

If you have any questions in regards to the information in this packet please contact your surgeon at their office or the surgery center at (215)628-4300.

Billing Information

After surgery, The Surgery Center at Fort Washington will submit your bill to your insurance company. All co-pays will be expected on or before the day of your procedure unless pre-approved by the center. Please be advised that you may be billed at a later date for additional deductible and/or coinsurance and you may also receive additional separate bills from your doctor, lab and anesthesia.

Please contact our business office for any questions regarding your bill, and/or payment options. The business office can be reached at (215)628-4300.

We are proud to receive accreditation with The Joint Commission. If you have any concerns or comments about your care that you were unable to get resolved at the center, please contact below:

E-mail: complaint@jointcommission.org
Phone: 630-792-5000
Fax: 630-792-5636
Mail: The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181



Name _____

Date of Surgery _____

Surgeon _____



Directions to Surgery Center:

When coming from the North, take North Bethlehem Pike to Pennsylvania Avenue. Turn Left onto Pennsylvania Avenue, Continue past Station/Summit Avenue. The Surgery Center will be on your left.

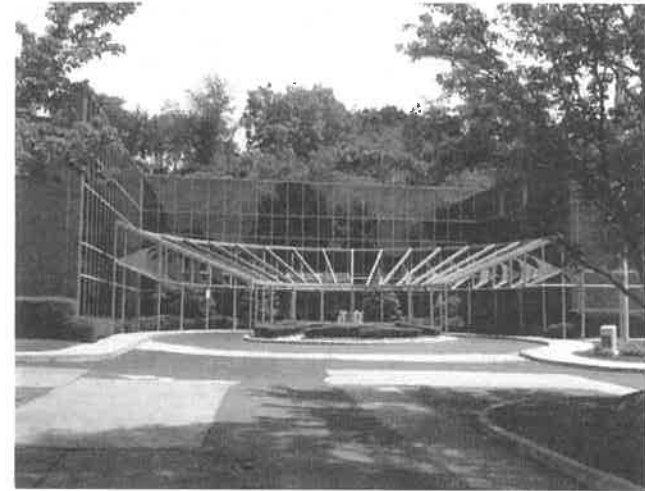
When coming from the south take 309 Expressway North to the Fort Washington exit. Stay straight on Pennsylvania Avenue. Continue past Commerce Drive. The Surgery Center will be on your right.

When coming from the PA Turnpike get off at the Fort Washington exit (339). Stay straight on Pennsylvania Avenue. Continue past Commerce Drive. The Surgery Center will be on your right.

**THE SURGERY CENTER AT
FORT WASHINGTON
467 Pennsylvania Avenue
Suite 108
Fort Washington, PA 19034
Phone 215-628-4300**

Firearms and E-Cigarettes are prohibited.

THE SURGERY CENTER AT FORT WASHINGTON



Important Patient Information

Notice of Privacy Policy

**467 Pennsylvania Avenue
Suite 108
Fort Washington, PA 19034**

**Phone 215-628-4300
Fax 215-628-4253**

This healthcare facility has nondiscriminatory policies which apply to all patients and staff regardless of race, color, age, religion, gender, sexual preference, national origin, ancestry, or handicap/disability.

Medical Beneficiary Ombudsman (MBO)
Call 1-800-MEDICARE. Call 1-800-633-4227
TTY users should call 1-877-486-2048

Notice of Privacy Policies

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 The Surgery Center at Fort Washington, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. The Notice is effective April 14, 2003, and applied to all protected health information as defined by federal regulations.

Understanding Your Health Record Information

Each time you visit The Surgery Center at Fort Washington, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for operational planning,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of The Surgery Center at Fort Washington, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

The Surgery Center at Fort Washington is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Ms. Amanda Ricca at (215)628-4300.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U. S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

**Office for Civil Rights
U. S. Department of Health and Human Services
200 Independence Avenue, S. W.
Room 509F, HHH Building
Washington, D. C. 20201
Compliance Hotline: 1-877-874-8415**

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from the surgery center.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payee. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team

may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: there are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy

and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information 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 health information.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation or transplant.

Communication: We may contact you to provide appointment reminders.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Patient Important Information

Physician Financial Interest and Ownership

The center is owned by physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal mandated guidelines. By signing the Conditions of Admission you, or your legal representative, acknowledge that you have received, read and understand this information (verbally and in writing) in advance of the date of the procedure and have decided to have your procedure performed at The Surgery Center at Fort Washington. If you request, an official state Advanced Directive Form will be provided to you.

