Patient Rights
The Palo Alto Medical Foundation (PAMF) is committed to providing high-quality, cost-effective health care to our patients. We believe every patient deserves to be treated with respect, dignity and concern. We will do our best to serve you.

While you are a patient at the Surgery Center San Carlos, you have the right to:

Exercise these rights and have access to treatment without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, gender identity, educational background, economic status or the source of payment for care. Any treatment determinations based on a person’s physical status or diagnosis will be made on the basis of medical evidence and treatment capability and not on the basis of fear or prejudice.

Considerate and respectful care, and to be made comfortable. You have the right to have respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences. You have the right to expect the personnel who care for you to be qualified through education and experience, and to perform the services for which they are responsible with the highest quality of care.

Be fully informed before any transfer to another facility or organization and be assured that the receiving facility has accepted your transfer.

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

Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution.

Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need, to the extent known by the physician, in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.

Request or refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the facility, even against the advice of physicians, to the extent permitted by law. You must accept responsibility for your actions should you refuse treatment or not follow the instructions of the physician or facility.

Be a participant in decisions regarding the intensity and scope of treatment. If you are unable to participate in those decisions, your rights shall be exercised by your designated representative or other legally designated person.

Have family members (or other representatives of your choosing) and your own physician notified promptly of your admission to the hospital.

Confidential treatment of all communications and records pertaining to your care and stay in the facility. You will receive a separate “Notice of Privacy Practices” that explains your privacy rights in detail and how we may use and disclose your protected health information.

Have access to and/or copies of individual medical records in accordance with the release of information policy.

Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract.

Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used as appropriate.

Communicate with the health care providers in confidence and have the confidentiality of your health care information protected in accordance with the HIPAA health information privacy rule.

Be advised if the facility/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.

Examine and receive an explanation of the facility bill regardless of the source of payment.
Patient Responsibilities

You also have certain responsibilities while you are a patient at the Surgery Center San Carlos:

Provide caregivers with the most accurate and complete information regarding present complaints, current medications or treatments being rendered by other physicians, past illnesses and hospitalizations, unexpected changes in your condition or any other health matters.

Engage in behaviors that promote your own health, such as good nutrition, appropriate physical activity and health-risk avoidance, and seek periodic health screening evaluations as recommended by your care provider.

Understand your health problems and participate in developing mutually agreed upon treatment goals to the degree possible.

Report whether the planned course of treatment and what is expected of you is clearly understood, and to notify the provider(s) if you cannot follow the health care instructions provided.

Follow the treatment plan agreed upon with the health care providers responsible for your care.

Report unexpected changes in health to the responsible provider.

Keep appointments and, when unable to do so for any reason, notify the facility and provider as far in advance as possible.

Arrange for a responsible adult to take you home after your surgery/procedure and to remain with you at home at least 24 hours after the procedure.

Provide information about and/or a copy of any living will, power of attorney or other advance directives.

Observe prescribed rules of the facility during your stay and treatment and, if instructions are not followed, forfeit the right to care at the facility and be responsible for the outcome.

Other

Additional rights/responsibilities specific to PAMF hospitals and ambulatory centers can be found posted within those facilities.

The Surgery Center San Carlos is owned and operated by PAMF, a not-for-profit public benefit corporation. There is no physician ownership of PAMF.

Submission and Investigation of Grievances

You have the right to express grievances about the care and services provided or file a complaint with the Surgery Center San Carlos without being subjected to discrimination or reprisal. The Surgery Center San Carlos will be responsible for providing you with a written response within 30 days of the results of the investigation, if requested by you. You can also file a grievance directly with your health insurance company.
A complaint may be made in writing or by calling the administrator of the Surgery Center San Carlos:

Surgery Center Administrator
Palo Alto Medical Foundation
301 Industrial Road
San Carlos, CA 94070
650-596-4200

The Office of Medicare Beneficiary Ombudsman
800-633-4227 or
cms.gov/center/special-topic/ombudsman-center.html

The Patient Bill of Rights is also located on our website at sutterhealth.org/pamf/for-patients/patient-rights-responsibilities

You have the right to complain to the California Department of Public Health, Licensing and Certification:

San Francisco District Office
150 North Hill Drive, Suite 22
Brisbane, CA, 94005
Phone: 415-330-6353
Toll Free: 800-554-0353
Fax: 415-330-6350

The Surgery Center San Carlos is accredited by the:
Accreditation Association for Ambulatory Health Care
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