

## Mazen Hashisho, MD

Vascular, General and Thoracic Surgeon with triple board certification from the American Board of Surgery and American Board of Thoracic Surgery

### CONDITIONS OF ADMISSION

#### **CONSENT TO PROCEDURES**

I consent to the procedures which may be performed during my admission to this outpatient center, including emergency treatment or services, laboratory procedures, diagnostic procedures, x-ray examinations, medical, nursing, or surgical treatment or procedures, anesthesia, or center services rendered to me as ordered by my physician or other healthcare professional on the centers medical staff. I understand that the practice of medicine is not an exact science and that the diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment.

#### **CONSENT TO TEST FOR BLOOD-BORNE DISEASES**

I understand that it may be necessary to test my blood for blood borne diseases while I am a patient at Pedes Orange County if an employee or independent contractor is stuck by a needle that was used during my treatment. I understand that my blood, as well as the employee's blood, will be tested. I have been informed that the performance and results of the HIV antibody test are considered confidential and that the test results in my health record shall not be released without my written permission, except to the individuals and organizations that have been given access by law.

#### **TISSUE DISPOSAL**

I hereby authorize the physician to use his or her judgement regarding the disposal of any tissue or organ removed from me during my operation or procedure.

#### **PATIENT VALUABLES/BELONGINGS**

I have been instructed to leave valuables/belongings at home or place them in the care of family members. I understand that the center is not responsible for lost or damaged personal property such as glasses, contact lenses, hearing aids, dentures, jewelry, coats, or money.

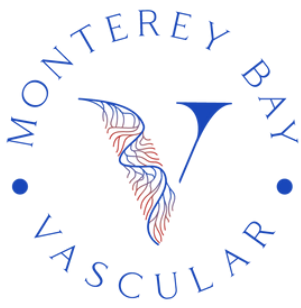
#### **ASSIGNMENT OF BENEFITS**

I assign and authorize direct payment to Pedes Orange County and Exper-tech, Inc. for all insurance and health plan benefits payable for services provided. I understand and agree that payment to Pedes Orange County and Exper-tech pursuant to this assignment authorization by my insurance company shall discharge said insurance company of any and all obligations under my policy to the extent of such payment. I agree that I am financially responsible for all charges not paid by my insurance company, to the extent permitted by state and federal law.

#### **OWNERSHIP DISCLOSURE**

Each of the physicians listed, or someone in his or her immediate family, has a "significant beneficial interest" as defined by California Business and Professions Code 654.3, in Monterey Bay Vascular (MBV).

We encourage our patients to discuss any concerns they have with us at the time of your visit. Please advise your treating physician if you prefer to be referred to another vascular clinic.



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# PATIENT RIGHTS & RESPONSIBILITIES

Patient Rights & Responsibilities were established with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, family, physician and facility providing services. Patients shall have the following rights and responsibilities without regard to age, race, gender, sexual orientation, national origin, cultural, economic, educational or religious background, physical handicap, personal values, belief systems or the source of payment for care.

## THE PATIENT HAS THE RIGHT TO

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for cultural, psychosocial, spiritual and personal values, beliefs and preferences.
2. You have the right to a family member (or other representative of your choosing) and your own physician notified promptly of your admission to a center.
3. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
4. 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, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need 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.
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the center even against the advice of physicians, to the extent permitted by law.
7. Reasonable responses to any reasonable requests made for service.
8. Appropriate assessment and management of your pain, information about pain, pain relief measures, and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe, chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.