Advance Directives

You have the right to information on the center's policy regarding Advance Directives.

Advance Directives will not be honored within the center. In an event of a life-threatening event, emergency medical procedures will be implemented. Patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family.

If the patient or patient's representative wants their Advanced Directives to be honored, the patient will be offered care at another facility that will comply with their wishes.

Patient Bill of Rights:

- A patient has the right to respectful care given by competent personnel.
- A patient has the right, upon request, to be given the name of his attending practitioner, the names of all other practitioners directly participating in his care, and the names and functions of other health care personnel having direct contact with the patient.
- A patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and should be conducted discreetly.
- A patient has the right to have records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual arrangements. Except when required by law, patients are given the opportunity to approve or refuse release of their records.
- A patient has the right to know what Center rules and regulations apply to his conduct as a patient.

- When medically advisable, a patient may be transferred to another facility. He or his next of kin or other legally responsible representative will be provided with complete information and an explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
- A patient has the right to examine and receive a detailed explanation of his bill, and to receive information on fees for services received and on Center payment policies.
- A patient has the right to be informed of his rights at the time of admission.
- Marketing material does not mislead patients regarding the Center's capabilities or competence.
- A patient has the right to be informed of procedures for expressing suggestions and policies regarding grievance procedures.
- A patient has the right to expect that the Center will provide information for continuing health care requirements following discharge and the means for meeting them.

Privacy and Safety

- The patient has the right to:
- Personal Property
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

Patients' Responsibilities

- The patient and families should provide complete, accurate and up to date information regarding your health status including present complaints, past illness, hospitalizations, medications and other matters relating to your health.
- Report unexpected changes in your condition to the organization/doctor.
- Know your insurance coverage and what financial obligations you will have.
- Make informed decisions by asking questions until the plan of medical treatment is clearly understood.
- Provide a copy of your Advance Directive (if you have one) to the center.
- Follow the treatment plan recommended by your Doctor/ surgical center to the best of your ability, including all pre-op instructions.
- If you will not follow your treatment plan you should be prepared to accept the consequences of your actions.

I understand that my medical record maintained by the Surgery Center will contain in the physician's (or designee's) order for the test, my signed consent to take the test, and a copy of the test results. I also understand that the information contained in my medical record is available to any person or entity holding a current authorization for release of information signed by me, including insurance companies, self-funded (employer) benefit plans, and Medicare and/or Medicaid.

I further understand that any information regarding my test results held by the health care facility, its employees or agents, any physician, any laboratory or blood bank, any insurance company, health benefit plan, Medicare/Medicaid, or other third party payer, the state or local Department of Health, or any other agency shall not be disclosed to any other agency or institution or made public, except where my personal identifiers are removed from such information.

By my signature below, I acknowledge that I have read this consent form and understand the provisions for release of information as set forth in this consent.

My questions about the HIV / HBC test have been answered. I agree to take the HIV / HBV test if deemed necessary and ordered.

General Information

The Surgery Center at Fort Washington is licensed by the state of Pennsylvania.

The Surgery Center at Fort Washington was established in 2001 by the local physicians and clinical personnel to offer safe, high quality surgical care.

You will find that because the center specializes in outpatient surgery, our patients enjoy many advantages including personalized service and excellent medical care.

There is the possibility that you may be transferred to the hospital if necessary.

Specialties:

- **General Surgery**
- **Gynecology**
- **Ophthalmology**
- **Orthopedic**
- **Pain Management**
- **Plastic & Reconstructive Surgery**
- **Podiatry**
- **Ketamine Infusions**

- A patient has the right to expect emergency procedures to be implemented without unnecessary delay. A patient also has the right to be informed about Center provisions for emergency and after hours care. A patient has the right to be informed of the Center's policy with regard to advance directives. The patient will be given the center policy on Advanced Directives including a description of applicable State, Health & Safety laws prior to their scheduled procedure. The patient will also be given Official State Advance Directive Forms.
- A patient has the right to good quality care and high professional standards that are continually maintained and reviewed. A patient has the right to receive information regarding the Center's credentialing policies.
- A patient has the right to full information, in lay terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the patient's next of kin or other appropriate person.
- Except for emergencies, the physician shall obtain the necessary informed consent prior to the start of any procedure or treatment, or both.
- A patient or, in the event the patient is unable to give informed consent, a legally responsible party, has the right to be advised when a physician is considering the patient as part of a medical care research program or donor program, and the patient or legally responsible party must give informed consent prior to actual participation in such program. A patient or legally responsible party may, at any time, refuse to continue in any such program to which he has previously given informed consent.
- A patient has the right to refuse drugs, treatment, or procedures offered by the Center, to the extent permitted by statute the practitioner will inform the patient of the medical consequences of the patient's refusal of drugs, treatment or procedures.
- A patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, gender, sexual preference, national origin, ancestry or handicap/disability.
- A patient who does not speak English shall have access, where possible, to an interpreter.
- The Center shall provide the patient, or patient designee, upon request, access to the information contained in his medical records, unless the attending physician for medical reasons specifically restricts access.
- A patient has the right to expect good management techniques to be implemented within the Center considering the effective use of time of the patient and to avoid the personal discomfort of the patient.

