
GRIEVANCE PROCEDURE:

(Section 504 of the Rehabilitation Act of 1973)

The patient or the patient's representative regarding treatment or care who feels that he or she has experienced discrimination, mistreatment, neglect or abuse at Burbank Spine and Pain Surgery Center based on race, color national origin, handicap or age should make a complaint in writing.

A written complaint should contain the name and address of the individual filing the complaint, and briefly describe the action alleged to have been in violation of the regulation (Section 504). The complaint form is available upon request. Complaints should be address to:

Burbank Spine & Pain Surgery Center
Attention: Melika Hesseltine, Administrator
2211 W. Magnolia St. Suite 270
Burbank, CA 91506

The complaint should be filed within a reasonable time after the person filing the complaint becomes aware of the action alleged to be prohibited by the regulation. All allegations must be immediately reported to the grievance officer.

The grievance officer will conduct a thorough investigation of all alleged violations / complaints in a manner appropriate to determine its validity. The ASC will document the steps taken on how the grievance was addressed, the results of the grievance process, and the date the grievance process was completed. All interested persons and their representatives, if any, will be provided an opportunity to submit evidence relevant to the complaint. The complaint resolution process should promote the resolution of the patients concerns as well as support and enhance the overall goal of improving the quality of health care.

The person filing the complaint will be notified of the resolution by mail within thirty (30) working days.

As the Section 504 Coordinator, the Administrator willfully documents the existence, submission, investigation and disposition of the patient's written grievance. The Administrator will maintain the files and records relating to the complaints, participate in the investigation of complaints, and assist and cooperate in their resolution.

The right of a person to prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of the other remedies such as the filing of a Section 504 complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. Utilization of this grievance is not a prerequisite to the pursuit of other remedies. Only substantiated allegations must be reported to the State authority or the local authority, or both.

These rights shall be liberally constructed to protect the substantial rights of interested persons, to meet appropriate due process standards and to ensure that Burbank Spine & Pain Surgery Center is in compliance with Section 504 regulations.

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

- State Department of Health Services- Los Angeles County- 555 Ferguson Drive. Suite 320, Commerce, CA 90022 (323)890-8500
- The Medical Board of California-2005 Evergreen Street, Suite 1200 Sacramento, CA 95815 (918) 283-2382, Fax (916) 263-2944, <http://www.mbc.ca.gov/BreezelComniaints.aspx>
- AAAASF, PO Box 9500, Gurnee, IL 60031 (888) 545-5222, Fax (847) 775-1985
- Medicare Beneficiary Ombudsman: www.cms.hhs.gov/centedombudsman

PATIENT'S BILL OF RIGHTS:

Burbank Spine & Pain Surgery Center and medical staff have adopted the following statement of patient rights. The rights are explained to the patient or the patient's representative (as allowed under state law). The rights shall include, but not be limited to, the patient's right to:

- Patients are treated with respect, consideration, dignity and are provided appropriate personal privacy.
- 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.
- 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.
- When the need arises, reasonable attempts are made for healthcare professionals and other staff to communicate in the language or manner primarily used by patients.
- Patients are given the opportunity to participate in decisions involving their healthcare, except when such participation is contraindicated for medical reasons.
- Patients have the right to the facility's rules and regulations as they apply their conduct, responsibilities and participation as a patient.
- The patient has the right to change their provider if other qualified providers are available.
- 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.
- Be informed of charges, fees or service, payment policies, receive an explanation of your bill and receive counseling on the availability of known financial resources for health care services.
- Be informed of your right to refuse participation in experimental research, if applicable.
- Know that in the event that a patient has an advance directive, it is the policy of this facility to resuscitate all patients, however, an advance directive will be noted in the patient medical record and will be communicated to other medical facilities, if a transfer is needed.

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- 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.
 - The patient may leave this facility, even against the advice of his or her physicians.
 - Reasonable continuity of care and advanced knowledge of the time and location of appointment, as well as knowledge of the physician providing the care.
 - 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.
 - Know that your physician may have financial interest or ownership of this facility.
 - Know the name and role of your caregiver (e.g. doctor, nurse, technician, etc.). You have the right to request information, malpractice insurance coverage and/or credentials about the physician providing your care.
 - Report any comments or voice any grievances concerning the quality of services proded to the patient during the time spent at the facility without being subject to discrimination or reprisal and receive timely, fair follow-up on your comments.
 - Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients

*It is acceptable for the ASC to provide the required patient rights notice for the first time to a patient on the day the surgical procedure is scheduled to occur, but must be provided prior to actual procedure being performed.

Patient Rights must be prominently posted in the facility

NOTICE TO PATIENTS: PHYSICIAN FINANCIAL OWNERSHIP:

We are required by Federal law to notify you that physicians have financial interests or ownership in this ASC. We are required by 42 C.F.R. § 416.50 to disclose this financial interest or ownership in writing prior to the surgical procedure. A list of physicians who have a financial interest in this ASC is listed below:

1. Dr. Reginald Ajakwe
2. Dr. Raymond Tatevossian

ADVANCE DIRECTIVE POLICY STATEMENT:

We are required by Federal law to provide the patient, patient representative or surrogate written information concerning its policies on advance directives, including a description of applicable State health and safety laws and if requested, official State advance directive forms. We also must inform the patient, patient representative or surrogate of your right to make informed decisions regarding the patient's care. 42 C.F.R. § 416.50 (c)

I understand that there are several types of advance directives; the two most common forms are living wills and durable power of attorney designation. All patients have the right to participate in their own healthcare decisions and to make advance directives or execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes.

This Facility will honor the intent of the advance directive to the extent permitted by law, and subject to the limitations on the basis of conscience. This Facility performs elective procedures that generally enhance or improve the patient's quality of life, therefore; in the event of a medical emergency, it is the policy of this Facility to initiate resuscitative measures and transfer the patient to the hospital for further evaluation. When permitted by State law. At the hospital, further treatments or withdrawal of treatment measures may be exercised in accordance with your Advance Directive or Power of Attorney. If you do not agree with this policy please address this issue with your physician prior to the procedure.

This policy applies to all patients having a procedure performed at this facility

PATIENT RESPONSIBILITIES:

As a patient in our center, you have certain responsibilities, which include(s):

- Provide complete and accurate information to the best of your knowledge about his/her health, any medications, including over the counter products and dietary supplements and any allergies or sensitivities.
- Follow the treatment plan prescribed by his/her physician.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours as required by his/her physician.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Patient conduct: Be respectful of all the health care providers and staff, as well as other patients.
- Respect the privacy of other patients.
- To work with your health care team and to follow safety rules.
- To tell your doctor about any changes in your health after you leave our center.
- To keep or cancel in a timely manner, your scheduled appointments for your health care.
- To tell your healthcare team if you change any of your decisions.
- To ask for clarification if you do not understand any information or instructions given to you by your health care team.

*If you have any questions or concerns about your responsibilities, you can contact our ASC Manager, Karrie Simonian at (818) 588-4150