Patient Rights and Responsibilities - Effective: 07/2022

3275 Aptos Rancho Rd. Ste 1A, Aptos, CA 95003 • 945 Blanco Cir., Ste A, Salinas, CA 93901  
Phone: 831.381.0100 • Email [info@montereybayvascular.com](mailto:info@montereybayvascular.com)

9. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Center staff and practitioners who provide care in the center shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
10. 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 in semi-private rooms.
11. Confidential treatment of all communications and records pertaining to your care and stay in the center. 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.
12. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services, including notifying government agencies of neglect or abuse.
13. Be free from restraints and seclusion of any form, used as a means of coercion, discipline, convenience or retaliation by staff.
14. Reasonable continuity of care, and to know in advance the time and location of appointments, as well as the identity of the persons providing the care.
15. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the Center. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information.
16. Know which center rules and policies apply to your conduct while a patient.
17. Designate visitors of your choosing if you have decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
- *No visitors are allowed*
  - *The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.*
  - *You have requested a particular visitor be denied access. However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.*
18. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the center policy on visitation. At a minimum, the center shall include any persons living in your household.
19. Examine and receive an explanation of the center's bill regardless of the source of payment.
20. Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, educational background, economic status or the source of payment for care.

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## PATIENT RESPONSIBILITIES

Your responsibilities include:

1. Providing complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required.
2. Providing, to the best of your knowledge, complete and accurate information about your health and medical history, including present condition, past illnesses, center stays, medicines, vitamins, herbal products, and any other matters relating to your health, including perceived safety risks.
3. Ensuring that the center has a copy of your Advance Directive.
4. Reporting perceived risks in your care and unexpected changes in your condition to your physician.
5. Reporting whether you clearly understand your treatment plan and what is expected to ask questions when you do not understand information or instructions.
6. Following the treatment plan recommended by your physician. This may include following the instructions of nurses and other health care providers as they carry out the coordinated plan of care, implement your doctor's orders, and enforce the applicable center rules and regulations. If you believe you can't follow through with your treatment plan, you are responsible for telling your doctor.
7. Keeping appointments, and, when you are unable to do so, notifying your physician or the Center.
8. Assuring that your health care financial obligations are fulfilled as promptly as possible.
9. Following the center's rules and regulations affecting patient care and conduct and for assisting in the control of noise and the number of visitors.
10. Being considerate of the rights of others by treating center staff, other patients and visitors with courtesy and respect.
11. Being respectful of the property of other persons and the Center.
12. For leaving valuables at home and only bringing necessary items for your center stay.

## PATIENT COMPLAINT OR GRIEVANCE

If you have a problem or complaint, please speak to the receptionist or your caregiver. We will address your concern(s) promptly. If necessary, your problem or complaint will be advanced to the Administrator and/or Quality Assurance coordinator for resolution. You will receive a letter or phone call to inform you of the actions taken to address your complaint.

Monterey Bay Vascular,  
275 Aptos Rancho Rd. Ste 1A, Aptos, CA 95003  
Phone: 831.381.0100  
Email: [info@montereybayvascular.com](mailto:info@montereybayvascular.com)

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If you are not satisfied with the response of the Administrator, you may contact:  
Department of Health Services,  
Division of Health Facilities,  
Department of Public Health  
Susan D. Harrington, M.S., R.D., Director  
Health Administration Building  
4065 County Circle Drive, Riverside, CA 92503  
(951)358-5000 | FAX 358-4529 | TDD 358-5124

All Medicare beneficiaries may file a complaint or grievance with the Medicare Beneficiary Ombudsman. You

may call:

1-800-MEDICARE and they will direct your inquiry to the Medicare Ombudsman.

You may write to them at:

Center for Medicare and Medicaid Services

7500 Security Boulevard

Baltimore, MD 21244

You may visit the Ombudsman's webpage at [www.cms.hhs.gov/](http://www.cms.hhs.gov/)

File a complaint with the California Department of Public Health regardless of whether you use the center's

grievance

process. The California Department of Public Health's phone number and address is:

California Department of Public Health

Licensing and Certification Program (local office)

Orange County District Office

681 S. Parker Street, Suite 200

Orange, CA 92868

Phone: (714) 567-2906

Toll Free: (800) 228-5234

Fax: (714) 567-2815

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