

Procedure Information Sheet

Admit / Procedure Date:

Hospital / Surgical Center: Cedars Sinai Medical Center – Main Hospital

Address: 8700 Beverly Blvd., Los Angeles, CA 90048
(310) 423-5327

On the day of admission, you will come directly to the Information Desk on the street level of the South Tower on Gracie Allen Drive. A hospital representative will escort you to the Admitting Office and/or to your room.

Procedure Time: You will receive a call one business day before your procedure providing you the estimated procedure start time. If you do not receive this phone call, please call our office at (424) 279-8222.

Arrival Time: One Hour Prior to Procedure Time

Instructions: Do not eat or drink anything after midnight before your procedure

Bowel Preparation: Depending on your procedure, you will have one of the following:

1. Full Bowel Preparation
2. Enema Bowel Preparation
3. No Preparation

If you are unaware as to your bowel preparation, please contact us such that we may review it with you.

Shaving: Please do not shave in anticipation of your procedure. Studies have demonstrated that shaving done at home increases the risk of wound infections. We will shave the site of surgery, if necessary, prior to the procedure.

Pharmacy: If you have a specific pharmacy you will be using, you can request that we put the prescriptions in before your procedure, such that you have them ready once you arrive home. If you would prefer to have the medications pre-ordered, please let us know.

Transportation: You will not be able to drive yourself home after your procedure. Please arrange for transportation accordingly. Due to liability concerns, you will not be released to the care of a taxi as a mode of transportation.

Informed Consent

1. I hereby authorize Allen Kamrava, M.D. and/or such assistants and associates as may be selected by him to perform the following procedure(s)/treatment(s) upon myself/the patient.

Procedure(s)/Treatment(s)

2. I understand that this procedure(s)/treatment(s) appear(s) indicated by the diagnostic and/or clinical observations performed. I have been informed of the following:

- A description of the proposed procedure/treatment
- The indications for the proposed procedure/treatment
- Material risks and benefits for the patient related to the treatment based on the available clinical information and dependent upon the professional custom and standard.
- The likelihood of achieving goals of the procedure.
- Treatment alternatives, including the material risks and benefits
- The probable consequences of declining the recommended or alternative therapies
- Who will provide the procedure/treatment
- When indicated, any limitations on the confidentiality of information learned from or about the patient

I understand the information provided and give this consent voluntarily.

3. I authorize the administration of blood and blood products to myself/the patient as may be considered necessary or advisable in connection with the above described procedure(s)/treatment(s) both during the procedure and for the remaining period of hospitalization of myself/the patient. I have been informed of the potential benefits, risks or alternatives to receiving blood and blood products.

4. I authorize the administration to myself/the patient of anesthetics determined to be necessary or advisable by the physician responsible for administering or for supervising the administration of anesthetics. I acknowledge that I have been fully advised about, and understand, the nature and purpose of the anesthesia, the possible risks and complications and possible alternative anesthesia methods.

5. I have informed the licensed health care provider that to my knowledge I have allergies to the following substances and drugs: (If none, leave blank or write "NKDA")

6. I acknowledge that I have received no warranties or guarantees with respect to the benefits to be realized or consequences of the aforementioned procedure(s)/treatment(s).

7. I consent to the photographing or televising of the procedure(s)/treatment(s) to be performed, including appropriate portions of my/the patient's body, for medical, scientific or educational purposes, provided my/his/her identity is not revealed by the pictures or by descriptive texts accompanying them.

8. For the purpose of advancing medical education, I consent to the admittance of observers to the room in which the procedure(s)/treatment(s) is performed. Such observers may be health care professionals, students, clinical device specialists or others as may be identified by my physician/health care provider.

9. I consent to the disposal by Medical Center authorities of any tissues or body parts which may be removed.

10. I acknowledge that I have read and fully understand this document and that if I have questions I have had the opportunity to have them answered by the physician/health care provider.

Patient Rights

YOU HAVE THE RIGHT TO RECEIVE THE FOLLOWING INFORMATION IN ADVANCE OF THE DATE OF YOUR PROCEDURE.

PATIENT BILL OF RIGHTS:

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL WITH HIS/HER RIGHTS RESPECTED. Allen Kamrava, M.D. M.B.A AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING LIST OF PATIENT RIGHTS.

PATIENT RIGHTS:

1. To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
2. To be treated with respect, consideration, and dignity in receiving care, treatment, procedures, surgery, and/or other services.
3. To be provided privacy and security of self and belongings during the delivery of patient care services.
4. To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
5. To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.
6. 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.
7. To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If the treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.
9. Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discretely.
10. Confidential treatment of all communications and records shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.

11. To leave the facility even against the advice of his/her physician.
12. Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
13. Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.
14. To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
15. To know which facility rules and policies apply to his/her conduct while a patient.
16. To 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. All personnel shall observe these patient's rights.
17. To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his/her patient record.
18. To examine and receive an explanation of his/her bill regardless of source of payment.
19. To appropriate assessment and management of pain.

If you need a Translator:

If you will need a translator, please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

Rights and Respect for Property and Person

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality or personal medical information.

