

# Patient Notification: Northridge Outpatient Surgery Center

## PATIENT RIGHTS:

Northridge Outpatient Surgery Center would like to assure you of your rights and responsibilities as a patient.

You have the right to:

- Considerate, respectful & dignified care provider in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Personal & Informal privacy, within the law.
- Information concerning your diagnosis, treatment and prognosis, to the degree known in a language or manner you understand, or to an individual designated by you or to a legally authorized individual as a part of the informed consent.
- The opportunity to participate in decisions involving your health care, unless contraindicated by concerns of your health.
- Appropriate assessment & management of pain.
- Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability.
- Be advised & refuse to participate in any research without compromising your rights to access care, treatment and/or services.
- Request a change in providers of care if other qualified providers are available.
- The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.
- If a patient is adjudged incompetent under applicable state health and safety law by a court of proper jurisdiction, the right of the patient are exercised by a person appointed under state law to act on the patient's behalf. [416050(b)(2) Standard: Exercise of rights and respect for property and person].
- If a court has adjudged a patient incompetent, any accordance with state law may exercise the patient's Standard: Exercise of rights and respect for property and person].

## PATIENT COMPLAINT OR GRIEVANCE

NOSC will promptly review, investigate & resolve any patient grievances or complaints in a timely manner. If you feel you may have an issue, we provide you with the following contact information:

Natalie Chorlian, R.N., Director Of Nursing  
19871 Nordhoff St.  
Northridge, CA 91324  
818-359-8833

Medical Board of California  
Central Complaint Unit  
2005 Evergreen St, Suite 1200  
Sacramento, CA 9585  
www.medbd.ca.gov  
CA Toll Free Number: 800-633-2322  
Telephone: 916-263-2382  
Fax: 916-263-2435

All Medicare beneficiaries may also file a complaint of a grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage at: [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

State of California  
Ella Shaw - Program Manager  
California Department of Health of Public Health  
Health Facilities Inspection Division Operations  
600 Common Wealth Avenue, Room 903  
Los Angeles, CA 90005  
800-228-1019, fax 213-351-0768

The Joint Commission  
One Renaissance Blvd  
Oakbrook Terrace, Illinois 60181  
630-792-5800  
Email: [complaints@jointcommission.org](mailto:complaints@jointcommission.org)

## CONSULTATION

The patient, at his/her own request & expense, has the right to consult with a specialist.

## PATIENT RESPONSIBILITIES

You are responsible for:

- Providing accurate complete information regarding your present health status (including past & present medications), past medical history & for reporting any unexpected changes to the appropriate practitioner.
- Following the rules & regulations of the facility affecting patient care & conduct.
- In the case of pediatric patient, a parent or guardian is to remain in the facility for the duration of the patient's stay/
- Being considerate & respectful of the rights of other patients & facility personnel.
- Providing a responsible adult to transport you home after your procedure & an adult to be responsible for you at home for the first 24 hours after your procedure.
- Indicating whether you clearly understand a contemplated course of action & what is expected of you.
- Your actions if you refuse treatment, leave the facility against the advice of the practitioner and/or do not follow the practitioner's instructions relating to care.
- Assuring financial obligations to your health care are fulfilled as expeditiously as possible.
- Inform his/her provider about any living will, medical power of attorney or other directive that could affect.

## PRIVACY & CONFIDENTIALITY

NOSC complies with federal HIPAA (Health Insurance Portability & Accountability Act) regulations to maintain the privacy of your health information.

## ADVANCED DIRECTIVES

NOSC is not an acute care facility; therefore regardless of the contents of any advanced directive or instructions from a health care surrogate or attorney, if an adverse event occurs during your treatment, we will initiate resuscitative or any other stabilizing measures & transfer you to an acute care setting for further evaluation. Your agreement with this policy does not revoke or invalidate any current health care directive or health care power of attorneys.

## DISCLOSURE OF OWNERSHIP

Parizad Hooshi, M.D.

## IF YOU NEED A TRANSLATOR

If you will need a translator, please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you, please make an arrangement to have them accompany you on the day of your procedure. 800-752-6096