



Surgical Care Affiliates

Dear Patient:

We look forward to your upcoming visit at Sutter River City Surgery Center. On behalf of everyone at Sutter River City Surgery Center, thank you for choosing us for your surgical needs. Our mission is to provide outstanding surgical care to patients, outstanding service to physicians, and improve healthcare in America. It is the policy of Sutter River City Surgery Center to notify you of the following information prior to your arrival at the center on your day of service:

1. Notice of Patient Rights and Responsibilities:
2. Physician Ownership Disclosure:
3. Center policy regarding Advance Directives including a description of applicable State health and safety laws.

Also, someone from the center will be contacting you prior to your arrival at the center to inform you of your financial responsibility.

We hope you will find your stay and the care you receive at Sutter River City Surgery Center facility a pleasant experience. If you have questions, please contact:

A handwritten signature in black ink that reads "Deanne Conner". The signature is fluid and cursive.

Deanne Conner RN  
Administrator  
916-929-9431

**HELLO! YOU ARE SCHEDULED TO HAVE YOUR PROCEDURE/SURGERY AT  
SUTTER RIVER CITY SURGERY CENTER ON:**

DATE \_\_\_\_\_ TIME \_\_\_\_\_

The Surgery Center is located at 75 Scripps Drive Sacramento, Ca 95825  
*Please follow these instructions for your scheduled procedure:*

**Have nothing to eat or drink after midnight the night before your procedure.**

- Unless you take medications for your heart, hypertension (high blood pressure), gastric reflux, asthma inhalers or for seizures. You may take these medications with a sip of water before coming to the Surgery Center (**bring these medications to the Surgery Center with you**).
- **Do not take** any herbal medicines the day of your procedure.
- **Do not take** diabetic medicines the day of your procedure (**bring your diabetic medications with you to the Surgery Center**).
- We will need a list of the medications you take, and if you have any allergies to food, medications, or latex.
- We will also need to know any significant medical history you may have. Example: have you had Open Heart surgery, a stroke, cataract removal, or any metal implants, or joint replacements.

**Bring your Driver's license or other form of picture ID, insurance card and co-payment when you arrive at the Surgery Center.**

- Make sure the Doctor's office/Surgery Center has your current insurance information.
- Please bring reading glasses if you need them. Leave the rest of your valuables and jewelry at home (this includes any piercings and watches).

**\*\*You must have someone drive you home after the procedure\*\***

**If you have not been contacted by the Pre-op department please call the Surgery center a day or two before your Procedure for confirmation of your arrival and surgery times between the hours of 7:30am to 3:00pm Monday thru Friday.**

- This is very important to do as sometimes the times do change. The number to call is 916-929-9431. You will be given a time approximately one and a half hours (1 ½) before your procedure. This is necessary to allow the nurses time to prepare you for surgery.
- If you have any other questions regarding your Procedure please call the Surgery Center.  
***We are looking forward to making this a comfortable experience for you.***

*In accordance with HIPPA (Federal Law 1996 with Confidentiality Compliance), neither the doctor's office nor the Surgery Center can leave a message on a telephone recorder or with another individual regarding your specific procedure/surgery without your permission.*

**I give permission for SUTTER RIVER CITY SURGERY CENTER to leave information regarding name of facility, appointment time, planned procedure(s), and pre-operative and pre-registration instructions on my answering machine/voice mail number below or with the person(s) listed below at the number listed below.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Person(s) Authorized to Receive the Information Described Above:** \_\_\_\_\_

# Surgical Care Affiliates

## Patient Rights and Responsibilities

SCA observes and respects 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:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the center to disclose, when applicable, physician financial interests or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the center, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the center's policy regarding advance directives/living will. Expect the center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center's payment policies.

- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Expect the center to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided below.

### You are responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the center.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

You may contact the following entities to express any concerns, complaints or grievances you may have:

CENTER	DEANNE CONNER, ADMINISTRATOR (916) 929-9431
STATE AGENCY	ATTN: KATHLEEN J. BILLINGSLEY, RN DEPUTY DIRECTOR CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CENTER FOR HEALTH CARE QUALITY (CHCQ) LICENSING AND CERTIFICATION DIVISION P.O. BOX 997377 MS 3000 SACRAMENTO, CA 95899 COMPLAINTS (800) 236-9747 GENERAL INFORMATION (916) 558-1784
MEDICARE	OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN: <a href="http://www.cms.hhs.gov/center/ombudsman.asp">www.cms.hhs.gov/center/ombudsman.asp</a>

To care for our patients, serve our physicians, and improve healthcare in America

## **Common Interest Disclosure Statement**

Your physician has chosen to refer you to Sutter River City Surgery Center for medical services. He or she has selected this facility because of his or her medical confidence in the ability of the surgery center to provide the quality medical services of the type you require. You should be aware, however, that your physician may have a financial interest in the Sutter River City Surgery Center as defined in Section 654.2 of the California Business and Professional Code. You are hereby advised that if you wish, you may choose any surgery center for purposes of the medical services you require, although you should discuss your choice with your physician as he or she may not have medical privileges at the facility of your choosing. The following physicians have a financial interest in the Sutter River City Surgery Center.

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<b>Nathan Allen, M.D.</b>	<b>Bruce Bob, M.D.</b>	<b>Thomas Melchione, M.D.</b>
<b>Nancy Appelblatt, M.D.</b>	<b>Gregory Cox, M.D.</b>	<b>Karen Paddock, M.D.</b>
<b>Richard Areen, M.D.</b>	<b>David Evans, M.D.</b>	<b>Thiru Rajagopal, M.D.</b>
<b>Leslie Bernstein, M.D.</b>	<b>Ernest Johnson, M.D.</b>	<b>Stanley Roe, M.D.</b>
<b>Philip Bernstein, M.D.</b>	<b>Kelly Lenz, M.D.</b>	<b>Therese Rosellini, D.O.</b>
<b>Craig Berris, M.D.</b>	<b>Kevin McKennan, M.D.</b>	<b>Randall Sarte, M.D.</b>
		<b>Denise Satterfield, M.D.</b>

## SUTTER RIVER CITY SURGERY CENTER

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**SECTION:** Patient Rights and Organization Ethics  
**TITLE:** Advance Directives  
**POLICY #:** RI.108.00  
**EFFECTIVE DATE:** October, 2002  
**REVISION DATE:** August, 2003   October, 2004   October, 2005   October, 2006   October, 2007  
October, 2008   May, 2009

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### **OBJECTIVE**

To discuss the availability of information in this facility regarding Advance Directives

### **POLICY**

1. At the time of admission the patient signs a form regarding the presence of an Advance Directive. If the patient requests information about Advance Directives a booklet is provided.
2. The presence of an Advance Directive in a medical record indicates the patient's preference for discontinued medical care. The "Do Not Resuscitate" portion of the Advance Directives will not be honored in this facility.
3. If the patient brings in an Advance Directive at the time of admission, it will be included as part of the medical record, and the physician and nursing staff will be notified.
4. If the patient is transferred to another facility, a copy of the Advance Directive will be included in the information sent with the patient.
5. Further information regarding Advance Directives may be obtained from:

State Ombudsman Program (916) 323-6681

Department of Health Services Licensing and Certification 1-800-554-0354