- Patients and their families must be considerate of the centers staff and property as well as those of other patients and their property. Patients and families must follow the centers rules and regulations. Children under the age of 12 are not permitted in our facility. Cell Phones are Prohibited.
- Know your medications including over the counter drugs and herbal preparations and use only medications prescribed for you as directed.
- Let the staff know if you are having pain.
- You are responsible for informing us about all treatments and interventions that you are involved in.
- You have the responsibility to have someone available to take you home after surgery that is at least 18 years or older with a valid driver's license; they must be here and ready to take you home upon discharge.

You will be signing a consent for HIV & Hepatitis form for the protection of you and our staff. Please read this prior to coming to the center for your procedure.

HIV & Hepatitis Consent

I hereby consent to have my blood tested, if such a test is deemed necessary by your surgeon in order to determine whether or not I have the antibodies in my blood to the human immune deficiency virus (HIV), which is the probable causative agent of acquired immune deficiency syndrome (AIDS), and HBV (hepatitis virus). I understand that the test is performed by withdrawing blood and using a substance to test the blood. I understand that the blood sample to be tested may be withdrawn prior to my surgery, during my surgery or following my surgery at the option of my physician.

I have been informed that if I have any questions regarding the nature of the blood test, its expected benefits, its risks, and alternative tests, I should ask those questions before I consent to the blood test.

I understand that the HIV test is not 100% reliable and may, in some cases, indicate that a person has antibodies to the virus when the person does not (false positive) or fail to detect that a person has antibodies (false negative). I have also been informed that a positive blood test result does not mean that I have AIDS and that in order to diagnose AIDS under these circumstances other means must be used in conjunction with the blood test.

I understand that if there is a positive test result, that those health care practitioners who are directly responsible for my care and treatment will be informed of this result so that proper precautions may be taken by them in my care. I understand that in the case of a positive result, my name, address, sex, and date of birth will be reported to the State Department of Health if required by state law.

Before Your Surgery

A nurse from the center will contact you at least 24 hours before your surgery. If no one has called, please call the center for instructions.

Notify your surgeon if there is a change in your physical condition such as a cold, fever or respiratory problems.

Do not eat or drink anything after midnight the night before your surgery. Also, please follow any other special instructions your surgeon may have given you. Failure to follow these instructions may result in cancellation of your surgery/procedure.

Please be sure to tell your surgeon if you are on any type of blood thinners. Please do not take any medications after midnight unless instructed by your surgeon or the nurse at our center.

Arrange for a responsible adult 18 or older to drive you home and remain with you the first 24 hours after surgery/procedure.

The Day of Surgery

Wear loose, comfortable clothing that is big enough to accommodate a large bandage after surgery. Wear comfortable shoes such as a slip-on, no high heels.

Do not wear any jewelry (including body piercings), makeup or cologne. Do not bring any valuables with you. Bring your driver's license or state issued picture ID and insurance cards with you.

Wearing contact lenses is NOT advised. We provide containers for removable dentures and bridgework.

After Your Surgery

You may be discharged to your car by wheelchair. You must have an adult present to drive you home and to care for you following surgery, if anesthesia has been administered. The adult that brings you to the center must wait for you on our premises. If you do not arrive with transportation your case will be cancelled and will have to be rescheduled. There are **NO EXCEPTIONS** to this policy.

Your physician will provide post-operative instructions regarding diet, rest, exercise and medications. You will be provided with a written summary of these discharge instructions.

A nurse from the surgery center will attempt to call you the next business day after your surgery to check on your progress and discuss any questions you may have. If you have any unexpected problems, please call your doctor immediately. If he/she does not respond then please go to the nearest emergency room.

Thank you for choosing The Surgery Center at Fort Washington