

**Barranca Surgery Center** welcomes you for choosing our center with your procedure. Our **Outpatient Center** was developed to provide patients with a more efficient and less stressful healthcare environment. We hope, with the help of our professional staff, to create a pleasant atmosphere and helpful process. Our goal is to minimize any anxiety that often comes with having any medical treatments.

**Barranca Surgery Center** provides an option for you and your family members to receive the same level of care and service provided by a hospital. Our **Outpatient Center** has a considerable cost and savings. Also, the center is **Medicare-Certified** and is fully accredited by The Joint Commission, the same agency that surveys hospitals and other outpatient centers for quality and safety. We will try to exceed your needs and to provide the best healthcare services and quality of medical care you expect and deserve.

If you have any comments, questions, or suggestions. Please call us at 949-552-6266, we are happy to assist.

### **Patient Rights and Responsibilities**

Barranca Surgery Center will follow the law under **Code 42 of Federal Regulations s416.50(a)(2) 2014**. Prior to any procedure, the facility will provide the patient, patient's representative or patient's legal guardian with a verbal and a written notice of the patient's rights.

#### **You have the right to:**

- Considerate, respectful, and dignified care.
- Respect for your personal values, beliefs, and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made based on medical evidence and treatment.
- Respect for personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment, or services. Upon request be informed of the credentials of healthcare providers and if applicable, the lack of malpractice coverage.
- Expect the center to disclose information when applicable, of the physical financial interest or ownership in the center.
- Receive information about health status, diagnosis, expected prognosis, or expected outcomes of care, in terms that can be understood before a treatment, or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedures as needed to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned. Also, to refuse care, treatment, or services, in accordance with law and regulations.
- Be informed when appropriate to you or your representative (**as allowed under state law**) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of representative assistance or assistive devices.
- Have the family be involved in care, treatment or services to the extent permitted by the patient, legal guardian, or decision maker, in accordance with laws and regulations.
- Appropriate assessment in management of pain, information about pain, pain relief measurements and participation in pain management decisions.
- Give or withhold informed consent to procedure or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films, or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care for and staying in the center, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Have an advanced directive, such as a living will or durable power of attorney for healthcare and be informed as to the center's policy regarding advanced directives/living will. Expect, the center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center's payment policies.

- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
- Be free from all forms of abuse or harassment.
- Expect the center to establish a process for prompt resolution of patient's grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided on the patient rights poster posted in the center's lobby.
- If a patient is judged incompetent under applicable state laws by the court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
- If the 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:**

- Being considerate of other patients, personnel, and for assisting in the control of noise, smoking, and other distractions.
- Respecting the property of others and the center.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by their provider.
- Reporting whether you clearly understand the planned course of treatment. What is expected of you, therefore, asking questions when you do not understand their care, treatment, or service.
- Keeping appointments, if unable to attend to your appointment, notify the center and the physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications- including over-the-counter products and dietary supplements, and any allergies or sensitivities, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to the center for copies of medical records the patient may request.
- Informing your providers about any living will, medical power of attorney, or other advanced directive that could affect your care.
- All customers are encouraged to report any concerns, complaints, or grievances to the following professional authority: DON, MANAGER on site or CEO.

## **Notice of Privacy Practices 2015.3.26**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At **SCA Health**, we understand that medical information about you and your health is personal therefore, we are committed to protecting your information. This **Notice of Privacy Practices** describes how the medical personnel provides you with care and services at this facility may use and disclose your **Protected Health Information ("PHI")** to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI, which is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services. We are required by law to maintain the privacy of your PHI, to provide notice of our legal duties and privacy practices with respect to your PHI, to notify affected individuals following a breach of unsecured PHI, and to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time, the new notice will be effective for all PHI that we maintain at that time. Upon your request, you can receive any revised Notice of Privacy Practices by accessing our website [www.scasurgery.com](http://www.scasurgery.com), contacting the facility where you received services, or by contacting the Privacy Officer: [privacy.officer@scasurgery.com](mailto:privacy.officer@scasurgery.com)

### **1. How we may use your PHI**

We may use or disclose your PHI as described in this section. The following are examples of the types of uses and disclosures of your PHI that **SCA Health** is permitted to make without your specific authorization. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our facility. Where State or federal law restricts one of the described uses or disclosures, **SCA Health** will follow the requirements of such **State or Federal law**. The following are general descriptions **ONLY**. They do not cover every example of disclosure within a category. However, all the way **SCA Health** is permitted to use and disclose your PHI will fall within one of the categories in this **Notice of Privacy Practices** treatment. We may use PHI about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in your care; for example, plan a course of treatment for you. We also may disclose PHI about you to individuals outside of **SCA Health** who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.

