

A PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Each patient receiving service in an ambulatory care facility shall have the following rights and responsibilities:

1. Each patient has the right to be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
2. Each patient has the right to be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
3. Each patient has the right to be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
4. Each patient has the right to receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;
5. Each patient has the right to participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
6. Each patient has the right to be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
7. Each patient has the right to voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
8. Each patient has the right to be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or Patient Rights or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;
9. Each patient has the right to confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
10. Each patient has the right to be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;
11. Each patient has the right to refuse to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State and Federal laws and rules;
12. Each patient has the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient; and
13. Each patient has the right to not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.
14. It is the responsibility of the Center to know and understand the patient's bill of rights and responsibilities.
15. Patient will be offered a copy of the "Patient's Bill of Rights and Responsibilities".
16. Since effective treatment depends in part on patient's history, the center expects the patient or the patient's family to provide information about past illnesses, hospitalizations, medications, and other pertinent matters.
17. The Center expects the patient will ask questions about directions or procedures they don't understand.
18. The Center expects the patient to be considerate of other patients and staff in regard to noise, smoking, and number of visitors in the patient areas. The patient is also expected to respect the property of the Center and of other persons.
19. To help the patient's physicians and the Center staff care for the patient, the patients are expected to follow instructions and medical orders and report unexpected changes in their condition to, their physician and Center staff.
20. The patient assumes financial responsibility for all services either through their insurance or by paying at the time of service.
21. The patients are expected to follow all safety regulations that they are told or read about.
22. If the patient fails to follow their healthcare provider's instructions, or if the patient refuses care, they are responsible for their own actions.
23. Except for emergencies, the practitioner shall obtain the necessary informed, written consent prior to the start of specified non-emergency procedures or treatments only after a physician has explained - in terms that the patient understands - specific details about the recommended procedure or treatment, the risks involved, the possible duration of incapacitation, and any reasonable medical alternatives for care and treatment. (N.J.A.C. 8:43G-4.1(a)7.) Informed consent is required by the State of New Jersey. (N.J.A.C. 8:43A-13.3(a)16.)
24. A patient or, if the patient is unable to give informed consent, a responsible person, has the right to be advised when a practitioner is considering the patient as a part of a medical care research program or donor program, and the patient, or responsible person, shall give informed consent prior to actual participation in the program. A patient, or responsible person, may refuse to continue in a program to which he has previously given consent.
25. The patient who does not speak English shall have access, where possible, to an interpreter.
26. The patient can choose to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
27. As a Person with Pain, You Have;
 - a) The right to have your report of pain taken seriously and to be treated with dignity and respect by doctors, nurses, pharmacists and other healthcare professionals.
 - b) The right to have your pain thoroughly assessed and promptly treated.
 - c) The right to be informed by your doctor about what may be causing your pain, treatments, and the benefits, risks and costs of each.
 - d) The right to participate actively in decisions about how to manage your pain.
 - e) The right to have your pain reassessed regularly and your treatment if your pain has not been eased.
 - f) The right to be referred to a pain specialist if your pain persists.
 - g) The right to get clear and prompt answers to your questions, to take time to make decisions, and to refuse a particular type of treatment if you choose.
28. ASC's must provide in their notice of rights the website for the Office of the Medicare Beneficiary Ombudsman. CMS has updated the interpretive guidelines to include the current website: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

NOTICE OF PRIVACY PRACTICES

SPECIALTY SURGICAL CENTER

I. 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.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

- a. We are legally required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short. It includes information that can be used to identify you and that we've created or received about your past, present, or future health condition, the provision of health care to you, or the payment for this health care. We are required to provide you with this notice about our privacy practices. It explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.
- b. We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Whenever we make an important change to our policies we will promptly change this notice and post a new notice in the patient waiting area. You can also request a copy of this notice from the contact person listed in Section IV below at any time.

III. HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of uses and disclosures.

a. Uses and Disclosure Which do Not Require Your Authorization

We may use and disclose your PHI without your authorization for the following reasons:

1. **For Treatment:** We may disclose your PHI to hospitals, physicians, nurses, and other health care personnel in order to provide, coordinate or manage your health care for any related services, except where the PHI is related to HIV/AIDS, genetic testing, or federally funded drug or alcohol abuse treatment facilities, or where otherwise prohibited pursuant to

State or Federal law. For example, we may disclose PHI to a pharmacy to fill a prescription, or to a laboratory to order a blood test.

