



SURGERY PATIENT INFORMATION

Please follow the instructions carefully prior to your arrival to PSC.

PRIOR TO SURGERY, PLEASE PRE-REGISTER WITH SIS EXCHANGE VIA TEXT OR EMAIL.

If you are unable to fill out the information online – Please Print “Pre-Admissions Form” by clicking on the link under Patient Information. You can drop the form off at the front desk or fax it to 405-246-0731.

- 1. You must have a responsible adult to stay with you throughout your surgery and to drive you home.** Surgery Patients: You will need a responsible adult to stay at the center with you throughout your surgery. You will also need a responsible adult to stay with you at home for the 1st night post operatively. If you do not have these arrangements made prior to your surgery/procedure it may be canceled.
2. Medications for high blood pressure/heart disease, respiratory, or seizure disorder and stomach disorders should be taken the morning of surgery with a small sip of water. Consult your physician or PSC staff regarding any other daily medications (insulin, blood thinners, etc.) to take or *stop* prior to surgery.
3. Notify your physician of any changes in your physical condition such as fever, productive cough, flu, or skin problems at the operative site.
4. **DO BRING ON DAY OF SURGERY:** Government issued photo ID with your legal name, ALL insurance cards as applicable that match your photo ID, all current medications, any medical equipment if directed by your doctor, i.e. crutches, walker, sling. If you have an Advanced Directive please bring a copy. See page 3 for more information regarding Advance Directives. **DO NOT WEAR OR BRING:** Jewelry (remove all body piercings), makeup, hairpins/barrettes, valuables.
5. Wear loose, nonbinding clothes that are easy to change and low-heeled shoes.
6. PSC is a non-smoking facility. We encourage smokers to stop smoking one week prior to surgery to reduce risks during and after surgery.
7. The management of your pain is of great importance to us. We will be assessing your level of pain from the time of admission until you receive our postoperative call at home. Effective pain relief will be an important part of your treatment. The Pre-Op nurse will inform you of the scale we use in ranking pain and how to use it.

We want to provide you with the best care possible throughout your experience. Please communicate any questions or concerns, at any time, during your stay to any member of your health care team so that we may address them quickly and to your satisfaction. We have prepared information for you so you may know what to expect as well as suggestions to have the best outcomes.

After verification that your information that we have received from your physician’s office is correct the receptionist will place a name bracelet and if applicable, an allergy bracelet. You will be escorted to the preoperative area where a nurse will prepare you for your procedure/surgery.

During the preoperative period you can expect:

- To be provided with a recliner or stretcher and a blanket for your privacy.
- To change into a gown and place your clothing in a bag.
- To remove any jewelry/piercings, contact lenses/glasses, hearing aids, dentures/removable bridges, etc. you may be wearing. Please give your jewelry to your contact person prior to entering the preoperative area.

For your safety a nurse will:

- Confirm your identity by asking you to state your name and date of birth. Confirmation of your identity will be repeated throughout your surgical experience because we care about your safety.
- Wash hands or use alcohol hand gel before and after patient contact.
- Review your medical record for completeness and perform preoperative teaching. It is important to notify your nurse or attending physician as soon as possible if you are ill, have any current infections or a history of resistant infections (MRSA) or have a change in your condition.

Surgery/Procedure Site Markings

- If you are having a procedure or surgery that distinguishes left from right your physician or physician's assistant will come to the preoperative area and write his/her initials on the location of your surgery. Sometimes your physician will mark your surgery site in the doctor's office prior to arriving at Physicians Surgical Center, if so the preoperative nurse will verify that the marking is still visible.

You will be visited by:

- Your anesthesia provider (if applicable) - your operating room registered nurse and possibly your attending physician. If you have not seen your attending physician and request to do so prior to your surgery please tell your nurse.
- Your anesthesia team will discuss the plan for your anesthesia and the nurse will start an IV (intravenous) line.
- Your operating room nurse will confirm that you are fully prepared to enter the Operating Room.
- Once you are prepared for surgery your nurse will call for your contact person to wait with you until you go to surgery. Only 1-2 people are allowed to wait with you in the preoperative area for patient privacy and safety.