**A.) Payment:** Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services, we recommend for you. Such as deciding eligibility or coverage for insurance benefits. Reviewing services provided to you for medical necessity and undertaking utilization review activities. Also, obtaining approval for surgery may require that your relevant PHI be disclosed to your health plan. We may use or disclose your PHI as needed to support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting, arranging for other healthcare operations. Therefore, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel and others for the following:

- Evaluate the performance of our staff.
- Assess the quality of care and outcomes in your case and similar cases.
- Learn how to improve our facilities and services.
- Determine how to continually improve the quality and effectiveness of the health care we provide.

In addition, we may call you by name in the waiting room when your healthcare provider is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We will share your PHI with third party **"business associates"** that may perform various activities (e.g., billing or transcription services) for **SCA Health**. Whenever an arrangement between our facility and a business associate involves the use or disclosure of your PHI, we will require the business associate to appropriately safeguard it.

### **2. Other Permitted and Required Uses and Disclosures That May Be Made with Your Authorization or Opportunity to Object.**

You may authorize or object to the use or disclosure of all or part of your PHI. You may revoke your authorization at any time, but your revocation will only be effective for future uses and disclosures and will not affect any use or disclosure made in reliance on your authorization. If you are not present or able to authorize or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your healthcare will be disclosed. We may use and disclose your PHI in the following instances. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with your written authorization. Facility Directories. Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms) and your religious affiliation. All this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told of your religious affiliation. Others Involved in Your Healthcare. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, about your general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved

in your healthcare. In addition, with a few exceptions, unless you provide written authorization, we will not use or disclose your PHI for marketing purposes, and we will not sell your PHI.

3. **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object.**

We may use or disclose your PHI without your authorization in the following situations:

**Required By Law.** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health.** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect, or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration ("FDA"):** We may disclose your PHI to a person or company required by the FDA to report information such as adverse events and product defects, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance.

**Legal Proceedings:** We may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process, but only if a reasonable effort has been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release PHI for certain law enforcement purposes including, for example, reports required by law, to comply with a court order or warrant, or to report or answer questions about a crime.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner, funeral director, or medical examiner as necessary to permit them to carry out their duties.

**Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorize federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President of the United States or other officials.

**Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers compensation laws and other similar legally established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and to the U.S. Department of Health and Human Services when required to determine our compliance with the requirements of the Federal Privacy Standards.

### **Your Rights:**

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights. We have the right to deny your request in certain circumstances. We will inform you if your request is denied.

#### **Right to Access Your PHI:**

You may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your healthcare provider and **SCA Health** use for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, we will work with you to come to an agreement on the form and format.

Please contact the facility's Medical Records Department if you have questions about access to your PHI. If you request a copy of the information, we may charge a fee for the costs of retrieving, copying, mailing and any other supplies associated with your request. Your records remain the property of **SCA Health**.

#### **Right to Request a Restriction on the Use or Disclosure of Your PHI:**

You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Except as provided in the following paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it, or we notify you. We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full. **SCA Health** is not responsible for notifying subsequent health care providers of your request for restrictions on disclosures to health plans for those items and services, so you will need to notify other providers if you want them to abide by the same restriction.

**A) To request restrictions:** you must make your request in writing to **SCA Health**. In your request you must tell us the following:

- (1) What information you want to limit.
- (2) Whether you want to limit our use, disclosure, or both.
- (3) To whom you want the limits to apply (for example, disclosures to your spouse).

#### **Right to Request to Receive Confidential Communications from Us:**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will attempt to accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. Please make this request in writing to the facility's Medical Records Department.

#### **Right to Request Amendment:**

If you think that the PHI, we have about you is wrong or incomplete, you may ask us to amend the information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact the facility's Medical Records Department if you have a question about amending your medical record.

