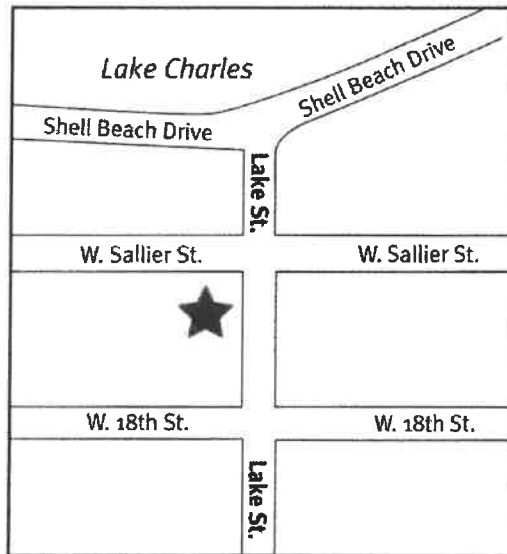


**Surgicare of Lake Charles
2100 Lake Street
Lake Charles, LA 70601
337-436-6941**

This information is being sent to you because your physician has scheduled you for a procedure at our facility. We welcome you as a patient and want to provide you with the information you will need to be prepared for both the surgery/procedure and the aftercare following your stay with us.

Enclosed is some information about our facility as well as instructions for you as a patient to help you prepare for surgery. You will be contacted by both a pre-op nurse and a business office employee 24-48 hours before your scheduled procedure to obtain information and to review these instructions with you. If you have not heard from us the day before your scheduled procedure, please contact us at the above numbers.

We look forward to caring for you and providing you with excellent, personal service.



**Surgicare of Lake Charles
Patient Pre-op Instructions**

1. Please arrive at Surgicare at your assigned time. Check in at the front desk when you arrive.
2. All minors must be accompanied by a legal guardian during their stay at the facility. If your child is having surgery, please do not bring other children unless there is another adult who will be able to care for them. If your child is an infant, please bring extra diapers, favorite toy and bottle.
3. You may not drive yourself home after your procedure. Please arrange for a responsible adult to be with you at the Center and to accompany you at home for 24 hours after discharge. Plan to be at Surgicare for at least 3-4 hours. We will need to give postop instructions to friend/family member accompanying you.
4. Bring a complete list of any medication you are currently taking, including dosages to the facility. If using an inhaler, please bring it with you. If you use C-PAP for sleep apnea and are having general anesthesia, please bring your machine with you.
5. All patients on daily oral medications for heart or blood pressure should take their medications with a small sip of water by 5:45 am the morning of surgery. Insulin dependent diabetics should not take their insulin unless instructed to do so by their physician.
6. Do not eat or drink after midnight the night before your procedure. This includes water, coffee, any other liquids, mints, gum and chewing tobacco.
7. Refrain from smoking after 6pm the night before your procedure.
8. Please bathe or shower the morning of your surgery. Please brush your teeth but do not swallow the water. DO NOT wear any makeup, lotion or hairspray.
9. Please remove polish and/or artificial nails from the operative extremity (not just one finger)
10. If you suspect that you are pregnant, please notify your physician's office. If you are experiencing any health changes between your most recent physician visit and the date of surgery, please notify your surgeon.
11. Please do not wear contact lenses. Bring glass case for your glasses.
12. Please do not bring any jewelry or valuables. Surgicare is not responsible for jewelry or valuables. Please DO bring photo identification.
13. Wear casual, loose fitting clothes. Bring socks to keep your feet warm.
14. Bring any paperwork given to you by your physician office.
15. You will be told of the date and time of your first postoperative appointment with your physician. Some physicians require their patients return for a postoperative appointment the day following surgery.
16. If you have a Living Will please bring it to the Center with you on the day of surgery. Surgicare of Lake Charles will place this on your chart. Our policy is that if you suffer an adverse event, we will resuscitate and stabilize you and then transfer you to an acute care hospital. We will send a copy of your Living Will with you to the transferring hospital. If you need more information about this, please contact the Pre-op nurse at 337-436-6941.
18. The Pre-op Nurse and Business Office personnel will be contacting you 24-48 hours before your surgery/procedure. If you have not heard from them by that time, please contact us at 337-436-6941. Contact MUST be made with you prior to your procedure.

