

## **SURGERY CENTER STATEMENT OF PATIENT RIGHTS**

*As a patient of Founders Surgery Center you have the right to:*

- Privacy and security of self and belongings during the delivery of patient care services.
- Become informed of your rights as a patient in advance of, or when discontinuing, the provision of care. You may appoint a representative to receive this information should you so desire.
- Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care or any other act of discrimination and without any reprisal.
- Considerate and respectful care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. To assure these preferences are identified and communicated to staff, a discussion of these issues will be included during the initial nursing pre-op interview.
- Access protective and advocacy services or have these services accessed on your behalf.
- Appropriate assessment and management of pain.
- Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Knowledge of the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and healthcare providers who will see you. You have the right to change physicians if other qualified physicians are available.
- Receive information from your physician about your illness, course of treatment, outcomes of care (including unanticipated outcomes) and your prospects for recovery in terms you can understand in a manner that facilitates understanding. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate for the impairment.
- Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse the course of treatment.
- Actively participate in decisions regarding your medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Be informed of the Founders Surgery Center policy and state regulations regarding Advance Directives.
- Full consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted

### Patient Responsibilities

- **The care a patient receives depends partially on the patient. Therefore, in addition to these rights, a patient has certain responsibilities, as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect.**
- You have the responsibility to provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- You are responsible for reporting perceived risks in your care and unexpected changes in your condition to the responsible practitioner.
- You and your family are responsible for asking questions about your condition, treatments, procedures, clinical laboratory and other diagnostic test results.
- You and your family are responsible for asking questions when you do not understand what you have been told about your care or what you are expected to do.
- You and your family are responsible for immediately reporting any concerns or errors you may observe.
- You are responsible for following the treatment plan established by your physician, including the instructions of nurses and other health professionals as they carry out physician's orders.
- You are responsible for keeping appointments and for notifying the Surgery Center or physician when you are unable to do so.
- You are responsible for your actions should you refuse treatment or not follow your physician's orders.
- You are responsible for being considerate of the rights of other patients and Surgery Center personnel.
- You are responsible for being respectful of your personal property and that of other people in the Surgery Center.
- You are required to have a responsible adult (18 years of age or older) drive you home and stay with you for the period of time directed by your physician. If your procedure is an endoscopy or minor surgical procedure expected to last sixty (60) minutes or less, your driver must prepare to stay on the premises for the duration of your stay at the Surgery Center.

### Advance Directive

It is the responsibility of Founders Surgery Center to verify if a patient has an Advance Directive, or, upon request, provide information concerning Advance Directives. The term 'Advance Directive' includes a Durable Power of Attorney for Healthcare Decisions, a Declaration under the Kansas Natural Death Act (also known as a 'Living Will') and a DNR (Do-Not-Resuscitate) Directive.

A Surgery Center nurse will call you the day before surgery to ask if you have an Advance Directive. If your reply is “yes”, the Advance Directive process will be as follows:

- All patients have the right to participate in their own health care decisions and to make an Advance Directive which authorizes others to make such decisions when the patient is unable to make or communicate them.
- You will be asked to bring a copy of the Advance Directive the day of your surgery. This will become part of your medical record.
- Before the scheduled procedure, your physician will discuss the specifics of your procedure and answer questions pertaining to risks, expected recovery and care after your surgery.
- You understand and agree that in the event of an unexpected or adverse incident during your procedure medical and nursing staff will attempt to resuscitate you and that you could be transferred to an acute care hospital for further evaluation.
- At an acute care hospital, further medical treatment or withdrawal or withholding of life sustaining medical treatment will be considered in accordance with the patient's wishes as expressed verbally or in an Advance Directive.
- A patient's agreement with this policy does not revoke or invalidate any current health care Advance Directive.

If you would like to consider Advance Directive forms or if you have questions about your Advance Directive(s), please contact your physician's office, your private attorney, or you can ask us. We will provide information the day of your procedure.