Operating Room

- Once preparations are complete you will be escorted to the Operating Room and your contact person will be directed to the lobby.
- Before entering the Operating Room, a protective paper cap will be placed on your head. Your entire surgical team will be wearing similar hats to decrease the potential for infection.
- In the Operating Room you may be asked to assist with transfer to the Operating Room table.
- There are bright lights and many pieces of equipment in the Operating Room.
- Your operating room nurse is in the Operating Room to care for you and act as your advocate. He/she will remain with you throughout your surgery.

Post-Anesthesia Care Unit (PACU)

Immediately following surgery, you will be escorted to the PACU for recovery care.

- Highly skilled nurses staff the PACU and will care for you as you awaken from anesthesia.
- You will remain in the PACU until you meet the criteria to be taken to an appropriate post-recovery location. Visitors are not allowed in the PACU during the immediate post-operative recovery period.
- Pediatric patients will be reunited with their parent/caregiver as soon as possible. Staff will direct you to the recovery area soon after you speak to your child's surgeon.
- When you become awake and alert you will be transferred to our next level of care where you may be transferred to a recliner. At this point you may have a visitor. Once you meet criteria for discharge your nurse will review your home care instructions with you and your family member/responsible adult.

Federal law, as well as our concern for patient privacy, prohibits us from providing information about you to anyone without your express permission. We care about the comfort of all our patients' family members so please be advised that there is limited seating in the waiting room. Kindly consider our space limitations when determining how many family members will wait during your surgery. Upon discharge you will be given a satisfaction survey. Please complete at your convenience and drop it off in the mail. Your response is very important to us. We make improvement to our care and service based on your response. You will receive a telephone call 1-3 days postoperatively to check on how you are recovering.

Surgical Site Infection Prevention

Physicians Surgical Center follows the best practice for preventing surgical site infections (SSI). We take pride in educating our staff as well as our patients by implementing evidence-based practices for preventing surgical site infections. Here are some suggestions to assist with the best outcomes.

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
- Shower with an antibacterial soap prior to your arrival for surgery.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.
- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I am discharged?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the facility.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

PATIENT BILL OF RIGHTS

Physicians Surgical Center (PSC) has established this Patient's Bill of Rights as a policy with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his/her physician, and the facility organization. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician/patient relationship takes on a new dimension when care is rendered within an organized structure. Legal precedent has established that the facility itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

This facility has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients. All these activities must be conducted with an overriding concern for the patient, and above all, the recognition of his/her dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

AS A PATIENT, YOU HAVE THE RIGHT TO:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy and security for self and property.
- Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the Patient Rights when you are unable to do so, without coercion, discrimination or retaliation.
- Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records.
- Information concerning your diagnosis, treatment and prognosis, to the degree known.
- Participate in decisions involving your healthcare and be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks and alternatives, without coercion, discrimination or retaliation.
- Self-determination including the rights to accept or to refuse treatment and the right to formulate an advance directive.
- Competent, caring healthcare providers who act as your advocates and treats your pain as effectively as possible.
- Know the identity and professional status of individuals providing service and be provided with adequate education regarding self-care at home, written in language you can understand.
- Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience or retaliation.
- Know the reason(s) for your transfer either inside or outside the facility.

- Impartial access to treatment regardless of race, age, sex, ethnicity, religion, sexual orientation, or disability.
- Receive a bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitations or constraints placed upon your care.
- File a grievance with the facility by contacting the Privacy Officer, via telephone or in writing, when you feel your rights have been violated. There will be no retaliation.
- Once the grievance has been received the PSC Privacy Officer will mail a response within 20 days. Privacy Officer 3121 S. Telephone Road Moore, Ok 73160 405.364.9789
- Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.
- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.
- File a complaint of suspected violations of health department regulations and/or patient rights. Complaints may be filed at:

State Department of Health Complaint and Certification Reviewer
1000 N.E. 10th Street, Oklahoma City, Ok 73117-1229. Ph: 405.271.6576

