



1335 Gambell Street, Suite 275 | Anchorage, AK 99501 | P: (907) 222-6500 | F: (907) 222-6550

WELCOME

The physicians, nurses and staff of **Arctic Surgery Center** welcome you to our center. We appreciate the confidence you have placed in us by choosing us for your surgical needs. **Arctic Surgery Center** is a state-of-the-art outpatient surgical facility specializing in spine and orthopedic procedures. Our goal is to provide the highest quality care in a safe and comfortable environment.

HOURS OF OPERATION

Our hours of operation are 9:00 am to 5:00 pm, Monday through Friday and by appointment during evenings and weekends. If at any time you have a question, please feel free to ask our staff for assistance at **907-222-6500**.

IMPORTANT INFORMATION

Included in this packet is important information you should read. Your physician's office may also instruct you to bring some of this information with you the day of your surgery. Please call us if you have any questions.

BEFORE YOUR PROCEDURE

1. Be sure to follow any specific individual instructions given to you by your physician before you come to the Center.
2. You should not eat or drink anything after midnight on the night before your procedure unless instructed otherwise. It's fine to brush your teeth but do not drink any fluids.
3. **DO NOT** wear your contact lenses
4. If you have an Internal Defibrillator, Allergy to Latex or Sleep Apnea, please contact the center staff as soon as possible.
5. All patients are required to sign a consent form before their procedure that will authorize your physician to perform the surgery. Patients under 18 years of age or those unable to sign for themselves must have a parent, guardian, power of attorney or other arrangement made to sign the consent.
6. Please leave all jewelry and valuables at home.
7. It will be required for you to have someone to drive you home after your procedure. If you do not have a driver your procedure will need to be rescheduled. If arranging transportation—non-emergency van service may be acceptable. Sedation will slow your reflexes so it is unsafe to drive after your procedure.
8. Wear loose, comfortable clothing that is easy to take off and put on. If you tend to be sensitive to cold temperatures please come prepared.
9. Please bring a list of your current medications, vitamins and supplements with their dosages and strengths.
10. **DO** take your heart or blood pressure medications with a very small sip of water as soon as getting out of bed the day of your procedure.
11. **DO** bring any inhalers that you use even if not used daily.
12. Please bring your insurance cards, driver's license or other photo ID.
13. You will receive a call from the Center to confirm your appointment prior to the procedure and to review any questions.

FINANCIAL INFORMATION

You may receive bills from several different providers for the care rendered to you such as: The physician performing the procedure, the Ambulatory Surgery Center (ASC), the anesthesia group, the radiology imaging center and a laboratory if specimens are obtained during your procedure.

If you have insurance, we will help you receive maximum benefits by filing for you; however, we will expect payment of co-pays, co-insurance, and deductibles at the time of service. We expect you to guarantee prompt payment of all charges if the insurance carrier rejects the claim of any charges related to this account. If charges remain unpaid, it may become necessary to turn the account over to a collection agency.

Privacy Statement

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. You will be given a copy of this notice.

Patient Health Information: Under federal law, your patient health information is protected and confidential. Patient Health Information (PHI) includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information. However, use and disclosure of information other than that listed in this notice that will require a written individual authorization from you includes information in a psychotherapy note (unless required by law), sales of PHI and marketing that uses your PHI. You may revoke your authorization at any time.

How we use your Health Information: We use health information about you for treatment, to obtain payment, and for healthcare operations including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information without your permission.

Examples of Care, Payment, and Healthcare Operations: **Treatment**—We will use and disclose your health information to provide your medical treatment. For example, nurses, physicians, and other members of your treatment team will record and use it to determine your care. We may also disclose information to other healthcare providers who are helping in your treatment, to pharmacists filling your prescriptions, and to family members helping with your care. **Payment**—We will disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain your records of payment. **Health Care Operations**—We will use and disclose your health information to conduct our standard internal operations, including the administration of records, the evaluation of the quality of treatment, and the assessment of outcomes.

Special use: We may use your information to contact you with appointment reminders. We may also contact you to provide information about different treatment options.