Privacy and Safety

The patient has the right to:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

Advance Directives

An "Advanced Directive" is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advanced directives differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like more information regarding advance directives in CA, visit: http://ag.ca.gov/consumers/general/adv_hc_dir_ohp

Submission & Investigation of Grievances

Persons who have a concern or grievance against Allen Kamrava, M.D. but not limited to, decisions regarding admission, treatment, discharge, denial of services, quality of services, courtesy of personnel or any other issues are encouraged to contact your state representative to file a formal complaint:

California Department of Public Health
PO Box 997377, MS 3000
Sacramento, CA 95899-7377

Signature of Patient or Legal Representative

Date: _____



Admissions
PRE-ADMISSION FORM

HOSPITAL USE ONLY

Hospital Service	Admitting Diagnosis	Surgical Procedure	Exp. Length of Stay	Case Medical Record Number
------------------	---------------------	--------------------	---------------------	----------------------------

PLEASE DO NOT WRITE ABOVE THIS LINE.

INSTRUCTIONS:

1. Please print clearly and complete all information on both sides.
2. If you request a super deluxe room, please see page 3 of your Pre-Admission book.
3. If you require assistance in completing this form, please call your service department.
4. Please furnish a copy of your insurance card (front and back), as applicable.
5. Upon completion, please insert this form in the enclosed postage paid envelope and mail.
6. Please remember to bring your insurance identification card when you come to be admitted.
7. If you are a maternity patient, list obstetrician and pediatrician below.

PLEASE RETURN TO:

Cedars-Sinai Medical Center
 8700 Beverly Boulevard
 Los Angeles, CA 90048-1869

Attention: Pre-Admissions

PATIENT TO COMPLETE				
NAME OF ATTENDING PHYSICIAN	TELEPHONE NUMBER OF PHYSICIAN	NAME OF OTHER PHYSICIAN	TELEPHONE NUMBER OF PHYSICIAN	EXPECTED DATE OF ADMISSION
NAME OF PATIENT (LAST NAME, FIRST NAME, MIDDLE INITIAL)		BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	ETHNIC GROUP <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
NAME USED IF PREVIOUSLY REGISTERED	DRIVER'S LICENSE NUMBER	STATE	MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> DP	RELIGIOUS PREFERENCE
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)				HOME TELEPHONE
MAIDEN NAME	MOTHER'S MAIDEN NAME	SOCIAL SECURITY NUMBER	BIRTHPLACE (CITY, STATE, COUNTRY)	
OCCUPATION	EMPLOYER	ADDRESS OF EMPLOYER (NUMBER, STREET, CITY, STATE, ZIP CODE)		EMPLOYER'S TELEPHONE NUMBER
SPOUSE OR RESPONSIBLE PARTY				
NAME OF SPOUSE OR RESPONSIBLE PARTY (LAST NAME, FIRST NAME, MIDDLE INITIAL)		RELATIONSHIP TO PATIENT		HOME TELEPHONE NUMBER
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)				BUSINESS TELEPHONE NUMBER
OCCUPATION	EMPLOYER	ADDRESS OF EMPLOYER (NAME, STREET, CITY, STATE, ZIP CODE)		SOCIAL SECURITY NUMBER
NEAREST LOCAL RELATIVE OR FRIEND				
NAME OF NEAREST LOCAL RELATIVE OR FRIEND (LAST NAME, FIRST NAME, MIDDLE INITIAL)		RELATIONSHIP TO PATIENT		HOME TELEPHONE NUMBER
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)				BUSINESS TELEPHONE NUMBER

INSURANCE INFORMATION

METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> HOSPITAL INSURANCE		MEDICARE NUMBER	HOSPITAL EFFECTIVE DATE	MEDICAL EFFECTIVE DATE	IF CO-INSURANCE IS MEDICAL, ENTER MEDICAL NO.	
<input type="checkbox"/> BLUE CROSS: STATE <input type="checkbox"/> BLUE SHIELD →		GROUP NUMBER	CERTIFICATE/SUBSCRIBER NUMBER F		COVERAGE CODE	EFFECTIVE DATE
NAME OF SUBSCRIBER			RELATIONSHIP OF SUBSCRIBER TO PATIENT		NAME OF POLICY HOLDER	
<input type="checkbox"/> ROSS-LOOS/CIGNA →		GROUP NUMBER	MEMBER NUMBER	FAMILY NUMBER	CLINIC NAME	
NAME OF SUBSCRIBER			RELATIONSHIP OF SUBSCRIBER TO PATIENT		NAME OF POLICY HOLDER	
<input checked="" type="checkbox"/> OTHER INSURANCE →		NAME OF OTHER INSURANCE COMPANY	GROUP/POLICY/UNION LOCAL NUMBER		OTHER I.D. NUMBER	EFFECTIVE DATE
NAME OF POLICY HOLDER			RELATIONSHIP OF SUBSCRIBER TO PATIENT		TELEPHONE NUMBER/ADDRESS FOR INSURANCE VERIFICATION	

WORKERS COMPENSATION

IS THIS ADMISSION COVERED BY WORKERS COMPENSATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND ADDRESS OF COMPANY				
NAME OF ADJUSTER			DATE OF INJURY	CLAIM/FILE NUMBER	TELEPHONE NUMBER OF ADJUSTER ()	
NAME AND ADDRESS OF EMPLOYER AT TIME OF INJURY					TELEPHONE NUMBER OF EMPLOYER ()	
Does your insurance require a second option? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, did you obtain a second option? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please forward a copy with this form or bring it when admitting.		
Does your insurance require pre-review? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, has the pre-review been approved? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PRE-REVIEW REFERENCE NUMBER		
NAME AND ADDRESS OF PRE-REVIEW ORGANIZATION					TELEPHONE NUMBER OF PRE-REVIEW ORGANIZATION ()	

