can offer under the circumstances.

10. If you are unable to give consent, a responsible person has the right to be advised when your physician is considering you as part of a medical research program or donor program. You, or a responsible person, must give informed consent prior to participation in the program. You have the right to refuse to continue in a program to which you have previously given informed consent.
11. You have the right to expect that this practice will provide a mechanism whereby you are informed upon discharge of your continued health care requirements and the means for fulfilling them. Also, if there is a need to transfer you to another health care facility, you have the right to be told the reasons and whether there may be any alternatives to such transfer.
12. You have the right to expect emergency procedures to be implemented without unnecessary delay.
13. You have the right to assistance in obtaining consultation with another physician at your request and your own expense.
14. You have the right to have an advanced directive, such as a living will or durable power of attorney for healthcare, and be informed as to the surgery facility's policy regarding advanced directives/living will.

PATIENT CONCERNS AND/OR GRIEVANCES:

Persons who have a concern or grievance regarding **Irvine Plastic Surgery Center's** decisions regarding admission, treatment, discharge, denial of services, quality of services, courtesy of personnel or any other issue are encouraged to contact the Administrator in person, by phone (949) 727-3999, or in writing to:

Administrator
Irvine Plastic Surgery Center
16300 Sand Canyon Ave., Suite 1011
Irvine, California 92618

Irvine Plastic Surgery Center is Medicare Certified. Any complaints regarding services provided at the facility can be directed in writing or by phone to:

CENTER:	Donald I. Altman, M.D. Facility Director (949) 727-3999
<hr/>	
STATE AGENCY:	California Department of Public Health Center for Health Care Quality (CHCQ) Licensing and Certification Division 681 S. Parker Street Suite 200 Orange, CA 2868 Complaints: (800) 236-9747 General Information: (714) 567-2815
<hr/>	
MEDICARE:	Office of the Medicare Beneficiary Ombudsman: https://www.cms.gov/center/ombudsman.asp

PHYSICIAN OWNERSHIP

Irvine Plastic Surgery Center is owned and operated by Donald I. Altman, M.D. If this is a concern to you, please discuss it with your surgeon and be aware that you have the option to schedule your procedure at another facility.

ADVANCE DIRECTIVES

An “Advance Directive” is a general term that refers to our oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advance directives differently. There are two types of Advance Directives: a living will and a medical power of attorney.

THIS FACILITY’S ADVANCE DIRECTIVE POLICY

Although the elective, outpatient procedures performed at **Irvine Plastic Surgery Center** are considered to be of minimal risk, no surgery is without risk. You and your surgeon will have discussed specifics of your procedure and the risks associated with it, the expected recovery and the care after your surgery.

It is the policy of **Irvine Plastic Surgery Center**, regardless of the contents of any advance directive or instructions from a healthcare surrogate or attorney in fact, that if an adverse event occurs during your treatment here, the personnel at **Irvine Plastic Surgery Center** will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. The center will only take a copy of your advance directive for your chart in order to send it along with you to an acute care hospital for further treatment or withdrawal of treatment measures already begun, in accordance with your wishes, advance directive, or healthcare power of attorney.

PATIENT RESPONSIBILITIES

1. While practicing at **Irvine Plastic Surgery Center**, your physician is obligated to exercise good medical judgement in order to help you. It is your responsibility to cooperate in the treatment program that your doctor specifies.
2. It is your responsibility to ask questions immediately if you do not understand instructions concerning your health or if you feel you cannot follow the instructions.
3. It is your responsibility to keep all scheduled appointments, or to contact the office when you cannot keep an appointment.
4. It is your responsibility to bring information about past illnesses, hospitalizations, medications and other matters relating to your health.
5. You are expected to show consideration for the privacy and confidence of other patients and medical personnel and to assist in the control of noise. You are also expected to be respectful of the property of other persons, and the property of **Irvine Plastic Surgery Center**.
6. Duly authorized members of your family are expected to be available to office personnel for review of your treatment in the event you are unable to communicate with the physicians or nurse.
7. Your care may involve sedation, analgesia or anesthesia. You have a responsibility to help us reduce your risk of injury by following the safety guidelines provided by our medical staff.
8. You have a responsibility to provide information necessary for insurance processing of your bills, to be prompt about payment of your bills and to ask any questions you may have concerning your bills.

If you are concerned about or displeased with any aspect of your care, we ask that you discuss the problems with the Director of **Irvine Plastic Surgery Center**. Communication between you and our team is an important element in good health care. Suggestions or comments you make following discharge are appreciated.

ACKNOWLEDGEMENT OF RECEIPT FORM

I, the undersigned, hereby acknowledge that I have received "The Patient's Rights" verbally and in writing prior to the date of my procedure. The Advance Directive information is also provided to me in advance of my procedure.

Signature

Date ____/____/____

Printed Name

2/20/2017 Irvine Plastic Surgery Center Bill of Rights, Apple L.I.