Patient Rights and Responsibilities

Capitol City Surgery Center and Sutter Health observe and respect a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems.

You have the right to:

• Receive information about rights, patient conduct and responsibilities prior to your surgery or procedure.

• Receive care in a safe setting that is free from all forms of abuse, neglect or harassment.

• Be treated with respect, consideration and dignity.

• Be provided appropriate personal privacy.

• Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

• Be provided, to the degree known, complete information concerning diagnosis, evaluation, treatment and know who is providing services and who is responsible for the care. When the patient’s medical condition makes it inadvisable or impossible, the information is provided to the person designated by the patient or to a legally authorized person.

• Be fully informed about a treatment or procedure and the expected outcome before it is performed and given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.

• Have disclosures and records treated confidentially and be given the opportunity to approve or refuse records release except when release is required by law.

• Exercise his or her rights without being subject to discrimination or reprisal with impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.

• Be informed on how to exercise the right to voice complaints and grievances regarding treatment or care provided or lack of without reprisal. Grievances may be lodged with the state agency directly using the contact information provided below.

• Have a person appointed under State law to act on the patient's behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient’s rights to the extent allowed by State law.
• Refuse treatment to the extent permitted by law and be informed of medical consequences of this action.

• Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

• Have the right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.

• A prompt and reasonable response to questions and requests.

• Receive, upon request, prior treatment, a reasonable estimate of charges for medical care and know, upon request and prior to treatment, whether the facility accepts Medicare assignment rate.

• Receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have the charges explained.

• Know the facility policy on advanced directives.

• Formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his/her medical record.

• Be informed, in writing, the names of physicians who have financial interest and ownership in the facility.

• Have properly credentialed and qualified healthcare professionals providing patient care.

• Be fully informed of the scope of services available at the facility, provisions for after-hours emergency care and related fees for services rendered him or her.

You are responsible for:

• Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.

• Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, unless specifically exempted from this responsibility by his/her provider.

• Providing to the best of his or her knowledge, accurate and complete information about his/her health, present complaints, past illnesses, hospitalizations, any medications, including over-the-counter and dietary supplements, any allergies or sensitivities, and other matters relating to his or her health.

• Accept personal financial responsibility for any charges not covered by his/her insurance.
• Respecting the property of others and the center.
• Identifying any patient safety concerns.
• Observing prescribed rules of the center during your stay and treatment.
• Following the treatment plan recommended by his or her healthcare provider.
• Be respectful of all healthcare providers and staff, as well as, other patients.
• Providing a copy of information that you desire us to know about a durable power of attorney, health care surrogate, or other advance directive.
• His/her actions if he/she refuses treatment or does not follow the healthcare provider’s instructions.
• Reporting unexpected changes in his or her condition to the healthcare provider.
• Reporting to his or her healthcare provider whether he or she understands a contemplated course of action and what is expected of him or her.
• Keeping all appointments with the healthcare provider.

Exercise these rights without being subjected to discrimination.
You may contact the following entities to express any concerns, complaints or grievances you may have:

**CENTER:**
Kim Russell  
Administrator  
Capitol City Surgery Center  
(916) 925-2700, Ext 302

**STATE AGENCY:**
California Department of Public Health  
3901 Lennane Drive, #210  
Sacramento, CA 95834-1922  
Complaints: (800) 236-9747  
General Information: (916) 558-1754

**MEDICARE:**
OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN:  

**ACCREDITING ENTITY:**
AAAHC (Accrediting Association for Ambulatory Health Care)  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
847-853-6060  
www.aaahc.org