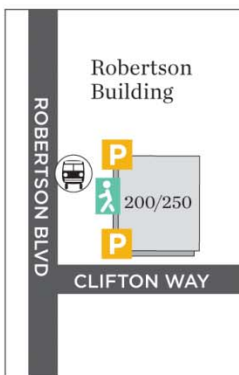
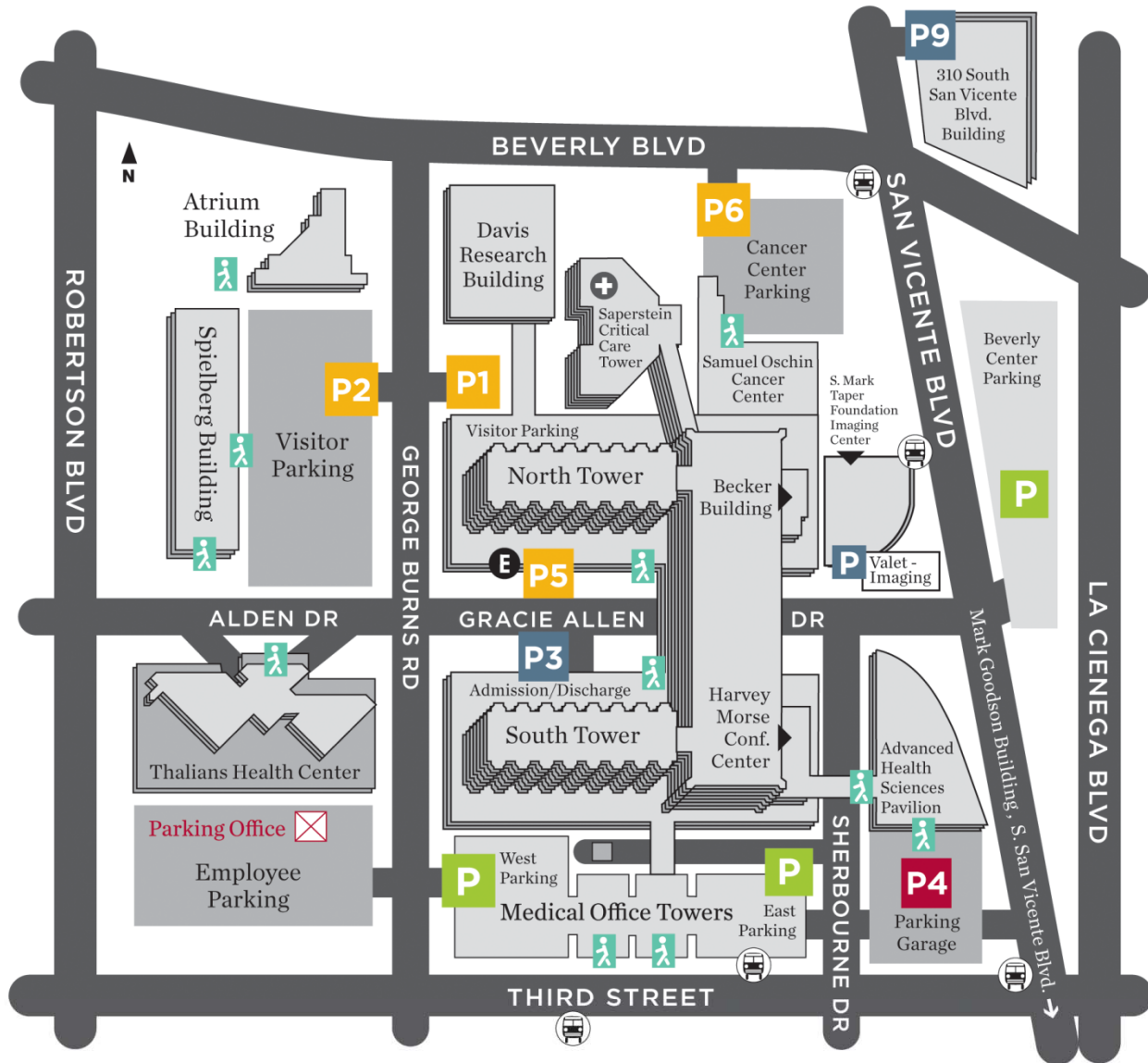
OTHER INFORMATION

Do you anticipate that you will need assistance upon discharge from the hospital? <input type="checkbox"/> YES <input type="checkbox"/> NO				Admitted Alone? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you being admitted from a <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Skilled Care Facility <input type="checkbox"/> Convalescent Home <input type="checkbox"/> Other (please specify)					

AUTHORIZATION TO VERIFY INSURANCE COVERAGE

I hereby authorize Cedars-Sinai Medical Center to contact my Insurance Company to verify my Insurance Coverage.