#### **Right to Request an Accounting of Certain Disclosures:**

You may request a list of our disclosures of your PHI, subject to several exceptions and limitations. For example, this right does not apply to disclosures for purposes other than treatment, payment, or healthcare operations, and it excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. To request this list or accounting of disclosures, you must submit your request in writing to SCA's Privacy Officer. Your request must state a time that may not be longer than six years prior to the request date and may not include dates before April 14, 2003.

The first list you request within a 12-month period will be free. For additional lists during the same 12-month period, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

**Right to Be Notified of a Breach:**

You have a right to be notified if we discover a breach of unsecured PHI, as defined under federal law.

**Right to Obtain a Paper Copy of This Notice:**

You have the right to obtain a paper copy of this notice, even if you agreed to receive such notice electronically. You may ask us to give you a copy of this notice at any time. To request a copy of this notice, you can make your request in writing to SCA's Privacy Officer (contact information is below).

**5. Questions and Complaints:**

You may file a complaint with us or with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. For further information about the complaint process, or to make any requests or inquiries, you may contact our Privacy Officer at:

**Privacy Officer**

**Surgical Care Affiliates**

**569 Brookwood Village, Suite 901**

**Birmingham, AL 35209**

**Telephone: (205) 545-2713**

**E-mail: [privacy.officer@scasurgery.com](mailto:privacy.officer@scasurgery.com)**

This notice was effective on April 14, 2003, and revised on January 01, 2024, and February 02, 2024.

## Anti-Discrimination Policy

We comply with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. We provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats.)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters.
- Information written in other languages.

If you believe that you have been denied any of these services or discriminated against in another way, based on race, color, national origin, age, disability, or sex, you can file a grievance in person or by email, fax, or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/office/file/index.html>

U.S. Department of Health and Human Services 1-800-368-1019 800-537-7697(TTD)

200 Independence Ave, SW Room 509f,

HHH Building Washington, DC 20201

Complaint forms are available at <http://ocrportal.hhs.gov/ocr/office/file/index.html>

**You may contact the following entities to express any other concerns, complaints, or grievances you may have:**

**Center:** Rachel Harris, **Administrator. 949-552-6266**

**State agency:** Kathleen J. Billingsley, RN, Deputy Director.

California Department of Public Health.

Center for Health Care Quality

Licensing and certification division

P.O. Box 997377 MS 3000 Sacramento, CA 95899

Complaints (800) 236-9747

General Information (916) 558-1784

**Medicare Office of Medicare Beneficiary Ombudsman:** [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

**ACCREDITING ENTITY** The Joint Commission Office of Quality Monitoring.

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

800-994-6610

[Complaint@jointcommission.org](mailto:Complaint@jointcommission.org)

### Limited English Proficiency of Language Assistance Services

**ATENCION:** Si habla español, disponemos de asistencia lingüística gratuita. Llamar al 1-877-386-9235

**주의:** 한국어를 사용하시는 경우 언어 지원이 무료로 제공됩니다. 전화 1-877-386-9235

**注意:** 如果您會說中文，則可以免費獲得語言協助。致電 1-877-386-9235

**Lưu ý:** Nếu bạn nói tiếng Việt, bạn sẽ được hỗ trợ ngôn ngữ miễn phí. gọi 1-877-386-9235

**Внимание:** Ако владеете български език, езиковата помощ е безплатна и на Ваше разположение.

обадете се на 1-877-386-9235

**Pozor:** Pokud mluvíte česky, je jazyková pomoc bezplatná a je vám k dispozici. volejte 1-877-386-9235

**Внимание:** Если вы говорите по-русски, языковая помощь доступна и бесплатна. позвоните по телефону 1-877-386-9235

**Pansin:** Kung nagsasalita ka ng filipino, ang tulong sa wika ay walang bayad at magagamit mo. tumawag sa 1-877-386-9235

**Atenção:** Se você fala português, o atendimento linguístico é gratuito e está disponível para você. ligue para 1-877-386-9235



**Attention :** Si vous parlez français, une assistance linguistique est gratuite et à votre disposition. Appelez le 1-877-386-9235

**Achtung:** Wenn Sie Deutsch sprechen, steht Ihnen die Sprachunterstützung kostenlos zur Verfügung. Rufen Sie 1-877-386-9235 an