Additional resources for information are:

**Wichita Bar Association**  
225 North Market #200  
Wichita, KS 67202  
Ph : 316-263-2251

**Kansas Bar Association**  
1200 SW Harrison St  
Topeka, KS 66612  
Ph: 785-234-5696  
Fax: 785-234-3813

**Your local Extension  
Office**

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

Balance billing (or surprise billing) happens when you're charged the difference between what your health plan pays and what the provider charges. This can happen unexpectedly in emergencies or when you're treated at an in-network facility by an out-of-network provider.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care-like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

### You are protected from balance billing for:

**Emergency Services:** If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

### **Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's In-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

## General Post-Op Instructions

### **Diet**

You will be given specific instructions by your surgeon, following surgery, that will guide you to begin with liquids and light foods then progress to a regular diet. Fast food, as well as greasy food, should not be consumed until the day after surgery to help prevent nausea. It is a good idea to drink plenty of fluids for the first few days following surgery. You should always take your pain medication after eating something, even if it is a cracker or piece of bread/toast.

### **Activity**

After surgery there is a fine line between going home to take it easy versus being up and around. While it is important to rest following surgery, you should get up several times during the day to go to the bathroom and to the table for meals. This activity will help to prevent blood clots in your legs and will help your bowels and bladder to function better. Please be aware that anesthesia the day of surgery as well as pain medication may affect your balance and caution should be used when walking. You should not participate in any exercise without authorization from your surgeon.

### **Sequential Compression Devices (SCDs)**

In the event you have qualified for SCD sleeves, your surgeon will provide you with instructions for use that these should be used for seven (7) days while you are sitting or lying down to help prevent blood clots in your legs. Please remove them before you walk anywhere. It will be your responsibility to return the machine to the company. Instructions will be given to you either by the nurse of the company. FedEx will pick up the device and return it to the company.

### **Bladder**

In order for you to be able to urinate adequately, plenty of fluids should be consumed. If you are unable to urinate, please contact your surgeon or go to an emergency room.

### **Bowels**

Narcotic pain medication can cause constipation. Drinking plenty of fluids and getting up and walking around will help alleviate some constipation. If you still have no bowel movement within 24 hours of your procedure, contact your surgeon.

## Decreasing Risk of Infection

Infection is one risk of having surgery. We take steps to decrease hospital-acquired infections as part of our effort to promote high quality care. The sicker you are before surgery, the higher your risk of infection.

Here are easy ways you and family can help:

### **Wash your hands**

Hand washing is the most important way to decrease the spread of infection. Start by requesting everyone who touches you to wash their hands.

### **How to wash your hands**

- Use soap and warm water, or, if your hands do not appear dirty, an alcohol-based hand sanitizer.
- Rub your palms, fingernails, between your fingers and the backs of your hands for at least 15 seconds--the time it takes to sing "Happy Birthday" twice.

### **When to wash your hands**

- Before touching or eating food
- After touching surfaces in a hospital room
- After changing a diaper
- Before entering and after leaving a hospital room
- After using the bathroom
- After coughing and sneezing
- After touching the dressing on a wound

### **Cover your mouth and nose**

Keep tissues handy when you sneeze or cough. Germs can travel more than three (3) feet. If you do not have a tissue, cover your mouth and nose with the bend of your elbow or hands. Remember to wash your hands after coughing, sneezing or touching a tissue.

### **If you are sick, avoid contact with others**

Do not shake hands or touch others. If you are in isolation for a contagious illness, such as flu, encourage visitors to limit their hospital visits.

### **Make sure your vaccinations are current**

#### **The chance of a surgical site infection is greater if:**

- You have a weak immune system
- You are already fighting an infection
- You have diabetes, cancer or kidney disease

- Your surgery lasts longer than three (3) hours
- Your surgery is done in an emergency due to trauma

**To lower your risk of infection:**

- If you are diabetic, talk to your doctor about how to improve the control of your blood sugar. High blood sugars increase the risk of infection.
- Stop smoking, preferably at least one month before scheduled surgery. Smoking decreases blood flow and oxygen to the wound, which slows healing.

FSC Decreasing Your Risk of Infection, Updated 12.22.23

## Joint Notice of Privacy Practices

Effective Date: February 5, 2003 | Revised: April 1, 2019

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.