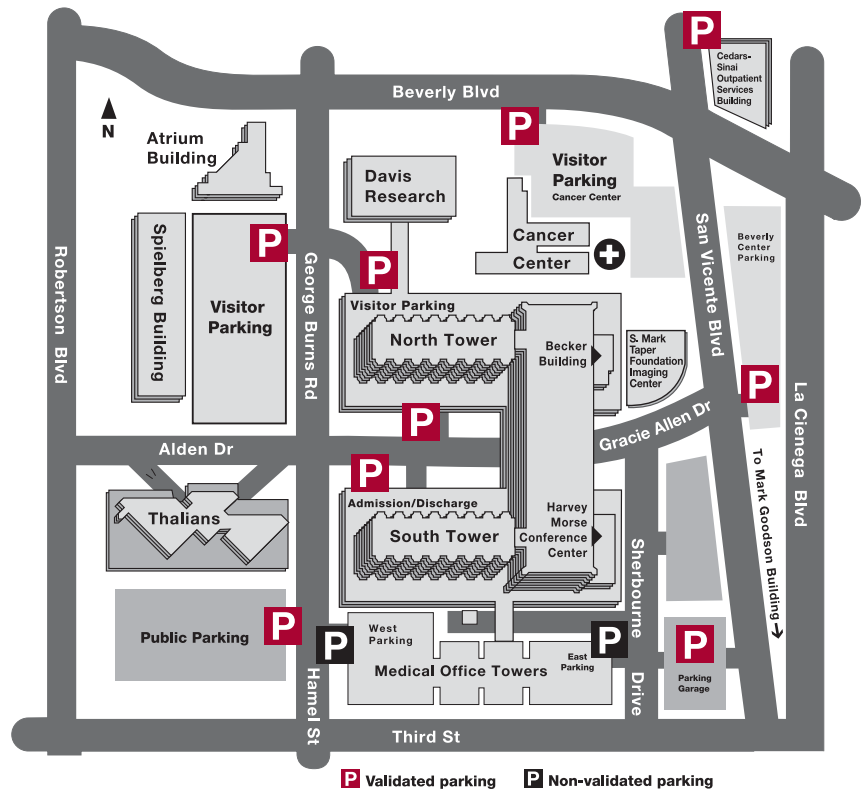
SIGNATURE OF PATIENT		DATE SIGNED	SIGNATURE OF INSURED PARTY		DATE SIGNED
NOTES					



KEY	
	Visitor Parking
	Valet Parking
	Visitor & Valet Parking
	Non-Cedars-Sinai Parking
	Emergency Parking
	Pedestrian Entrance
	Bus Stop



P Cedars-Sinai Visitor Parking
map not drawn to scale



Patient and Family Information



The Center for Medical Excellence



CEDARS-SINAI

LEADING THE QUEST FOR HEALTH®

8700 Beverly Blvd.
Los Angeles, CA 90048
Phone: (310) 4 CEDARS (423-3277)
www.cedars-sinai.edu

©2003 Cedars-Sinai Health System (09/03)
Form #: CB0016



Nursing Excellence



CEDARS-SINAI



Welcome

Our Credo

We are committed to being one of the nation's premier health systems and pledge to deliver the finest care and services to our patients, their families and our community.

We warmly welcome all who entrust us with their care and promise to treat them with compassion, dignity and respect.

Welcome to Cedars-Sinai. On behalf of the entire Medical Center team, I want to assure you that we will do everything possible to make your upcoming hospitalization as pleasant and comfortable as possible.

Cedars-Sinai is recognized as one of the finest medical centers in the world, and our high standards are reflected in the exceptional quality of our staff. Aided by the most advanced diagnostic and treatment equipment available, your healthcare team is here to ensure that you receive the best possible care.

This preadmission booklet has been designed to answer any questions you have before being admitted to the Medical Center. After reviewing this booklet, if you have any questions, please contact a Medical Center representative.

Thomas M. Priselac

President and Chief Executive Officer
Cedars-Sinai Medical Center

Cedars-Sinai Medical Center

At Cedars-Sinai Medical Center, our roots in providing exceptional patient care date back to 1902. Since then we've grown to become one of the world's most respected medical centers, offering every area of specialization, with highly renowned programs in patient care, research, medical education and community service.

As a leading medical center, we are prepared to treat virtually every kind of healthcare problem. Our facilities and resources include:

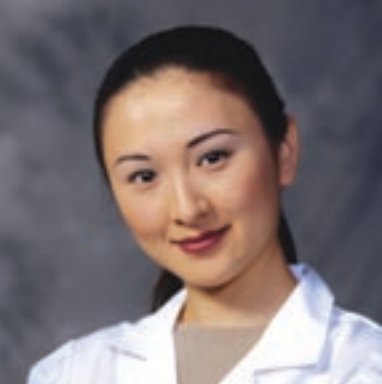
- A medical staff consisting of more than 1,800 exceptional healthcare professionals
- State-of-the-art diagnostic and treatment technologies and services
- Superior nursing care
- Extensive specialized care units
- Magnet Hospital Designation Award - Cedars-Sinai Medical Center received the Hospital Designation Award for Excellence in Nursing from the American Nurses Association Credentialing Center. As a Cedars-Sinai patient, you will receive a high level of quality care, a lower nurse-to-patient ratio and timely responses to patient calls.

This brochure is designed to help our patients and families, including the parents of our pediatric patients, learn more about what to expect during your stay with us. While you are here, you will receive additional health education and information to make your stay comfortable and your recovery as easy as possible. Surgical patients will also receive additional instructions before coming to the hospital.