SURGICARE OF LAKE CHARLES

Patient Rights and Responsibilities

Adult

PATIENT RIGHTS:

- Become informed of his or her rights as a patient both verbally and written in advance of, or when discontinuing, the provision of care in a language and manner that the patient understands. The patient may appoint a representative to receive this information should he or she so desire.
- Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care and without being subjected to reprisal.
- Considerate and respectful care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Appropriate assessment and management of pain.
- Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her.
- Knowledge of physician financial interests or ownership in the ASC in writing in advance of the date of the procedure.
- Receive information from his/her physician about his/her illness, course of treatment, outcomes of care (including unanticipated outcomes), and his/her prospects for recovery in terms that he/she can understand.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- Receive information concerning the ASC's policies on advanced directives, including a description of applicable state health and safety laws and, if requested official state advance directive forms in advance of the date of the procedure.
- Acknowledge that the surgery center will always attempt to resuscitate the patient and transfer that patient to a hospital in the event of deterioration.
- Participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Have a family member or representative of his or her choice notified promptly of his or her admission to the facility.
- Have his or her personal physician notified promptly of his or her admission to the facility.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and, as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.

- Access information contained in his or her medical record within a reasonable time frame.
- Reasonable responses to any reasonable request he/she may make for service.
- Leave the facility even against the advice of his/her physician.
- Reasonable continuity of care.
- Be advised of the facility's grievance process should he or she wish to communicate a concern regarding the quality of the care he or she receives. Notification of the grievance process shall be given in advance of the date of the procedure and includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance process, and the grievance completion date. The patient may also report complaints to the state agency as well as the Office of the Medicare Beneficiary Ombudsman

RESOURCES:

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> - Medicare Ombudsman. You may mail your complaint to:

Medicare Contact Center Operations
PO Box 1270
Lawrence, KS 66044

www.cdc.gov/mmwr/about.html - click on State Health Departments on lower left. See map, choose state from drop-down menu and search site for address and phone number of regulatory office

Surgicare of Lake Charles: Barbara Steiner RN, Administrator 337-436-6941

Other info sites:

Louisiana Department of Health PO Box 3767, Baton Rouge, LA 70821

www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

<http://oig.hhs.gov> – Office of the Inspector General

- Be advised if facility/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
- Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a full informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the facility.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- Be informed with appropriate information about the absence of malpractice insurance coverage.

Patient Responsibilities:

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.
- The patient is responsible for reporting perceived risks in his or her care and unexpected changes in his/her condition to the responsible practitioner.
- The patient is responsible for providing information about any living will, medical power of attorney, or other directive that could affect his/her care.

- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible for providing a responsible adult to transport him/her home upon discharge from the facility and remain with him/her for 24 hours, if required by his/her provider.
- The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
- The patient is responsible for following facility policies and procedures.
- The patient is responsible for being considerate of the rights of other patients and facility personnel.
- The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.

Surgicare of Lake Charles Pediatric Rights and Responsibilities of Parents/Guardians

In addition to the rights of adult patients, the needs of children/adolescents and they, with their parents/guardians, shall have the following rights:

- Respect for:
 - Each child and adolescent as a unique individual
 - The care-taking role and individual response of the parent
- Provision for normal physical and physiological needs of a growing child to include nutrition, rest, sleep, warmth, activity and freedom to move and explore.
- Consistent, supportive and nurturing care which:
 - Meets the emotional and psychosocial needs of the child
 - Fosters open communication
- Provision for self-esteem needs which will be met by attempts to give the child:
 - The reassuring presence of a caring person, especially a parent;
 - Freedom to express feelings or fears with appropriate reactions;
 - As much control as possible, over both self and situation;
 - Opportunities to work through experience before and after they occur, verbally, in play or in other appropriate ways;
 - Recognition and reward for coping well during difficult situations.
- Provision for varied and normal stimuli of life which contributes to cognitive, social, emotional and physical developmental needs:
 - Play, educational and social activities essential to all children and adolescents.
- Information about what to expect prior to, during and following procedure/experience and support in coping with it.
- Participation of children/families in decisions affecting their own medical treatment.
- Minimization of stay duration by recognizing discharge planning needs.