**Προσοχή:** Εάν μιλάτε ελληνικά, η γλωσσική βοήθεια είναι δωρεάν και διαθέσιμη σε εσάς. καλέστε 1-877-386-9235

**OBS:** Hvis du snakker norsk, er språkhjelp gratis og tilgjengelig for deg. ring 1-877-386-9235

**Attenzione:** Se parli italiano, l'assistenza linguistica è gratuita e a tua disposizione. chiamare il numero 1-877-386-9235

## Advanced Directives

On July 1, 2000, the California Healthcare Decisions Law went into effect (**A.B. 891,1999 Stat. Ch 658**). The law made extensive changes in the rules governing "advance health care directives," which allows people to designate how they will be cared for if they later become incompetent. The law revoked existing rules dealing with the designation of surrogates to make healthcare decisions on the behalf of incompetent patients and replaced them with a new set of standards. Thus, the old durable power of attorney for health care statute and the Natural Death Act were repealed. However, documents created under the old laws prior to July 1, 2000, continue to be valid under the same terms on which they were drafted (**CAL PROBATE CODE 4665**). Documents created after July 1, 2000, must conform to the requirements of California health care decisions Law. In addition, advanced directives created in other states under the laws of those states are valid in California. **CAL PROBATE CODE 4676**

The California health care division's law identifies two types of advanced directives that a competent adult may sign to deal with future situations where he or she may be incompetent. The first is an "individual health care instructions." By which a person states his or her wishes concerning treatment or non-treatment in particular named circumstances, including, possibly end- of- life situations. The second is a "power of attorney" by which an individual designates and "agent" to make decisions on his or her behalf in the event of incompetency. The California Health Care Decisions Law presents a model entitled "advance health care directive" that serves as both a power of attorney and an individual health care instruction. **CAL PROBATE CODE 4701.**

An advanced health care directive is the best way to make sure that your health care wishes are known and considered if for any reason you are unable to speak for yourself. By completing a form called an "**ADVANCED HEALTH CARE DIRECTIVE**" California law allows you to do either or both of two things: first, you may appoint another person to be your health care agent. This person ("who may also be known as your attorney -in-fact") will have legal authority to make decisions about your medical care if you become unable to make these decisions for yourself. Second you may write down your health care wishes in the advance health care directive form.

The advanced health care directive is now legally recognized format for a living will in California. It replaces the **NATURAL DEATH ACT DECLARATION**. The advanced health care directive allows you to do more than the traditional living will, which only states your desire not to receive life-sustaining treatment if you are terminally ill or permanently unconscious. An advanced health care directive allows you to state your wish about refusing or accepting life-sustaining treatment in any situation.

Unlike living will, an advanced health care directive can also be used to state your own decisions, not just when you are in a coma or are terminally ill. In addition, an advanced health care directive allows you to appoint someone you trust to speak for you when

you are incapacitated. You do not need a separate living will if you have already stated your wishes about life sustaining treatment in an advanced health care directive.

The advanced health care directive has replaced the durable power of attorney for health care, as the legally recognized document for appointing a health care agent in California. The advanced health care directive allows you to do more than DPAHC. An advanced health care directive permits you not only to appoint an agent, but to give instructions about your own health care. You can now do both these things:

- While no surgery is without risk, the procedures performed in this facility are of lower risk than those performed at an acute hospital setting. You will discuss the specifics of your procedure with your physician who can answer your questions as to risk, expected recovery, and care after surgery.
- It is the policy of BARRANCA SURGERY CENTER, regardless of the concerns of any advanced directive or instructions from a health care surrogate or attorney-in fact, to initiate restrictive or other stabilizing measures if an adverse event should occur during your treatment at this facility. You will be transferred to an acute care hospital for further evaluation. At the acute care hospital, further treatments, or withdrawals of treatment measures already begun will be ordered in accordance with your wishes, advanced directive, or health care power of attorney.
- Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.
- Additional information and resources, including sample forms are available from the website of the office attorney general [http://ag.ca.gov/consumers/general/adv\\_hc\\_dir.htm](http://ag.ca.gov/consumers/general/adv_hc_dir.htm). We can also provide you with a sample advance health care directive form upon your request.