

NORTHERN ARIZONA SURGICENTER INSTRUCTIONS

PLEASE READ THE FOLLOWING VERY CAREFULLY

Your surgery is scheduled on _____ at _____. Your phone call with the nurse is scheduled on _____ at _____. There are occasions when your surgery time may be changed. You will receive a phone call if your surgery time is changed for any reason.

This section to be filled out during your phone appointment with the nurse:

Arrival time: _____ Surgery time: _____

Absolutely nothing to eat after: _____ Water only until: _____

If you eat or drink anything (*this includes gum, lozenges, hard candy*) after the assigned time surgery will be cancelled.

Medications

On the morning of your surgery, take your normal medication (unless instructed not to by the nurse at your pre-op phone call appointment) with a small sip of water. Use inhalers as usual and bring inhalers with you on the day of your surgery. **If you are DIABETIC:** Oral diabetic medications and insulin will be given per the anesthesiologist's or surgeon's orders. Bring diabetic medication with you. **DO NOT STOP any medications unless you are told to do so by your doctor or by the nursing staff at your phone call.**

Hygiene: Freshly bathed and hair shampooed.

NO JEWELRY, VALUABLES, MAKEUP, MASCARA, FINGERNAIL POLISH, BODY LOTION, DEODORANT, POWDER, OR HAIR PRODUCTS.

Clothing: Wear loose, comfortable clothing. Buttoned shirts are best. Bring warm socks.

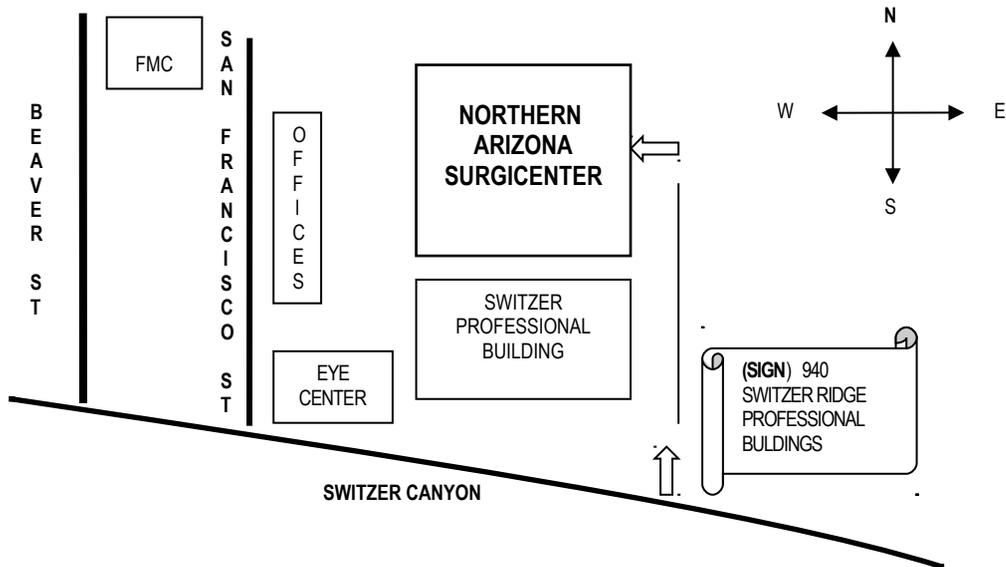
ALL PATIENTS MUST have a responsible adult who can drive them home and stay with them for 24 hours after surgery. Patients *under 18 years of age* must be accompanied by a CUSTODIAL PARENT OR LEGAL GUARDIAN

BRING YOUR PHOTO ID AND INSURANCE CARD OR INFORMATION WITH YOU TO SURGERY.

Your rights and responsibilities as a patient are included in the packet. Please take the time to read them. The following physicians; (Stephen F. Lex, M.D.; John "Jack" Quigley, M.D.; Kelly Reber, D.P.M.; Adam Boettcher, M.D.; and Travis Reber, D.P.M.) have a direct financial interest in Northern Arizona SurgiCenter. The services that they have prescribed may be available elsewhere on a competitive basis. Be advised that some services such as, anesthesia, laboratory and/or pathology may be billed to you separately. If you have billing questions call 774-2300 ext. 107.

Northern Arizona SurgiCenter
1020 N. San Francisco St. Suite 100
Flagstaff AZ 86001

928-774-3300
1-800-962-1390 ext 134



NORTHERN ARIZONA SURGICENTER
1020 N SAN FRANCISCO STREET,
STE 100
FLAGSTAFF, ARIZONA 86004
928-774-3300

Going North on San Francisco St. turn right at Switzer Canyon and then left at the third driveway, (940 N. Switzer Canyon). Northern Arizona SurgiCenter is the second building on your left.

Going North on Switzer Canyon from 89 continue up the hill to 940 N. Switzer Canyon and turn right. Northern Arizona SurgiCenter is the second building on your left.

The surgery center is on the back side of Plastic Surgeon's office. Drive to the back of the building to park.