FAMILY RESPONSIBILITY:

- Parents/family shall have the responsibility for:
 - Continuing their parenting role to the extent of their ability
 - Being available to participate in decision-making and providing staff with knowledge of parents/family whereabouts
 - The family consists of those individuals responsible for physical and emotional care of the child on a continuous basis, regardless of whether they are related.



Surgicare of Lake Charles is owned by a group of surgeons from this community:

Brett Cascio, MD
4150 Nelson Rd
Lake Charles, LA 70605

Donald C. Falgoust, MD
1980 Tybee Lane
Lake Charles, LA 70605

Lee J. Monlezun, MD
801 W. Bayou Pines Drive
Lake Charles, LA 70601

Erich W. Wolf, MD
1614 Wolf Circle
Lake Charles, LA 70605

PRIVACY NOTICE

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.

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

I. Uses and Disclosures of Protected Health Information

Surgicare Surgical, may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless Surgicare Surgical has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

- A. **Treatment** - We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a laboratory, pharmacy or treating physicians.
- B. **Payment** - Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the procedure that we have scheduled (i.e. pre authorization or prior approval). We may also disclose protected health information to your health insurance company to determine your eligibility for benefits or whether a particular service is covered under your plan or to demonstrate medical necessity of the services or as required by your insurance company, for utilization review. We may also disclose protected health information to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to anesthesia care providers.
- C. **Operations** - We may use or disclose your protected health information, as necessary for our own health care operations to facilitate the function of the ASC and to provide quality care to all patients. Health care operations include such activities as: quality assessment and improvement activities, employee review activities, post operative patient assessment, training programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensure or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities.
- D. **Other Uses and Disclosures** - As part of your treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: to remind you of your surgery date, provide pre op instructions and discuss financial arrangements.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

- A. **When Legally Required** - We will disclose your protected health information when we are required to do so by any federal, state or local law.
- B. **When There are Risks to Public Health** - We may disclose your protected health information for the following public activities and purposes:
 - To prevent, control, or report disease, injury or disability as permitted by law.
 - To report vital events such as birth or death as permitted by or required by law.
 - To conduct public health surveillance, investigations and interventions as permitted or required by law.
 - To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
 - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
 - To report to an employer information about an individual who is a member of the workforce as legally permitted or required.
- C. **To Report Suspended Abuse, Neglect or Domestic Violence** - We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence when specifically required or authorized by law or when the patient agrees to the disclosure.
- D. **To Conduct Health Oversight Activities** - We may disclose your protected health information to a health oversight agency for activities including audits, civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight directly related to your receipt of healthcare or public benefits.
- E. **In Connection with Judicial and Administrative Proceedings** - We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, we disclose your protected health information in response to a subpoena to the extent authorized by state law if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.
- F. **For Law Enforcement Purposes** - We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:
 - As required by law for reporting of certain types of wounds or other physical injuries.
 - Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
 - For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
 - Under certain limited circumstances, when you are the victim of a crime.
 - To a law enforcement official if, the facility has a suspicion that your health condition was the result of a crime.
 - In an emergency to report a crime.
- G. **To Coroners, Funeral Directors, and for Organ Donation** - We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry their duties.

- H. For Research Purposes - We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.
 - I. In the Event of a Serious Threat to Health or Safety - We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or to the health and safety of the public.
 - J. For Specified Government Functions - In certain circumstances, federal regulations authorize the facility to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.
 - K. For Worker's Compensation - The facility may release your health information to comply with worker's compensation laws or similar programs.
- III. **Uses and Disclosures Permitted without Authorization but with Opportunity to Object**

We may disclose your protected health information to your family member or a close family friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information.

IV. **Uses and Disclosures which you Authorize**

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have action in reliance upon the authorization.