A Medicare Beneficiary Ombudsman is available to Medicare beneficiaries, or their representatives or surrogates, to ensure that Medicare beneficiaries receive the information and help they need to understand Medicare options and to apply their Medicare rights and protections. The web site is www.cms.hhs.gov/center/ombudsman.asp. If your inquiry requires a response from the Medicare Beneficiary Ombudsman, a 1-800-MEDICARE representative can direct your inquiry to the Medicare Ombudsman as needed. You may also contact The Joint Commission, an independent, not-for-profit, national body that oversees the safety and quality of accredited health care organizations. Consumers may share concerns or register complaints by either calling The Joint Commission's Office of Quality at 1-800-994-6610, available weekdays, 8:30 a.m. to 5 p.m., Central Time or email complaint@JointCommission.org Fax: 630-792-5636
Mail: Office of Quality Monitoring
The Joint Commission; One Renaissance Boulevard; Oakbrook Terrace, Illinois 60181

AS A PATIENT, YOU ARE RESPONSIBLE FOR:

- Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate physician(s).
- Following the treatment plan recommended by the primary physician involved in your case.
- Providing an adult to stay with you throughout surgery, transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
- Indicating whether you clearly understand a contemplated course of action, and what is expected of you, and ask questions when you need further information.
- Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
- Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible.

- Providing information about, and/or copies of any living will, power of attorney or any other directive that you desire us to know about.

POLICY: 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.

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of Protected Health Information (PHI).

The Law Requires Us To:

- Keep your medical information private.
- Give you this notice describing our legal duties, privacy practices and your right regarding your PHI.
- Follow the terms of the notice that is now in effect.
- Notify you if a breach in the security of your Protected Health Information (PHI) occurs.

We Have the Right To:

Change our privacy practices and the terms of this notice at any time, as long as they are permitted by law. This includes information previously created or received before those changes. Notification will occur if any important change is made, and will be available upon request.

Use and Disclosure of Your Protected Health Information (PHI):

The following section describes different ways that we use your PHI. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose PHI. We will not disclose any of your PHI for any purpose not listed below, without your specific written authorization. Any specific written authorization may be revoked at any time by writing to us. We are required to obtain your authorization prior to disclosing PHI related to psychotherapy notes, sale of PHI or marketing.

FOR TREATMENT: We may use PHI about you to provide you with medical treatment or services. We may disclose this information about you to doctors, nurses, technicians and other people taking care of you. We may also share your PHI with other health care providers to assist them in treating you.

FOR PAYMENT: We may use PHI to obtain payment for the services we provide.

FOR HEALTH CARE OPERATIONS: We may use and disclose your PHI for our health care operations. This might include quality improvement measures, evaluating performance of employees, staff training, accreditation, obtaining certificates and licensure that we need in order to operate. This also includes business management

and administrative activities.

OTHER USES AND DISCLOSURES: As part of treatment, payment and health care operations, we may also use or disclose your PHI for the following purposes:

Appointment Reminders: PHI used to contact you, a family member or other responsible person, as a reminder that you have an appointment for surgery at Physicians Surgical Center. We will use the phone number(s) given to us by your surgeon's office and may leave a message with a family member. We will limit the PHI disclosed when leaving a message. If you prefer we use a different phone number, not leave messages, or prefer we do not speak with family members, this can be requested by contacting the privacy officer, in writing, at the address below.

Notification: PHI used to notify or help notify a family member or other person responsible for your care. We will share information about your location in our facility, general condition and approximate wait time. If you are present, we will get your permission if possible, before we share this information. In case of emergency and/or if you are not able to give or refuse permission, we will share only the PHI that is directly necessary for your health care, according to our professional judgment to make decisions in your best interest.

Disaster Relief: PHI will be shared with a public or private organizations or persons who can legally assist in disaster relief efforts.

Research in Limited Circumstances: PHI for research purposes in limited circumstances where the research has been approved by the Governing Body. They will review the research proposal and established protocols to ensure the privacy of your PHI.

Funeral Director, Coroner, Medical Examiner and Organ Donation: We may disclose PHI of a person who has died with these entities in order to help them carry out their duties.

Specialized Government Functions: Subject to certain requirements, we may disclose and/or use PHI for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of the State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial Administrative Proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may share your PHI with law enforcement officials. We may share limited information with law enforcement officials concerning the medical information of a suspect, fugitive, material witness, crime or missing person. We may also share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities: As required by law, we may disclose your PHI to public health or official authorities charged with preventing or controlling disease, injury or disability, including suspected physical abuse, neglect or domestic violence. We may also disclose your PHI to the

Food and Drug Administration for purposes of reporting adverse events associated with product defects, problems, tracking and other activities.