Mission Statement

Cedars-Sinai is committed to leadership and excellence in integrated healthcare services delivery, expanding the horizons of medical knowledge through biomedical research and our application to clinical care, educating and training physicians and other healthcare professionals, and assuming responsibility for helping to improve the health status of our community. The ethical and cultural precepts of the Judaic tradition inspire devotion to the art and science of healing and to the humanistic treatment given to our patients.

In partnership with our physicians and other care providers, Cedars-Sinai will continue to be a market leader within our defined communities by making timely changes required to sustain our premier position in the delivery of affordable healthcare within our fiscal responsibility.



Admission

Since we cannot assume liability for items such as jewelry, credit cards, wallets or more than two dollars in cash, we urge you to leave all valuables at home. If you need to bring cash, checks or a credit card to make a deposit or co-payment, please have a family member take them home after you are admitted. If you have any valuables with you, you will be asked to let us deposit them in our vault. Please claim your valuables when you leave the hospital.

Admission to the Hospital

At Cedars-Sinai, we believe admission should be a simple, quick procedure. Step one begins with your doctor making a bed reservation for you. Your room number will not be given at the time of reservation but at the time of your admission to the hospital. If the reservation is made a few days before your scheduled admission, you may receive a call from us asking for additional information to make your admission faster on the day you arrive.

On the day of admission, we will await your arrival at the Information Desk (Street Level) of the South Tower on Gracie Allen Drive. (See map on the outside cover of this booklet.) A hospital representative will escort you to the Admitting Office and then to your room. (Maternity patients should go directly to the Emergency Department, where you will be transported to Labor and Delivery.)

Advance Directive

In the Admitting Office you will be asked whether or not you have an "advance directive." This is a written statement (such as a living will or durable power of attorney) that communicates your wishes in advance for your healthcare if you are unable to communicate those wishes yourself.

Forms are available at the Medical Center's gift shop and at stationery stores. If you have an advance directive, please give us a copy when you are being admitted so we can keep it with your records. For more information on advance directives, ask your doctor, nurse or social worker.

Parking

For information on where you, your family members and guests should park during your stay at Cedars-Sinai, please refer to the campus map, located on the back panel of this brochure.

Your Stay

An Acute Care Hospital

Acute care hospitals provide care to patients whose conditions require frequent monitoring by physicians and registered nurses. At Cedars-Sinai Medical Center, a team comprised of leading physicians, nurses and other top healthcare professionals (including pharmacists, physical and occupational therapists, respiratory therapists, dietitians and social workers) provides acute care, 24 hours a day, for as long as you need this high level of attention.

Cedars-Sinai also has a residency training program in which licensed physicians care for patients, under faculty supervision.

Care Plans

Care plans help guide the work of your physician and care team, and they help you take an active part in your care and in working toward a specific discharge date. They are based on the most up-to-date research and provide day-to-day plans for certain medical conditions and surgical procedures. Depending on your condition or surgery, your physician or nurse will be able to tell you what to expect on a day-to-day basis and approximately when you can expect to leave the hospital.

What to Bring

When you come to the hospital please bring the following:

- A list of medications you are taking and the daily amount you take of each. Do not bring the medications with you.
- Glasses, hearing aids, dentures, toiletries (such as shampoo and toothbrush), robe, slippers, etc.
- Insurance information and emergency telephone numbers.
- A copy of your advance directive.
- Infant car seat and clothing for maternity patients.
- This booklet.

Individualized Service

Based on your care plan, a registered nurse will coordinate your daily care to meet your individual needs. Some tasks may also be performed by other members of the team. The Unit Manager is responsible for overall management and nursing care, and is available to help you and your loved ones.

We're Always Available

To be continually available to meet your needs, an intercom and telephone will connect you or a family member directly to your unit's Nursing Communication Technician. Depending on your need, he or she will send the appropriate help. (For example, if changes occur in your condition or you need medication, a nurse must be called to help you. However, if you only need something like water or juice, another team member might be sent.)

Please keep in mind that your nurse must prioritize calls and handle emergency situations first. Nevertheless, our goal is to respond to your needs in five minutes or less. Should your request require the approval of your doctor, we will notify the doctor as soon as possible.

Your Tests or Procedures

During your hospitalization, your physician may need you to have various tests and/or procedures, and we will explain them to you. While we try to provide a schedule for each one, sometimes an emergency may require a change. If changes occur, we will let you know as soon as possible.

Please complete the Patient Information Sheet, enclosed in the back of this booklet, and return it to the nurse upon admission.



In scheduling tests and procedures, we try to be sure that you get enough rest, enjoy uninterrupted meals and have proper preparation time between tests. Sometimes, however, we will need to perform them at inconvenient times, and we hope you understand that your welfare is our first concern.

For your convenience in taking tests, please be sure to empty your bladder before going to the test area. In addition, we recommend your bringing a warm bathrobe or blanket and your favorite reading material. Family members may wait in your room or in the waiting areas.

Blood Transfusions and Donations

Blood transfusions can be part of any hospital admission, whether surgical or medical. Patients should talk to their physician regarding donating their own blood for surgery, when appropriate. It is also important for family and friends to lend their support by donating blood either as a pre-placement or replacement donation in your name. These life-saving donations help to ensure an adequate blood supply. Please call a Blood Donor recruiter at the Rita and Taft Schreiber Blood Donor Facility to answer any questions you might have and to make an appointment to donate.