2. **To Obtain Payment for Treatment:** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing staff and your health plan to get paid for the health care services we provided to you. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. For example we may disclose your demographic information to anesthesia care providers for payment of their services.
3. **For Health Care Operations:** We may disclose your PHI, as necessary, to operate this facility and provide quality care. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.
4. **When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement:** For example, we may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence, when dealing with gunshot or other wounds; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; or when subpoenaed or ordered in a judicial or administrative proceeding.
5. **For Public Health Activities:** For example, we may disclose PHI to report information about births, deaths, various diseases, adverse events and product defects to government officials in charge of collecting that information; to prevent, control, or report disease, injury or disability as permitted by law; to conduct public health surveillance, investigations and interventions are permitted or required by law; or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
6. **For Health Oversight Activities:** For example, we may disclose PHI to assist the government or other health oversight agency with activities including audits; civil, administrative, or criminal investigations, proceedings or actions; or other activities necessary for appropriate oversight as authorized by law.
7. **To Coroners, Funeral Directors, and for Organ Donation:** We may disclose PHI to organ

procurement organizations to assist them in organ, eye, or tissue donations and transplants. We may also provide coroners, medical examiners, and funeral directors necessary PHI relating to an individual's death.

8. **For Research Purposes:** In certain circumstances, we may provide PHI in order to conduct medical research.
9. **To avoid Harm:** In order to avoid a serious threat to the health or safety of you, another person, or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
10. **For Specific Government Functions:** We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security and intelligence activities.
11. **For Workers' Compensation Purposes:** We may provide PHI in order to comply with workers' compensation laws.
12. **Appointment Reminders and health-related Benefits or Services:** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other, health care services or benefits we offer. Please let us know if you do not wish to have us contact you or these purposes, or if you would rather we contact you at a different telephone number or address.

B. Uses and Disclosures Where You Have the Opportunity to Object:

1. **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care of the payment for your health care, unless you object in whole or in part.

C. All Other uses and Disclosures Require your Prior Written Authorization. Other than as stated above, we will not disclose your PHI without your written authorization. You can later revoke your authorization in writing except to the extent that we have taken action in reliance upon the authorization.

D. Incidental uses and Disclosures: Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosures are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the office that might be overheard by persons not involved in your care would be permitted.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following right with respect to your PHI:

- a. **The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to request in writing that we limit how we use and disclose your PHI. You may not limit the uses and disclosures that we are legally required to make. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Under certain circumstances, we may terminate our agreement to a restriction.
- b. **The Right to choose How We Send PHI to You:** You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, via e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the manner you requested.
- c. **The Right to See and Get Copies of Your PHI:** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.
- d. **The Right to Get a List of the Disclosures We Have Made:** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures made for purposes of treatment, payment, or health care operations, those made pursuant to your written authorization, or those made directly to you or your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or prior to April 14, 2003. **We will respond within 60 days of receiving your written request.** The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosures, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide one (1) list during any 12-month period without charge. Subsequent requests may be subject to a reasonable cost-based fee.

- e. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request, in writing, that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond in sixty days of receiving your request in writing. We may deny your request if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denials and explain your right to file a written statement or disagreement with the denial. If you don't file one, you have the right to have your request and our denial attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.
- f. **The Right to Get This Notice by E-Mail:** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Ave., SW; Room 615F; Washington, DC 20201. (1-800-792-9770) We will take no retaliatory action against you if you file a complaint about our privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the department of health and Human Services, please contact:

Terri Hannibal, RN, Administrator, Specialty Surgical Center, 380 Lafayette Road, Sparta, NJ 07871; Phone: 973-940-3166.

VII. EFFECTIVE DATE OF THIS NOTICE:

This notice is effective May, 10, 2007.

SPECIALTY SURGICAL CENTER

DISCLOSURE OF OWNERSHIP

Surgical Care Affiliates
Robert DeFalco, DO
Stephen Koss, MD
Atif Malik, MD
Donald Mykulak, MD
Frank Corrigan, MD
Wayne Colizza, MD
Leigh Ende, MD
Victor Gentile, MD
Matthew Hall, MD
James Matteson, MD
Richard Siegfried, MD
Frank Salvatore, MD
Paul Teja, DO
Michael Gutkin, MD
Christopher Castro, DO
Kevin White, DO
Paul Littman, DO

PATIENT PRIVACY/MEDICAL RECORDS

Primary: Lori Bertholf, Office Manager
Alternate: Terri Hannibal, Administrator
Alternate: Heather Riehl, Director of Nursing

CONTRACT PEDIATRICIAN

Christian Canzoniero, MD

INFECTION CONTROL DESIGNEE-ON-SITE

Primary: Pat Ycre, RN
Secondary: Monica Van Haste, RN

PATIENT SAFETY LIASON

Tom Mitros, MD

DIRECTOR OF ANESTHESIA

Tom Mitros, MD

LASER SAFETY

Donald Mykulak, MD
Heather Riehl, RN

BRACHYTHERAPY

Robert Cole, MD

When Does an Advance Directive Become Operative?

- * When it is transmitted to your doctor, hospital or other health care provider; and
- * When you lack the capacity to make a particular health care decision.

Remember, an Advance Directive may request that treatment be given, not just withheld or withdrawn.

Copies of your advance directive should be shared with your doctor, your proxy if you choose to name one, your family and friends, anyone who might be called upon if you are in need of medical care and unable to make decisions.

Under New Jersey Law, treatment can be withheld or withdrawn in accordance with an Advance Directive.