We may also, when authorized by the law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

YOUR RIGHTS:

- The right to inspect and copy your PHI, via written request to the Privacy Officer. We may deny your request, if in our professional judgment; we determine that the access requested will endanger your life or another's.
- The right to request a restriction on uses and disclosures of your PHI.
- The right to request to receive confidential communications from us by alternative means or locations.
- The right to request amendments to your PHI in writing with reasons to support such a request. In certain cases, we may deny your request for an amendment.
- The right to receive an accounting of certain disclosures for purposes of treatment, payment or health care operations. These written requests must be submitted to our Privacy Officer. Requests may not be for a period of more than 6 years. We will provide the first request within any 12-month charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- The right to request that Physicians Surgical Center not disclose your PHI to your health plan for the purposes of payment or healthcare operations, and if you are paying for your treatment out of pocket in full, then the facility must honor your requested restriction.
- The right to obtain a paper copy of this notice.
- The right to revoke your authorization of PHI release at any time.

Contact Person:

Attn: Privacy Officer

Physicians Surgical Center

3121 S. Telephone Road

Moore, Ok 73160

The Privacy Officer can be contacted by telephone at 405.364.9789

FINANCIAL POLICY

Thank you for choosing Physicians Surgical Center, LLC for your upcoming procedure. We are committed to your treatment being a success and want to ensure you have a clear understanding of our financial policy. Please take a few minutes to review our facility's policy prior to your surgery.

Financial Responsibility: You are responsible for any co-insurance, co-pay, deductibles or non-covered services. It is our policy to collect, in full, all applicable copays, deductibles, and coinsurance for insurances prior to your procedure. If you are a self-pay patient, you will be required to pay the physician, facility, and anesthesia fees, in full, before your procedure. If you are unable to pay the estimated patient responsibility due in full prior to the procedure, Physicians Surgical Center reserves the right to cancel your procedure.

Separate Bills: Patients can typically expect to receive up to four different bills depending on the procedure: facility (PSC), physician, anesthesia and lab. Physicians Surgical Center does its best to estimate the patient responsibility prior to surgery in order to assist our patients with better understanding their financial obligation for the procedure. However, until the procedure is completed and your insurance's billed, it is possible that you may still owe additional payments for your procedure. A patient can expect to receive separate billing for the following:

Facility – Physicians Surgical Center will charge you separately because your procedure was performed at our facility.

Physicians – The physician charges you separately for performing your procedure.

Anesthesiology – The anesthesiologist will charge you separately for the anesthesia services provided to you during your procedure.

Pathology – If lab work or biopsies are conducted, you will receive separate bills for the pathology tests &/or lab tests that are done for your procedure.

Payments: We accept cash, check, money order, Care Credit and all major credit cards.

Insurance claims: Insurance is a contract between you and your insurance company. We will bill your insurance company as a courtesy to you. In order to promptly bill, we require that you disclose all insurance information including primary and

secondary insurance each visit. Failure to provide complete insurance information may result in your insurance company denying your medical treatment resulting in you being responsible for the entire bill.

Self-Pay Accounts: Self-pay accounts are patients without an insurance card on file with us, or an individual without insurance.

Workers Compensation: In the case of workers compensation claim, it is your responsibility to contact your employer/human resources department prior to the surgery date. Please provide us with the claim number, contact person, and the name and address of the insurance carrier prior to your visit. If this information is not provided, your account will be handled as a self-pay account.

Minors: The parent(s) or guardian(s) of the patient is responsible for full payment in accordance with this policy and will receive any remaining billing statement for a patient under the age of 18. Minors must be accompanied by their responsible parent(s) and/or guardian(s) at the time of check in and through the duration of the visit.

DISCLOSURE OF OWNERSHIP LIST

DAVID BOBB, MD

CLIFTON WHITESELL, MD

JEFFREY BUYTEN, MD

BRAD WILSON, MD

D. CLAY COCHRAN, MD

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