Adjusting to Your Hospital Routine

Please be prepared to adjust to a schedule different from your normal daily routine. Time may seem to move slower in the hospital, but we will make every effort to answer your questions and help you to adjust. We will administer your medication according to the schedule indicated by your physician, and we will try to accommodate your preferences within the restrictions of the hospital setting.



Pain Management

All patients have a right to pain management. With currently available treatments, pain is no longer something “you have to put up with.”

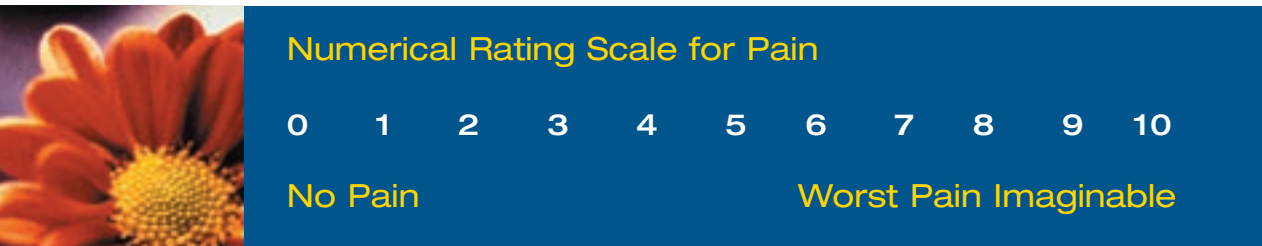
As a patient at Cedars-Sinai Medical Center, you can expect:

- Information and education about pain and pain relief measures
- A concerned staff, committed to effective pain prevention and pain relief measures
- Health professionals who routinely incorporate pain control as part of your overall care
- Your expressions of pain will be believed and promptly acted upon
- State-of-the-art pain management as appropriate for the patient's age
- Your personal, cultural, spiritual and/or ethnic beliefs will be incorporated

You (the patient) should:

- Ask your healthcare provider or nurse what to expect
- Discuss pain relief options with your healthcare provider. (Tell us what has worked or did not work for you before or any side effects from pain medications you have experienced)
- Tell your healthcare provider if you have been taking pain medication at home and how much
- Ask for pain relief when pain first begins

Your healthcare provider will regularly assess your pain, using the numerical pain scale below:



Your healthcare provider will ask you: “What is the severity of your pain right now on a scale from 0 to 10?” Your answer will help determine the proper pain management to ensure adequate pain control. We will work with you to achieve your established goals for effective pain management. We strive to maintain your pain at a level you can tolerate.

As you are getting ready for discharge from the Medical Center, remember to discuss with your healthcare provider how your pain will be managed at home.



While You're in The Hospital

- Do not bring your medications to the hospital unless instructed to do so by your physician.
- Bring an updated written list of the medications you are taking and those you cannot tolerate.
- Ask the purpose of each medication you receive.
- If a medication is not administered on time, ask for your nurse.
- Ask the nurse or pharmacist anything about your medications that you don't understand or that does not seem right.
- Please notify your doctor or nurse if you are taking any dietary or herbal supplement. It may interfere with your therapy while in the hospital.

We're Concerned about You, Not Just Your Health Problem

Our care team respects your beliefs and preferences, and a social worker is available to assist you and your family in coping with the stress of illness and hospitalization. Together, we will help you learn to care for yourself and make appropriate arrangements to ensure that you continue to receive the best possible care after leaving the hospital.

Throughout your stay, we encourage you to ask questions for a better understanding of your tests, procedures, plan of care and how long you will be staying.

Food and Nutrition Services

Screening and Assessment: To find out if you have any nutritional problems that need special attention, you will be asked some questions when you are first admitted to the hospital. The registered dietitian (RD) will use your answers to determine how well-nourished you are and may do a nutritional assessment on you during your stay. Your doctor will be advised of any changes needed in your nutritional care. The RD will also provide any special nutrition education you may need for your discharge.

Alternative Therapies: If you routinely take any dietary or herbal supplements at home, be sure to tell your doctor, nurse, and food and nutrition representative. We need to make sure that the supplements do not interfere with any drug therapies you may have while you are hospitalized.

Meal Changes: You will be given a menu from which you may select your meals. A food service representative will review your choices to ensure they agree with your diet order. If any of your selections need to be changed, you will be notified. If your diet alters during your stay, every effort will be made to respect your personal food choices.



Meals after a Test: During testing your meal service may be affected. Some tests require that you fast, meaning you cannot have any food or oral fluids until the test is over. For faster service after a test, you may want to request cold food items, since they take less time to prepare.

Special Dietary Needs: Please tell your doctor or nurse about any special food needs you may have (e.g., food intolerances or allergies or a need for vegetarian or kosher diets). Early communication of this information will help us to serve you better.

Kosher Food Service: A full Glatt kosher food service is available from our Kosher Kitchen. If you want to have kosher meals, please ask for a kosher menu from the food service representative or nurse.

Questions: Registered dietetic technicians can answer any food or nutrition questions you have. They can also provide written materials for you to take home, or they can refer your question to the RD when necessary.

