

## 患者权利 PATIENT RIGHTS

我们致力于保护您的隐私 **we are committed to protecting your privacy**

患者在本手术中心的权利包括但不限于：

**The Rights of patient(s) at the Surgical Center include, but are not limited to, the right to:**

- 平等行使权利，不受其性别、文化、经济、教育、宗教背景或医疗费用来源的影响。
- Exercise these rights without regard to sex or cultural, economic, educational, or religious background, or the source of payment for your care.
- 在接受医疗的过程中，您的价值与信仰体系能得到充分体贴与尊重。
- Receive considerate care that respects your value and belief system.
- 了解对您的护理负责的专业人员与医生的姓名，以及将为您看病的其他医生的姓名与职业关系。
- Knowledge of the names of the professional staff and physician who have responsibility for coordinating your care and the names and professional relationships of other physicians who will see you.
- 以您能够理解的方式，从您的医生处获得与您的疾病、治疗方案及康复前景相关的信息。
- Receive information from your physician about your illness, your course of treatment, and your prospects for recovery in terms that you can understand.
- 获得关于任何治疗或手术方案的充分信息，以便您可以做出知情同意或拒绝此疗程。除紧急情况外，该信息应包括对手术或治疗措施的描述、治疗措施所涉及的具有医学重要性的风险、替代疗程或不治疗及各自风险，并了解将要执行手术或治疗措施的人员的姓名。
- Receive as much information about any proposed treatment or procedure as you 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 this treatment, alternate courses of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
- 积极参与您的医疗保健决策。在法律允许的范围内，这包括拒绝治疗的权利。
- Participate actively in decisions regarding your medical care. To the extent permitted by law, this includes the right to refuse treatment.
- 充分考虑与您的医护情况以及您在本手术中心的住院生活相关的所有沟通和记录。病例讨论、咨询、检查和治疗是保密的，应谨慎进行。您有权要求对任何人的在场原因提供解释。
- Full consideration of all communications and records pertaining to your care and your stay at the Surgery Center. Case discussion, consultations, examination, and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual.
- 对与您的医护情况以及您在本手术中心的住院生活相关的所有沟通和记录采取保密措施。在向任何与您的医护活动没有直接关系的人士提供您的医疗记录之前，必须获得您的书面许可。
- Confidential treatment of all communications and records pertaining to your care and your stay at the Surgery Center. Your written permission shall be obtained before your medical records can be made available to anyone not directly concerned with your care.
- 就您对于服务提出的任何合理要求做出合理回应。

如果有相关规定，您的申诉必须按规定程序提出：

科夫手术中心管理处致力于保护患者的权益，并提供优质的护理服务。如果您有任何投诉或疑虑，请要求向管理人员提出。如果您的疑虑无法解决，请将任何不满情况告知：护理总监310-601-3900；the Los Angeles County Department of Public Health (洛杉矶郡公共卫生局)：213-351-8144；Health Facilities Inspection Division (卫生设施检查处)，地址：600 South Commonwealth Avenue, #903, Los Angeles, CA 90005；或Medicare Beneficiary Ombudsman (医疗保险受益人监察员) 办公室：1-800-633-4227或访问[www.medicare.gov/ombudsman/resources.asp](http://www.medicare.gov/ombudsman/resources.asp)或联系AAAHC (门诊医疗行业协会 Accreditation Association for Ambulatory Health Care)：847-853-6060。

**If applicable, you must file grievance per outlined procedure:**

The Administration of Cove Surgery Center is committed to protecting patients' rights and providing quality care. If you have any complaints or concerns, please ask to speak to the manager. If you are not able to resolve your concerns, please direct any grievances to: the Director of Nursing at 310-601-3900; the Los Angeles County Department of Public Health at 213-351-8144, Health Facilities Inspection Division, 600 South Commonwealth Avenue, #903, Los Angeles, CA 90005; or the office of the Medicare Beneficiary Ombudsman at 1-800-633-4227 or use [www.medicare.gov/ombudsman/resources.asp](http://www.medicare.gov/ombudsman/resources.asp) or contact AAAHC (Accreditation Association for Ambulatory Health Care) at 847-853-6060.



- Reasonable responses to any reasonable requests you may make for service.
- 有权离开本中心, 即使违背医生的建议。
- Leave the Center even against the advice of your physicians.
- 对医护连续性的合理要求, 并提前了解预约的时间和地点, 以及提供医护服务的医生。
- Reasonable continuity of care and to know in advance the time and location of the appointment as well as the physician providing the care.
- 如果本中心或私人医生打算参加或进行会影响您的医护或治疗的人体实验, 您有权获得相关建议。患者有权拒绝参加此类研究项目。
- Be advised if the Center or personal physician proposed to engage in or perform human experimentation affecting your care or treatment. The patient has the right to refuse to participate in such research projects.
- 在您离开本中心后, 由您的医生或其代表保持您的医护连续性要求。
- Be informed by your physician or a delegate of your physician of your continuing health care requirements following your discharge from the Center.
- 有权检查并收到帐单说明, 无论费用来源于何处。
- Examine and receive an explanation of your bill regardless of source of payment.
- 与本中心内外的人士进行自由交流。如果您不会说英语, 有权要求提供口译服务。如果您有听力障碍, 有权使用聋哑电话设备或要求口译服务。
- Communicate with people inside and outside of the center. If you do not speak English, you have the right to have access to an interpreter. If you have a hearing impairment, you should have access to a Telecommunication Device for the Deaf or an interpreter.
- 向有法定责任代表患者做出医疗保健决定的人士解释所有患者权利。
- Have all patient's rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
- 以口头或书面形式提出任何申诉或建议。
- Express any grievances or suggestions verbally or in writing.
- 按照本州、本地与联邦安全标准, 在安全的环境中接受经过培训的专业医护人员的护理。
- Recieve care in a safe setting by virtue of trained, professional healthcare workers and adherence to State, Local and Federal safety standards.
- 了解您的医生可能在本中心有着经济利益联系。
- Knowledge that your physician may have a financial interest in the Center.
- 不受任何形式的虐待或骚扰。
- Be free from all forms of abuse or harassment.
- 个人隐私通过周围物理环境的改变得到保护, 同时个人尊严通过医护人员和业务人员的言行得到尊重。
- Personal privacy by virtue of physical surrounding modification and respect of dignity by healthcare workers and business office employees.
- 在有其他合格服务提供者可供选择的情况下, 可更换服务提供者。
- To change providers if other qualified providers are available.

如果有相关规定, 您的申诉必须按规定程序提出:

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