

# SADDLEBACK PAIN AND SURGICAL CENTER

23521 Paseo de Valencia, Suite 204 Laguna Hills, CA 92653  
Tel 949.458.2026 Fax 949.273.8053

## Patient Rights and Responsibilities

Saddleback Pain and Surgical Center does not discriminate against any person based on race, color, national origin, disability, religion, culture, personal values, or belief systems.

### YOU HAVE THE RIGHT TO:

- Be treated with respect, consideration, dignity and provided with appropriate privacy and confidentiality.
- Respect of personal privacy.
- Receive care in a safe setting.
- Be fully informed about a treatment or procedure, the expected outcome, or risks before it is performed to give informed consent or to refuse the course of treatment.
- Make informed decisions regarding your care.
- 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 status of malpractice coverage.
- Receive assistance when requesting a change of provider if other qualified providers are available.
- Be provided, to the degree known, information concerning their diagnosis, evaluation, treatment, and prognosis in easily understood terminology. 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.
- Be provided, prior to the start of the surgical procedure, verbal, or written notice of the patients' rights in a language and manner that ensures the patient, patient's representative or surrogate understand all the patient's rights.
- May refuse to participate in any proposal of human experimentation affecting your care or treatment.
- May leave the facility, even against the advice of your physician.
- Confidential treatment of all communication pertaining to their care and stay at the facility including medical records and, except as required by law, the right to approve or refuse the release of your records.
- Obtain information concerning fees for services rendered and payment policies.
- Be given notice of Financial Interest Disclosure. Saddleback Pain and Surgical Center is partially owned by Andrew Messiha, M.D.
- Be free from all forms of abuse, harassment or from any act of discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished. Expect the facility 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 may be expressed at any time. Grievances may be lodged with the state agency directly using the following contact information.
- Although Saddleback Pain and Surgical Center does not accept advance directives/living will, you have the right to inform your health care team about any living will, medical power of attorney or other directives that may affect your care.
- If a patient is adjudged incompetent under state laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on their behalf.

- If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.

### YOU ARE RESPONSIBLE FOR:

- Behave respectfully toward all the health care professionals and staff, as well as other patients.
- To respect the privacy of other patients.
- Identifying any patient safety concerns.
- Provide complete and accurate information to the best of your ability about your health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Follow the treatment plan prescribed by your provider and participate in your care.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your health care provider.
- To tell the provider about any changes in your health after you leave the facility.
- To tell your health care team if you wish to change any of your decisions or do not understand any information or instructions given to you by your health care team.
- Inform your health care team about any living will, medical power of attorney or advanced directives that may affect your care.
- \*Accept personal financial responsibility for any charges not covered by your insurance.

### YOU MAY CONTACT THE FOLLOWING ENTITIES TO EXPRESS ANY QUESTIONS, CONCERNS, COMPLAINTS OR GRIEVANCES:

Surgery Center	Mary Anne Messiha, MPH, CIH, CSP Administrator/Director of Safety 949-458-2026
State Agency	Dept of Public Health-OC Health 405 W. 5 <sup>th</sup> Street, Ste. 676 Santa Ana, CA 92701 Tel: 714-834-5172
Medicare	Office of the Medicare Beneficiary Ombudsman website: <a href="https://www.cms.gov/medicare/appeals-grievances/ombudsman-center">https://www.cms.gov/medicare/appeals-grievances/ombudsman-center</a> 1-800-MEDICARE (1-800-633-4227)
Accrediting Entity	AAAHC (Accreditation Association for Ambulatory Care) 3 Parkway North, Suite 201 Deerfield, IL 60015 Tel: 847-853-6060 email: <a href="mailto:info@aaahc.org">info@aaahc.org</a> Website: <a href="http://www.aaahc.org">www.aaahc.org</a>

Revised June 30, 2025