Patient Television Services

Entertainment and Education

We encourage you and your family to take advantage of our television programming (CSMC TV), which has been carefully designed to provide entertaining programs to help you learn more about your health. Your nurse can recommend some excellent programs.



Interpreter Services

Our comprehensive communication services include auxiliary aids for the hearing impaired and interpreters for sign language, as well as more than 100 spoken languages, whether in person or by phone. Please call Interpreter Services.

Other special features include:

- Patient Education Channel (Ch. 8), which broadcasts programs about preventing disease and staying healthy
- Cardiac Channel (Ch. 12)
- Pediatric Channel (Ch. 14)
- Arts and Relaxation Channel (Ch. 20)
- Women's Health Channel (Ch. 10)
- Board of Governors' Classic Comedy Channel (Ch. 6)
- Classic Old-Time Radio Channel (Ch. 51)
- Live Broadcast Channel (Ch. 19), which provides daily religious broadcasts and special events, local television, 28 cable channels, and local FM radio stations are also available free of charge

Directory of Services

On Channel 3, the TV system also provides a visual directory of many of the hospital's inpatient services. This program offers information on everything from where to buy a newspaper to details about home care nursing. A TV guide with detailed information on using our TV system will be provided to you upon admission to your hospital room. Please feel free to ask your nurse for help in operating your television or to receive additional TV guides.

The **telephone directory**, containing important phone numbers, is located in the back pocket of this booklet.



Patient Satisfaction Procedure

If you have any questions or concerns regarding your care or have any issues you would like to discuss during your hospital stay, please contact the charge nurse or the manager on your specific unit.



Discharge

Patient Education and Self-Care

We take our duty of educating you about your healthcare very seriously. More than just giving you information, we help you to participate in the daily activities and therapies prescribed by your physician. These activities are designed to help you recover and prepare for discharge, so we thoroughly encourage you to be involved in your care.

In getting ready to leave the hospital, you and your family will be guided on how to care for you at home. We will provide a written list of instructions designed for your specific condition, which we will discuss with you and your family to ensure everything is clear. We will also provide educational and easy reference materials as needed.

This information will focus on ways to maintain your health and prevent complications or problems. Before discharge we will make sure you know how to perform necessary functions. (For example, how to take your own temperature, change dressings, walk up and down stairs, monitor your blood pressure, etc.) If you need follow-up care from a visiting nurse, we will make arrangements before you go home. We can also give you information on community resources to assist you, such as home care agencies, homemakers and skilled nursing facilities. This information can be obtained from a social worker or case manager on the nursing unit.

You will also be given a phone number to contact your physician to report any subsequent changes in your health.

Case Management

Cedars-Sinai Medical Center's case management staff are professionals who provide many services to you and your family members. These services include psychosocial support, counseling, community resource information, and discharge and continuity of care planning. When extended care is necessary, we can provide resource information on acute rehabilitation, nursing homes and other residential facilities in your area. Cedars-Sinai's case management staff can arrange home care services to help you. These services are ordered by your physician and may include nursing care; home health aide services; physical, speech and occupational therapy; respiratory therapy and medical social services. With home care, you can return to the comfort of your own home much sooner, while continuing to receive the help you need to feel your best.

Discharge Planning

From the day you are admitted, your physician, nurse, social worker, case manager and other members of your healthcare team will already be planning your discharge. As that day approaches, team members will meet with you and your family to determine your needs and preferences, including any special equipment, nursing care or extended care you may need at home. Your social worker, case manager or a home care coordinator will do their best to make all arrangements prior to your discharge.

Patient Satisfaction Procedure after Discharge

Should you have any concerns following discharge from the hospital regarding your hospitalization or the care you received, please contact Quality Management.

Discharge Prescription

Medications given to you while in the hospital cannot be sent home with you upon discharge. Your doctor will write a separate prescription, if necessary. You may have your prescriptions filled at your local pharmacy or at Cedars-Sinai's Ambulatory Care Center Pharmacy. Many insurance companies, however, require you to use specific pharmacies. Please check your prescription benefit plan.

The Outpatient Pharmacy is located on the second floor of the Steven Spielberg Building, Room S244. You may pick up prescriptions from 8:30 a.m. to 6 p.m.,

Monday through Friday. The Ambulatory Care Center Pharmacy is closed on Saturdays, Sundays and holidays.

The Ambulatory Care Center Pharmacy participates in benefit plans, such as Blue Cross, Universal Care, Health Net, PCS, PAID and Medi-Cal. Please bring your prescription card with you to the Outpatient Pharmacy, or call to find out if your plan is accepted. If the Outpatient Pharmacy does not participate in your plan, you may wish to fill your prescriptions at a pharmacy designated by your insurance company. If you still wish to have the Outpatient Pharmacy fill your prescriptions, you may need to pay in full. (Note: Your insurance company may not reimburse you for filling your prescription at a non-participating pharmacy.) You may pay for the prescriptions by cash, check or credit card.

Financial Services

Financial Checklist

For smooth handling of charges and payments, you will be asked to complete an Insurance Verification form either in your physician's office or here at the Medical Center. Please be prepared to provide the following:

- Social security number
- Insurance policy subscriber
- Your insurance policy number
- Insurance claims billing address, if available

- Insurance carrier contact telephone number
- Name of your primary care physician
- Name of the referring physician
- Your annual deductible and whether you have met it, if applicable
- Your medical group or IPA affiliation

Financial Information

As a courtesy, the Medical Center provides verification of your insurance coverage and benefits, and may contact you for assistance. During the financial verification process, our representative may determine that a deposit and/or co-payment is required for the services you will receive at the Medical Center. If so, you will be asked to make that deposit or co-payment on or before the day of admission.