- * If the treatment is experimental or is likely to be ineffective or futile;
- * If you are permanently unconscious;
- * If you are in a terminal condition; or
- * If you have a serious irreversible condition and the burdens of treatment outweigh the benefits.

Where Can I Get More Information About Advance Directives?

Lawyers, Doctors, Hospitals and Clinics all have information about Advance Directives. You may also contact your County Medical Society, your County Bar Association, or your County Board of Social Services.

On the Internet, there are many sources for information about Advance Directives, some of which provide sample forms. The New Jersey Commission on Legal and Ethical Problems in the Delivery of Health Care prepared a booklet that is available on-line at www.state.nj.us/health/ltc/advance_directives.pdf Some other web resources include:

Familydoctor.org/003.xml
www.americangeriatrics.org/education/forum
www.bazelon.org
www.compassionindying.org/ad.php
www.kidney.org
www.medicalert.org
www.neri.org
www.partnershipforcaring.org
www.uslivingwillregistry.com/forms

Remember, though, YOUR Advance Directive should reflect YOUR wishes, values and desires.

Provided as a public service by the New Jersey Office of the Ombudsman for the Institutionalized Elderly, William P. Isele, Ombudsman, and the New Jersey Department of Health and Senior Services.

Advance Directives in New Jersey

By
WILLIAM P. ISELE, M.A., J.D.
New Jersey Ombudsman for
the Institutionalized Elderly

May 2005



RICHARD J. COFFEY
Acting Governor

FRED M. JACOBS, M.D., J.D.
Commissioner

What Is an

Advance Directive?

You have the right to decide what medical treatment you want, or do not want to receive. What happens to that right if you become physically or mentally unable to communicate your wishes and values? You can decide in advance what treatment you would want, and put that decision in writing, or you may name someone else, who understands and shares your values, to exercise that right for you. This is called an Advance Directive.

Under New Jersey Law, there are three kinds of Advance Directives:

- * A Proxy Directive, which names a person to make health care decisions when you no longer can (this is sometimes called a "health care proxy" or a "health care power of attorney);
- * An Instruction Directive, which expresses your desires/instructions for treatment (this is sometimes called a "Living Will"); or
- * A Combined Directive, which names a proxy and gives instructions for treatment.

Who Should Prepare an Advance Directive?

Anyone who is over the age of 18 and understands what he or she is doing can prepare an advance directive. You may want to consider preparing an advance directive if:

- * You want your doctor or other health care provider to know the kind of medical care you want or don't want, in the event that you become unable to speak for yourself;
- * You want to relieve your family of the responsibility for making decisions about your medical care.

Advance Directives are not only for the elderly or people with chronic illnesses. In fact, young, healthy people may suffer injuries in accidents that can make them temporarily or permanently unable to speak for themselves.

Federal Law requires hospitals to ask all patients, upon admission, whether they have Advance Directives. But now, when you are healthy, relaxed, and thinking clearly is really the best time to think about Advance Directives.

Is Making an Advance Directive Complicated?

Deciding what health care services you want may be complicated, but making an advance directive is not. All that is required is:

- * That it be in writings;
- * That it be signed by you;
- * That your signature be witnessed by two adult witnesses (over 18) or by a Notary Public or other legal official (like a New Jersey attorney or Judge).

There is no specific form of Advance Directive that must be followed in New Jersey, although there are many model forms available. You don't need a lawyer to prepare an Advance Directive. It can be as simple as a letter stating your health care wishes, or naming the person you trust to make health care decisions for you.

It is very important, if you choose to name a trusted friend as a proxy to make decisions for you when you no longer can, that you inform that person, and discuss your desires and values with him or her. The whole idea of an Advance Directive is to assure that your wishes will be honored. No one can honor your wishes unless they know what they are!

ADVANCE DIRECTIVES/LIVING WILLS

On January 11, 1992, a New Jersey law took effect which mandates that all health care facilities ask patients whether they have an Advance Directive/Living Will.

On May 18, 2009, It is now required that patients receive information on Advance Directives and the Centers policies regarding Advance Directives , prior to the day of surgery.

An Advance Directive/Living Will is used by an individual to indicate their voluntary, informed choice of accepting or rejecting courses of medical treatment.

An Advance Directive document allows you to give written instruction to those caring for you and indicating your choices in the event you are unable to express those decisions yourself.

We can provide you with a brochure , and the Surgical Centers policy , in advance of the surgery date ,to give you information on Advance Directives if you are interested.

If you currently have an Advance Directive, please bring a copy of it with you to the Center. One of the Surgical Centers RNs will be calling you prior to surgery and will ask if you currently have an advance directive.

However it is not the Surgical Centers policy to acknowledge Advance Directives. If you wish, a copy of the advance directive will be placed on your chart to be used in the event of a transfer to a hospital where your advance directive will be acknowledged. You will need to temporarily waive the Advance Directive during your visit at the Surgical center. If this presents a problem, please let your physician know prior to the date of surgery.