

Stockdale Podiatry Group, Inc.

MEDICINE AND SURGERY OF THE FOOT AND ANKLE
NOTICE OF PRIVACY PRACTICES

Patient Rights:

- Exercise these rights without regard to sex or culture, economic, educational, or religious background or the source of payment for his/her care.
- Treated with respect, consideration, and dignity.
- Provided with appropriate personal privacy, care a safe setting and free from all form of abuse and harassment.
- Knowledge of the name of the physician who has the primary responsibility for coordinating his/her care and the name and professional relationships of other physicians who will see him/her.
- Receive information from his/her physician about the illness, his/her course of treatment and his prospects for recovery in terms that he/she can understand.
- Receive as much information from his/her physician about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies this information shall include a description of the procedure or treatment, the medically significant risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
- Actively participate in decisions regarding his/her medical care to the extent permitted by law, this includes the right to refuse treatment or change his/her primary physician.
- Disclosures and records are treated confidentially, except when required by law, patients are given the opportunity to approve or refuse their release.
- Information for the provision of after-hour and emergency care.
- Information regarding fees for service, payment policies and financial obligations.
- The right to decline participation in experimental or trial studies.
- The right to receive marketing or advertising materials that reflects the services of the centers in a way which is not misleading.
- The right to express their concerns and receive a response to their inquires in a timely fashion.
- The right to self-determination including the right to accept or refuse treatment and the right to formulate and advance directive.
- The right to know and understand what to expect related to their care and treatment.

Patient Responsibilities:

- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over the counter products and dietary supplements and any allergies or sensitivities.
- Ask for an explanation of what you do not understand. Or about the papers you are asked to sign, in regards to your own care or the care of your children.
- Gather as much information as you need to make an informed decision.
- Be available so staff can teach you how to care for yourself or your child; we want to share our knowledge with you, but you must be prepared to learn.
- Follow the care prescribed or recommended for you or your child by the physicians, nurses, and other members of the health care team; remember, if you refuse treatment or do not follow instructions, you are responsible for your actions.

- Respect the rights and privacy of others.
- Assure the financial obligations associated with your own or your child's care, are fulfilled.
- Responsible for being respectful of him/her personal property and that of other persons in the center.
- Take an active role in insuring safe patient care. Ask questions or state concerns while in our care. If you don't understand, ask again.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

Patient Concerns and Or Grievances:

- Persons who have a concern or a grievance against Adventist-San Joaquin hospital, Adventist-Delano, San Joaquin Surgery Center, Mercy/Memorial Hospital, Bakersfield Heart Hospital, Kern Medical Surgery Center but not limited to, decisions regarding admissions, treatment, discharge, denial of services, quality of services, courtesy of personnel or any other issue are encouraged to contact the administrator or write a statement to:

California Department of Public Health
 P.O Box 997377, MS 3000
 Sacramento, CA 95899-7377

Medicare Patients:

Medicare patients should visit the website below to understand your rights and protections.

<http://www.cms.hhs.gov/center.ombudsman.asp>

Advance directives:

An "advance directive" is a general term that refers to your 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 advanced directives: a living will and a medical power of attorney. If you would like a copy of the official state advance directive forms, visit http://www.calhealth.org/download/advancedirective_english.pdf. Or http://www.calhealth.org/download/advancedirective_spanish.pdf

Our Surgery Center's Advanced Directive Policy:

The majority of procedures performed at the surgery center are considered to be of minimal risk. Of course, no surgery is without risk. You and your surgeon will have discussed the specifics of your procedure and the risk associated with your procedure, the expected recovery and the care after your surgery.

It is the policy of the surgery center, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney, in fact, that if in adverse event occurs during your treatment at the surgery center, the personal at the surgery center will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or healthcare power of attorney.

Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. **Payment:** We may use and disclose your health information to obtain payment for services we provide to you. **Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of the healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities. **Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. **To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, only if you request in writing.