V. **Your Rights**

You have the following rights regarding your health information:

- A. The Right to Inspect and Copy your Protected Health Information - You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contain medical and billing records and any other records that your surgeon and the facility uses 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 for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that is likely to cause substantial harm to another person reference with the information. You have the right to request a review of this decision.To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. These costs will be made known to you at the time of your request.

Please contact our Privacy Officer if you have questions about access to your medical records.

- B. The Right to Request a Restriction on Uses and Disclosures of your Protected Health Information - You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care of for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. The facility is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the facility does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.
- C. The Right to Request to Receive Confidential Communications from us by Alternative Means or at an Alternative Location - You may have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.
- D. The Right to Request Amendments to your Protected Health Information - You may request an amendment of protected health information about you in a designated record set for as long as we maintain this 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. Requests for amendment must be in writing and must be directed to our Privacy Official. In this written request, you must also provide a reason to support the requested amendment.
- E. The Right to Receive an Accounting - You have the right to request an accounting of certain disclosures of your protected health information made by the facility. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-bases fee.
- F. The Right to Obtain a Copy of this Notice - Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice.

VI. **Our Duties**

Surgicare Surgical is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future protected health information that we maintain. If Surgicare Surgical changes its Notice, we will provide a copy of the revised Notice by sending a copy of the revised Notice via regular mail or through in-person contact.

VII. **Complaints**

You have the right to express complaints to Surgicare Surgical and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the facility by contacting the Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VIII. Contact Person

This facility's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by this facility, you may submit a complaint to our Privacy Officer by sending it to:

Surgicare Surgical, LLC

2100 Lake Street

Lake Charles, LA 70601

Attn: Privacy Officer

The Privacy Officer can be contacted by telephone at (337) 436-6941

Notice of Non-Discrimination

This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This provider does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. This provider:

- Provides 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)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Risk Officer/ADA Coordinator for Surgicare of Lake Charles.

If you believe that this provider has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex you can file a grievance with:

Risk Officer/ADA Coordinator
Surgicare of Lake Charles
337.436.6941

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Risk Officer/ADA Coordinator is available to help you. 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 of Civil Rights Complaint Portal, available at <http://www.hhs.gov/ocr/office/portal/> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. 1/800/368-1019 or 800-537-7697(TDD).

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

Attention: If you do not speak English, language assistance services free of charge, are available to you.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

如果您使用繁體中文，您可以免費獲得語言援助服務。

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان.

Tagalog

PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo ng tulong sa wika.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Laotian

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ພວກເຮົາມີບໍລິການໃຫ້ຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໄວ້ບໍລິການທ່ານ.

Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。

Urdu

ملاحظہ: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Persian

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Thai

ข้อควรระวัง: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี

In addition to the rights of adult patients, the needs of children/adolescents and they, with their parents/guardians, shall have the following rights:

- Respect for:
 - Each child and adolescent as a unique individual
 - The care-taking role and individual response of the parent
- Provision for normal physical and physiological needs of a growing child to include nutrition, rest, sleep, warmth, activity and freedom to move and explore.
- Consistent, supportive and nurturing care which:
 - Meets the emotional and psychosocial needs of the child
 - Fosters open communication
- Provision for self-esteem needs which will be met by attempts to give the child:
 - The reassuring presence of a caring person, especially a parent.
 - Freedom to express feelings or fears with appropriate reactions.
 - As much control as possible, over both self and situation.
 - Opportunities to work through experience before and after they occur, verbally, in play or in other appropriate ways.
 - Recognition and reward for coping well during difficult situations.
- Provision for varied and normal stimuli of life which contributes to cognitive, social, emotional and physical developmental needs:
 - Play, educational and social activities essential to all children and adolescents.
- Information about what to expect prior to, during and following procedure/experience and support in coping with it.
- Participation of children/families in decisions affecting their own medical treatment.
- Minimization of stay duration by recognizing discharge planning needs.

FAMILY RESPONSIBILITY:

- Parents/family shall have the responsibility for:
 - Continuing their parenting role to the extent of their ability
 - Being available to participate in decision-making and providing staff with knowledge of parents/family whereabouts
 - The family consists of those individuals responsible for physical and emotional care of the child on a continuous basis, regardless of whether they are related.