



Monday, June 19, 2023

TLC Surgical Center  
240 S La Cienega Blvd, Suite 210  
Beverly Hills, Ca 90211  
(310)882-5454

**Acknowledgement of Legal Relationship Between the Surgery Center & Physicians**

All Physicians and surgeons furnish services to the patient, including the anesthesiologist, and other surgical center based physicians and the like are independent contractors with the patient and are not employees or agents of the surgery center. The patient is under the care and supervision of his/her attending physician and it is the responsibility of the surgery center and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's consent or informed consent, when required, to medical or surgical treatments, special diagnostic or therapeutic procedures, or surgery center services rendered to the patient under general and special instructions of the physician. The Surgery Center based physicians fees (Surgeon and Anesthesiologist if applicable to your case) are billed separately and independently of surgery center charges, which means you will receive multiple bills for your procedure. I hereby acknowledge and understand the legal relationship between The TLC Surgical Center and the physicians.

**Patient Name:** Niza Aguilar

**Patients Signature:**

**Date:** Monday, June 19, 2023

**Notice to Patients in the Event of Needing Emergency Care**

These directives pertain to treatment preferences and the designation of a surrogate decision-maker in the event that a person should become unable to make medical decisions on their own behalf.

Advanced directives generally fall into three categories: living will, power of attorney and health care proxy.

**Living Will:** A written document that specifies types of medical treatment desired. A living will can be very specific or general.

**Health Care Proxy:** A legal document in which an individual designates another person to make health care decisions if he or she is rendered incapable of making their wishes known.

**Durable Power of Attorney:** This is the third type of advance directive. Individuals may draft legal documents providing power of attorney to others in the case of incapacitating medical conditions.

The TLC Surgical Center will respect any Advance Directive that may be in place. However, the Center will NOT implement the request. If you bring a copy of an advance directive or living will, a copy will be made and placed in your medical record. Should the need for a transfer to a hospital occur, this copy will be forwarded to the hospital of transfer and they may honor these directives.

**The law does not require that patients have or make an advanced directive. Please check the appropriate box below.**

I DO NOT have an Advance Directive/Living Will. I DO NOT want information.

**Patient Name:** Niza Aguilar

**Patient Signature:**



**Date:**

Monday, June 19, 2023

### **LIST OF PATIENTS RIGHTS**

1. Patients are treated with respect, consideration, dignity and are provided appropriate personal privacy.
2. Patients have the right to receive adequate notice regarding this facility's privacy practices. Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse the release, except when release is required by law.
3. Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
4. When the need arises, reasonable attempts are made for health care professionals and other staff to communicate in the language or manner primarily used by patients.
5. Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
6. Patients have the right to the facility's rules and regulations as they apply to their conduct, responsibilities and participation as the patient.
7. The patient has the right to change their provider if other qualified providers are available.
8. Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care, and related fees for services rendered
9. Be informed of charges, fees for service, payment policies, receive an explanation of your bill and receive counseling on the availability of known financial resources for health care services.
10. Be informed of your right to refuse to participate in experimental research if applicable
11. Know that, in the event that a patient has an advance directive, it is the policy of the facility to resuscitate all patients; however, any advance directive will be noted in the patients medical record and will be communicated to other medical facilities, if a transfer is needed.
12. The patient has the right to receive enough information from the physician so that he/she can understand the services being rendered in order to sign the informed consent
- 13. The patient may leave this facility, even against the advice of his or her physicians.
14. Reasonable continuity of care and advance knowledge of the time and location of appointment, as well as knowledge of the physician providing the care.
15. Be free from all forms of abuse, discrimination, harassment or reprisal. Receives access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion, or sources of payment for care.
16. Know that your physician may have financial interest or ownership in the facility.
17. Know the name and role of your caregiver (e.g., doctor, nurse, technician, etc You have a right to request information, malpractice insurance coverage and/or credentials about the physician providing your care.
18. Report any comments or voice any grievances concerning the quality of services provided to the patient during the time spent at the facility without being subjected to discrimination or reprisal and receive timely, fair follow-up on your comments.
19. Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients.

For complaints or comments about your medical care, you may call or contact:

- TLC Surgical Center, 240 S. La Cienega Suite 210 Beverly Hills, Ca 90211 (424)452-1054
- The Medical Board of California-2005 Evergreen Street, Suite 1200 Sacramento, CA 95815 (916)263-2382, fax (916) 263-2944
- AAAASF 7500 Grand Ave Suite 200, Gurnee, IL 60031. (888)545-5222

**Patient Name:**

Niza Aguilar

**Patient Signature:**



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## **PATIENT RESPONSIBILITIES**

AS A PATIENT IN OUR FACILITY, YOU HAVE CERTAIN RESPONSIBILITIES, WHICH INCLUDE:

1. 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.
2. Follow the treatment plan prescribed by his/her provider.
3. Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours.
4. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
5. Accept personal financial responsibility for any charges not covered by his/her insurance.
6. Be respectful of all the health care providers and staff, as well as other patients.
7. Respect the privacy of other patients.
8. To work with your health care team and to follow all safety rules.
9. To tell your doctor about any charges in your health after you leave our facility.
10. To keep, or cancel in a timely manner, your scheduled appointments for your health care.
11. To tell your health care team if you wish to change any of your decisions.
12. To ask for clarification if you do not understand any information or instructions given to you by your health care team.

**IF YOU HAVE CONCERNS:**

If you have any questions or concerns about your responsibilities, you can contact our administrator or if you wish to file a complaint about your care in our facility please refer to your Patients Rights for addresses and telephone numbers.

**Name:**

Niza Aguilar

**Signature:**



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## **PRIVACY ACKNOWLEDGEMENT FORM**

The Department of Health and Human Services has established a "Privacy Rule" to help ensure that personal information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patient's consent for use and disclosure of health information about the patient to carry out treatment, payment, health care operation and peer review of charts.

As our patient we want you to know that we respect the privacy of your personal medical information and will do all we can to secure and protect your privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have to indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients) and may have to disclose personal health information for purposes of treatment, payment in health care operations.

You may refuse to consent to the use or disclosure of your personal health information, but this must

be in writing. Under this law, we have the right to reuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI If you choose to give consent in this document, at some future time you may request to refuse all or part of your (PHI You may not revoke actions that have already been taken which relied on this or previously signed consent.

If you have any objection to this form, please ask to speak with our HIPPA Compliance officer. You have the right to review our privacy notice, to request restriction and revoke consent in writing after you have reviewed our privacy notice

**Print Name:**

Niza Aguilar

**Signature:**

A handwritten signature in black ink, appearing to be a stylized 'N' followed by a flourish.

**Date:**

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