To facilitate the payment of deposits or co-payments, we accept advance financial arrangements, as well as all major credit cards. We also offer assistance through the use of a HealthCharge credit card, which our Admissions Representative can fully explain if you would like to know more.

If you have any questions regarding finances, please contact our Admissions Department.

Insurance and Billing

If you have health insurance, you will be asked to assign benefits to the Medical Center and make deposits for amounts not payable by your insurance. Cedars-Sinai Medical Center will bill your insurance carrier(s) as a courtesy, though you are ultimately responsible for ensuring timely and appropriate payment by your insurance carrier. If payment has not been received from your insurance carrier within 30 days of the billing date, we may contact you for any assistance. Any charges not paid by your insurance carrier within 60 days after our billing may be billed to you.

Patients with group and PPO insurance, as well as cash patients, will receive a copy of their billing statement at the time of billing. (Billing statements for cash package rates will be handled separately.) Government and HMO patients can receive a copy of their bill



upon request. Please contact our Patient Financial Services' Customer Service unit to request a copy of your bill.

If you have minimal or no health insurance, you will be asked to pay an estimated bill prior to (or upon) admission, and your account balance will be due in full when you leave the hospital. While we are obligated to treat the ill, patients must ensure bills are paid promptly, whether personally or through an insurance carrier. If you need help with financial arrangements, please contact a financial representative.

Room Rates and Charges

Hospital charges are based on a daily rate, which covers the cost of those services used by all patients. This rate includes room, food, nursing and resident physician services. Additional charges are made for special services, such as oxygen, medications, laboratory tests, physical therapy and respiratory therapy, and will be listed separately on your bill.

There is no room charge for your last day of hospitalization. Discharge time is 10 a.m.

Physician Charges

Cedars-Sinai doctors are private practitioners and bill for their services separately. During your stay, your doctor may consult other physicians (such as anesthesiologists, pathologists, radiologists, surgeons and other specialists) about your care. They will review many of your tests and work directly with your doctor, and while you might not meet them all, you may receive separate bills from them for their services.

A patient shall have the right to:

- Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, marital status or the source of payment for care.
- Considerate and respectful care.
- Knowledge of the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and non-physicians who will see the patient.
- Receive information about the illness, the course of treatment and prospects for recovery in terms that the patient can understand.
- Receive as much information about any proposed treatment or procedure as the patient 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.
- Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to refuse treatment.
- Full consideration of privacy concerning the 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.
- Confidential treatment of all communications and records pertaining to the care and the hospital stay. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.
- Reasonable responses to any reasonable requests made for service.
- Leave the hospital even against the advice of physicians.
- Reasonable continuity of care and to know in advance the time and location of appointments, as well as the identity of persons providing the care.
- Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting care or treatment. The patient has the right to refuse participation in such research projects.
- Be informed of continuing healthcare requirements following discharge from the hospital.
- Examine and receive an explanation of the bill regardless of source of payment.
- Know which hospital rules and policies apply to the patient's conduct while a patient.
- Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

Patient Privacy

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA). The privacy rules in the law inform the patient how a doctor or hospital may use the patient's health information with or without the patient's permission (privacy and security of information), as well as what rights patients have to control their health information/privacy (i.e., billing, diagnosis and medical records).

You will be asked to sign a Notice of Privacy Summary form upon admission to Cedars-Sinai Medical Center whether you are an inpatient or outpatient.

- Designate visitors of his/her choosing, if the patient has decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
 - No visitors are allowed.
 - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.
 - The patient has indicated to the health facility staff that the patient no longer wants this person to visit.
- Have the patient's wishes considered for purposes of determining who may visit if the patient lacks decision-making capacity and to have the method of that consideration disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in the household.

This section may not be construed to prohibit a health facility from otherwise establishing reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.

You also have the right to file a complaint with the state Department of Health Services, regardless of whether you use the hospital's grievance process. The state Department of Health Services' address and phone number are: 555 Ferguson Dr., Commerce, CA 90022, (323) 869-8500.

To help us serve you, please be sure to:

- Provide accurate and complete information about your present health status and past medical history.
- Report any unexpected changes to the appropriate healthcare professional.
- Follow the treatment plan recommended by your physician.
- Indicate whether you clearly understand a planned course of action and what is expected of you.
- Ask your doctor or nurse for clarification when directions, procedures or care instructions are not completely clear to you.
- Follow hospital rules and consider the rights of others.
- Keep in mind that we cannot take responsibility for you if you refuse treatment, leave the facility against the advice of your practitioner and/or do not follow instructions relating to your care.
- Make arrangements for an adult to take you home and supervise you if you are undergoing surgery or have any sedation prior to discharge. A parent or legal guardian must discharge patients under 18 years of age.

Further Information

If you have additional questions regarding your upcoming hospitalization, please call Hospitality Services. You can also receive information on other Cedars-Sinai healthcare services by calling 1-800-CEDARS-1 (1-800-233-2771), 24 hours a day, seven days a week.

We look forward to providing you with the best healthcare services available. Thank you.