Other Uses and Disclosures: We may use or disclose health information about you for other purposes. Subject to certain requirements, we are permitted disclosure for the following purposes: **Required by Law**—We may be required by law to report gunshot wounds, suspected abuse, suspected neglect, or similar events. **Research**—We may use or disclose information for approved medical research. Before we disclose your information for research, you have the opportunity to approve its use for the research project. **Public Health Activities**—As required by law, we may disclose vital statistics, disease, information related to recalls of products, and similar information to health authorities. **Health Oversight**—We may disclose information to assist in investigation and audits, and eligibility for government programs. **Judicial Proceedings**—We will disclose information in response to subpoena or court order. **Law Enforcement Purposes**—We may disclose information subject to certain restrictions. **Workers' Compensation**—We may release information about your workers' compensation or other programs providing benefits for work-related injuries or illness. **Military or Special Government Functions**—If a member of the armed forces, we will release information as military authorities or correctional facilities command, or for national security. **Death**—We must report information regarding deaths to the coroner, medical examiner, funeral directors, and organ donation programs. **Serious Threat to Health and Safety**—We may share information when needed to prevent a serious threat to your health, safety, and/or to the public.

Individual Rights: You have the following rights with your health information. **Request Restrictions**—You may request restrictions on some uses of this information, although we are not required to agree with this request. **Confidential Communications**—You may request that we communicate with only you. You may request a special address or phone number. **Inspect and Obtain Copies**—In most cases you have the right to look and receive a copy of your information. **Right to an Electronic Copy of Medical Records**—If your Medical records are kept in an electronic format, you have the right to request that an electronic copy be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in that format. **Amend Information**—If you believe there are errors in your information, or information is missing, you may request that it be modified. **Accounting of Disclosure**—You may request a history of the disclosure of the information about you for reasons OTHER than treatment, payment, or operations. **Data Breach**—You will be notified if there is a breach of unsecured PHI. **Health Plans**—You have the right to restrict disclosure of PHI to health plans if (1) the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law and (2) the PHI pertains solely to a health care item or service for which the individual has paid the ASC in full. **Other**—Use and disclosure of your PHI other than as provided in this notice will be made only with authorization. The individual has the right to revoke any authorization.

Our Legal Requirement: We are required to provide you with this notice, to protect your information, and to abide by the terms of this notice.

Changes in a Privacy Practice: We may change these terms at any time. We will change our notice to reflect the terms that we change. We will also post the terms changes in our waiting room. You may request a copy of this notice and/or the changes at any time. You may contact the Center Director below to answer any questions.

Complaints: If you have a complaint that may reveal we have violated this privacy statement, or do not agree with a decision that we made in regard to your information, please contact the Director of Nursing.

Patients, the Patient's Representative & the Patient's Health Care Surrogate have:

1. The right to considerate and respectful care, provided in a safe environment, free from all forms of abuse or harassment. These rights may be exercised without regard to sex or cultural, economic, educational or religious background or the source of payment for care
2. The right to full consideration of privacy concerning his/her medical care program. Health care professionals will conduct all confidential case discussions, consultations, examinations and treatments discretely. This includes the right to be advised of the reason for the presence of any individual involved in his/her healthcare
3. The right to confidential treatment of all communications and records pertaining to the patient's care and visit to the facility.
4. The right to access to information contained in his/her medical record within a reasonable frame of time, (within 48 hours of request, excluding weekends and holidays), to include information regarding diagnosis, evaluation, treatment and prognosis. If it is medically inadvisable to give such information to the patient, a person designated by the patient or a legally authorized person shall have access to the patient's information.
5. The right to participate in the development and implementation of the patient's plan of care and to actively participate in decisions regarding this medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment. This right includes information from the patient's physician about a patient's illness, the planned course of treatment, (including unanticipated outcomes), and prospects for recovery in terms the patient can understand.
6. The right to know the physician performing the procedure may have financial interest or ownership in this ASC. Disclosure of this information will be in writing and furnished prior to the start of the procedure in a language and manner the patient, the patient representative or the patient's surrogate understands.
7. The right to services provided at the facility and reasonable responses to any reasonable request the patient, the patient representative or the patient's surrogate may make for service.
8. The right to continuing healthcare requirements and instructions following the patient's discharge from the facility. The facility services are not intended for emergency care, therefore all practitioners will direct after hours' care to the closest emergency room. The patient has the right for continuing care after hours or overnight. If care is not available at the ASC, the patient will be transferred to a hospital.
9. The right to examine and receive the fees for service. Upon request and prior to the initiation of care or treatment, the right to receive an estimate of the facility charges, potential insurance payments and an estimate of any co-payment, deductible, or other charges not paid by insurance.
10. The right to refuse to participate in experimental research.
11. The right to a written copy of the facility's policy on advance directives in a language and manner the patient, the patient's representative or the patient's surrogate understands. Information concerning advance directives will be made available to the patient, the patient representative or the patient's surrogate, including a description of the state laws regarding advance directives and official state advance directive forms if requested. Documentation of whether the individual has executed an advance directive will be placed in each patient chart.
12. The right to knowledge of the medical staff credentialing process, upon request.
13. The right to knowledge of the name of the physician who has primary responsibility for coordinating the patient's care and the names and professional relationships of other physicians and healthcare providers who will care for the patient and perform the procedure. The patient has the right to change the primary physician if another is available.
14. The right to understandable marketing or advertising methods used by the facility identifying the competence and skill of the organization.
15. The right to as much information about any proposed treatment or procedure as needed 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, any alternate courses of treatment or non-treatment and the risks involved in each.
16. The right to know whether the patient's physician has appropriate liability insurance coverage or if the physician does not carry malpractice insurance.
17. The right to be advised of the facility's grievance process should the patient wish to communicate a concern regarding treatment or care delivered
18. Be informed of his/her right to discontinue care or to leave the facility against the physician's advice as well as to be advised of any risks to the patient when discontinuing care or leaving the facility.
19. The right to appropriate assessment and management of pain.
20. The right to remain free from seclusion or restraints of any form not medically necessary or that are used as a means of coercion, discipline, convenience, or retaliation by staff.

21. The right to have a family member notified of the patient's admission as well as notification of the patient's personal physician, if requested.
22. The right to express spiritual and cultural beliefs.
23. The right to information regarding the patient's outcomes of care including unexpected outcomes.

Patient, the Patient's Representative & the Patient's Health Care Surrogate Responsibilities:

1. Responsible to provide accurate and complete information concerning the patient's present complaints, past illnesses and hospitalizations, and other matters relating to his/her health.
2. Responsible for reporting perceived risks in the patient's care and unexpected changes in the patient's condition to the responsible practitioner.
3. Responsible for asking questions concerning the information presented by a staff member about the patient's care or what the patient is expected to do
4. Responsible for following the treatment plan established by the patient's physician, including the instructions of nurses and other health professionals who carry out the physician's orders.
5. Responsible for keeping appointments and for notifying the facility or physician when the patient is unable to do so.
6. Responsible for providing healthcare insurance information and assuring the financial obligations of the patient's care are fulfilled as promptly as possible.
7. Responsible for the consequences if the patient refuses treatment or fails to follow the practitioner's instructions.
8. Responsible for following facility policies and procedures.
9. Responsible for being respectful and considerate of other patients and organizational personnel.
10. Responsible for being respectful of the belongings of others in the facility
11. Family members shall have the responsibility to be available to participate in decision-making and providing staff with knowledge of family whereabouts. Parents/family have the responsibility to continue their parenting role to the extent of their ability.

These rights and responsibilities listed here and on the previous page outline the basic concepts of service at the Arctic Surgery Center, LLC. If you believe, at any time, our staff has not met one or more of the statements during your care here, please ask to speak to the Medical Director or Director of Nursing. We will make every attempt to understand your complaint/concern. We will correct the issue you have if it is within our control, and you will receive a written response.

Lucy Qian, Business Administrator

If you have concerns about patient safety or quality care in the Arctic Surgery Center, LLC, you may contact the following organization:

Alaska Department of Health and Human Services:
<http://dhss.alaska.gov/dhcs/pages/hflc/default.aspx>
(907) 265-4526



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This is to verify that I was given information describing Arctic Surgery Center’s policies on:

- 1. Rights and Responsibilities**
- 2. Policy on Advance Directives**
- 3. Privacy Policy**

I authorize the following people to receive information about my health status:

_____	_____
Name	Relationship

_____	_____
Name	Relationship

_____	_____
Patient signature	Date