Phone: 928-774-3300 (main) 928-214-2134 (nurses desk)

NORTHERN ARIZONA SURGICENTER

PATIENT RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

1. Be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care needs, and receiving care in a safe setting
2. Make informed decisions and participate in decisions involving your health care, except when such participation is contraindicated for medical reasons.
3. Refuse or withdraw consent for treatment or give conditional consent for treatment.
4. Have medical and financial records kept in confidence and be assured that the release of such records shall be by written consent of the patient or the patient's legal representative, except as otherwise required or permitted by law.
5. Be informed of your right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
6. Be free from all forms of abuse, harassment, discrimination, and reprisal.
7. Be informed of the following:
 - a. Proposed surgical procedures and the risks involved and information concerning your diagnosis evaluation, treatment and prognosis; When it is medical inadvisable to provide this information to the patient, the information is provided to a person designated by the patient or legally authorized person;
 - b. Policy on advance directives as required by state or federal law and regulations;
 - c. Policy on patient privacy;
 - d. Costs of services prior to obtaining services or prior to a change in charges for services / payment policies;
 - e. Physician financial interests or ownership;
 - f. Notice of third-party coverage;
 - g. The patient grievance process or the process of expressing suggestions; **see below for resource information;
 - h. After hours and emergency care;
 - i. Information regarding physician/ dentist and facility credentialing, i.e. proof of certification, liability coverage etc.

YOU HAVE A RESPONSIBILITY TO:

1. Be honest about everything that relates to you as a patient.
2. Cooperate with your doctor by following directions and asking questions when you do not understand information or instructions.
3. Inform your doctor of any care or medications you are receiving from other doctors, and all medications you are taking, including over-the-counter products, dietary supplements, and any allergies or sensitivities.
4. Accept responsibility for your actions when you do not follow directions or refuse treatment.
5. Comply with all financial policies including being responsible for charges not covered by insurance.
6. Keep us informed of changes in your address, phone number and insurance coverage and provide a copy of your current insurance card.
7. Provide a valid and current photographic identification.
8. Behave respectfully toward all professionals and staff, as well as other patients.

It is the goal of Northern Arizona SurgiCenter to provide excellent care and fully satisfy the needs of our patients.

Please let us know if you have any suggestions, concerns or complaints by contacting our administrator at 928-214-2111 or 800-962-1390.

**** The following Medicare and Arizona State websites, phone numbers and addresses are provided to assist you in filing a grievance.**

<http://www.cms.hhs.gov/center/ombudsman.asp> 800-633-4227 Medicare Part B, P.O.Box 6704, Fargo, ND 58108-6721

**<http://azdhs.gov/azsh> click on key contacts 602-220-6012 or 602-220-6428 Patient Rights Ombudsman
Human Resources Manager 150 N. 18th Ave, Phoenix, AZ 85007**

Northern Arizona SurgiCenter

Notice of Privacy Practices

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.

Northern Arizona SurgiCenter (NASC) is dedicated to maintaining the privacy of your personal health information. Each time a patient visits this office a record is made that describes the treatments and services provided. Federal law outlines specific privacy protections and individual rights related to the information we maintain that identifies you as a patient. Protected information includes demographic data and facts about your past, present, or future physical or mental health. Our office has put in place policies and procedures to help protect your health information. We are required to provide this notice outlining our legal duties and responsibilities related to the use and disclosure of patient identifiable health information, Privacy Practices, and examples of how your information may be used or disclosed.

NASC will abide by the terms of this notice. We may revise this notice at any time. The new notice will be posted in our office in a prominent location. **You can request a copy of our most current notice at any time.** Revisions to the notice will be effective for all health care information this office maintains: past, present, or future.

NASC **may use** your individually identifiable health information for the following purposes **without** your authorization:

- 1. Treatment:** We may use and disclose your identifiable health information to treat you and assist others in your treatment. For instance, we may send a copy of your records to another doctor so that you can be evaluated for a specific condition, or we may disclose information to others who take part in your care, such as your spouse, children, or parents.
- 2. Payment:** We may use your health information to bill and collect payment for services provided. This may include providing your insurance company with the details of your treatment, sharing your payment information with other treatment providers, contacting you over the phone or through the mail about balances, or sending unpaid balances to a collection agency.
- 3. Health Care Operations:** We may use and disclose health information to operate our business. For example, your health information may be used to evaluate the quality of care we provide, for state licensing, or to identify you by name when you visit the facility.
- 4. Appointment Reminders:** We may use and disclose your information to remind you of appointments. We may also correspond with you by mail or telephone for other purposes.
- 5. Treatment Options:** We may use your health information to inform you of treatment options or other health-related services which may be of interest to you.
- 6. Business Associates:** We may share your health information with other individuals or companies that perform various activities for, or on behalf of, our office: such as our answering service, billing company, surgical equipment suppliers. Our Business Associates agree to protect the privacy of your information.

If you have questions about this notice, please contact NASC's Privacy Officer at 1020 N. San Francisco Suite 200, Flagstaff, AZ, 86001 or call 928-774-2300, toll free 800-962-1390 ext. 111. If you feel your privacy rights have been violated, you have the right to file a written complaint with our office. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

NASC Notice of Privacy Practices Continued

NASC **may disclose** your health information **without** your authorization when permitted or required to by law, including:

- For public health activities including reporting of certain communicable diseases.
- For workers' compensation or similar programs as required by law.
- To authorities when we suspect abuse, neglect, or domestic violence.
- To health oversight agencies.
- For certain judicial and administrative proceedings pursuant to an administrative order.
- For law enforcement purposes.
- For research purposes under strictly limited circumstances.
- To avert a serious threat to your health and safety or that of others.
- For governmental purposes such as military service or for national security.
- In the event of an emergency or for disaster relief.
- In any other instance required by law.

NASC **may also disclose** your information to **family members** and/or other persons involved in your care or payment for your care. We may leave messages for you at home or work about your visits or test results. **If you do not want us to do so, please inform our staff or our Privacy Officer in writing or by calling.**

All other uses and disclosures of your information to others will require a written, signed authorization from you. You have the right to revoke your authorization at any time except to the extent that we have already acted on it. Should you require your records to be released, NASC will provide you with an authorization form to complete and return to the address listed on it.

YOUR HEALTH RECORD IS THE PHYSICAL PROPERTY OF NASC. THE INFORMATION CONTAINED IN IT BELONGS TO YOU. BELOW IS A LIST OF YOUR RIGHTS REGARDING INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. ALL REQUESTS RELATED TO THESE ITEMS MUST BE MADE IN WRITING TO OUR PRIVACY OFFICER AT THE ADDRESS LISTED BELOW. WE WILL PROVIDE YOU WITH APPROPRIATE FORMS TO EXERCISE THESE RIGHTS. WE WILL NOTIFY YOU, IN WRITING, IF YOUR REQUESTS CANNOT BE GRANTED.

- 1. Restrictions on Use and Disclosure:** You have the right to request restrictions on how we use and disclose your health information. This includes requests to restrict disclosure of your health information to only certain individuals, or entities, involved in your care such as family members and insurance companies. We are not required to agree with your request. If we agree, we are bound to the agreement unless disclosure is otherwise required or authorized by law.
- 2. Confidential Communications:** You have the right to request that we communicate with you in a particular manner or at a certain location. For example, you may request that we only contact you at home. We will accommodate reasonable requests.
- 3. Access:** You have the right to inspect or request a copy of records used to make decisions about your health care, including your medical chart and billing records. This office will schedule appointments for record inspection. We may charge a fee for providing you copies of your records. Under special circumstances, we may deny your request to inspect and/or copy your records. You may request a review of most types of denials.
- 4. Record Amendment:** You have the right to request amendments to your health records created by and for NASC if you feel they are incorrect or incomplete. We may accept or deny your request. If we deny your request, you have the right to provide a statement of disagreement or rebuttal statement.
- 5. Accounting of Disclosures:** You have the right to receive an accounting of the disclosures. This means you may request a list of certain disclosures NASC has made of your records. Upon your request, we will provide this information to you one (1) time free during each twelve (12) month period. There may be a fee for additional copies.
- 6. Copy of Notice:** You have the right to request that we provide you with a paper copy of this Notice of Privacy Practices.

If you have any questions about this notice please contact NASC's Privacy Officer at 1020 N. San Francisco #200, Flagstaff, AZ, 86001 or call 928-774-2300 ext. 111, toll free 800-962-1390 ext. 111. If you feel your privacy rights have been violated, you have the right to file a written complaint with our office. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

**A STATEMENT ABOUT ADVANCE DIRECTIVES
Living Will and Medical Power of Attorney Information**

Northern Arizona SurgiCenter is required to offer you information regarding Advance Directives. Advance Directives are also called Life Care Planning or Health Care Directives.

You should have a conversation regarding your advanced directives with your provider prior to scheduling a procedure at NASC.

It is the policy of NASC to respect your rights and honor your advance directive if you provide the appropriate documentation prior to your procedure.

If you would like information regarding advance directives we will be happy to provide you with a packet. The office of the Attorney General State of Arizona also has this information available for you to download. The website is www.azag.gov. Look for Life Care Planning packets under the Quick Links topics.

MEDICATION INFORMATION

TO OUR PATIENTS:

Please do not take any medication which contains aspirin or other non-steroidal anti-inflammatory agents (NSAID such as Ibuprofen, Motrin, Naprosyn, Aleve), Omega 3 (fish oil, flaxseed oil, etc.), Vitamin E, St John's Wort, or Ginkgo for one week prior to the scheduled date of your surgery. If you have been instructed to take any of these medications by a physician DO NOT DISCONTINUE them until you check with the prescribing physician. Any questions call doctor's office or SurgiCenter.

If you come down with a cold, fever, rash, or any medical problem close to your surgery date please notify your surgeon's office or Northern Arizona SurgiCenter.

Diet pills: Patients having surgery must discontinue any diet pills for at least (2) weeks prior to surgery. This includes, but is not limited to Phen Fen (Phentermine and Fenfluramine), Redux, Ephedra, Alli, and prescription and non-prescription diet pills.

If you have any questions regarding the above medications or any medication you are taking, please do not hesitate to call Northern Arizona SurgiCenter at 928-214-2122.