### WHAT IS THIS DOCUMENT?

Ascension Via Christi, which is comprised of physicians, hospitals, clinics and other health care providers who work together to deliver a broad range of health care services, is committed to protecting your health information ("protected health information" or "PHI"). We create and maintain a record of your care and services you receive on a variety of media, including paper, film and electronic. This information is available to workforce members, such as medical staff members, business associates and volunteers, who need this information to provide treatment to you, obtain payment for services provided or to support various operational functions necessary to provide health care. We are required by law to:

- Have reasonable safeguards in place to discourage improper use or access to your PHI;
- Maintain and protect your privacy and the confidentiality of your PHI and records;
- Provide you with this Joint Notice describing your rights and our legal duties regarding your PHI; and,
- Notify affected individuals in the event of a breach of unsecured

### HOW DO WE USE OR DISCLOSE YOUR PHI?

We May Use and Disclose Your PHI for the Following Reasons Without Your Written Authorization.

**Treatment:** We may use and disclose your PHI to provide you medical treatment and services. Your PHI may be used by or disclosed to physicians, nurses, technicians, medical students and others

who are involved in your care.

**Example:**

- We may tell your primary care physician, nursing home or other health care provider about your hospital stay so they can provide appropriate follow-up care.

**Payment:** We may use and disclose your PHI to bill for the treatment and services you receive and to collect payments from you, your insurance company or a third party.

**Examples:**

- We may tell your health plan about a proposed treatment for you to obtain prior approval or to determine if your plan will cover the treatment.
- We may disclose your PHI to physicians or their billing agents, so they can send their claims to your insurance company or to you.

**Health Care Operations:** We may use or disclose your PHI for health care operations. These uses, and disclosures are necessary to run our organizations and make sure patients receive quality care.

**Examples:**

- We may use PHI to review our treatment and services, evaluate staff performance and train health care professionals.
- We may use the PHI of many patients to decide if additional services should be offered if services



are needed or if new treatments or processes are effective.

**Business Associates:** We may disclose your PHI to business associates with whom we contract to provide services on our behalf. We require business associates to take appropriate measures to safeguard your information.

**Example:**

- We may contract with a company outside the organization to provide medical transcription services or to provide collection services for past due accounts.

The Following Categories Describe Additional Ways that We May Use and Disclose Your PHI Without Your Written-Authorization. Not Every Use or Disclosure Is Listed.

**Disclosures Required by Law:** We may use or disclose your PHI when required to do so by federal, state or local law.

**Victims of Abuse:** We may disclose your PHI to notify the appropriate government authority if we believe that you have been a victim of abuse or neglect. We will only make this disclosure if you agree or when required or authorized by law.

**Electronic Health Information Exchanges:**

We may access or disclose your PHI to other health care organizations, health plans or the government through health information exchange organizations. These organizations are committed to securing the information and allowing your PHI to be available when needed for the purposes of treatment, payment or health care operations. You have the right to opt out of participating in a health information exchange.

**Appointment Reminders and Health-Related**

**Benefits or Services:** We may use and disclose your PHI to contact you by telephone, cell phone, text, email, patient portal or mail, as a reminder

that you have an appointment for treatment or medical care or to give you information about treatment alternatives or other health care services or benefits we offer. This may be done through an automated system or by one of our associates. If you do not answer, we may leave this information on your voice mail or in a message left with the person answering the phone.

**Research:** We may disclose information to researchers when the research project has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Workers' Compensation:** We may disclose your PHI for workers' compensation or similar programs as authorized by state law. These programs provide benefits for work related injuries or illnesses.

**Coroners, Medical Examiners and Funeral**

**Directors:** We may disclose PHI to a coroner, medical examiner or funeral director.

**Examples:**

- To identify a deceased person or determine the cause of death.
- To assist the funeral director in completing the death certificate.

**Organ and Tissue Procurement Organizations:** We may disclose your PHI to organizations that handle organ, eye, or tissue procurement or transplantation, or to a donation bank as necessary to facilitate donation and transplantation.

**Military:** If you are a member of the Armed Forces, we may disclose PHI as required by military command authorities, we may also disclose PHI about foreign military personnel to the appropriate foreign military authority. In addition, we may disclose PHI of military veterans to Department of Veterans Affairs in certain situations.

**Judicial, Administrative and Law Enforcement**

**Purposes:** We may disclose PHI about you for judicial, administrative and law enforcement purposes. This may include disclosures in response to subpoenas or court orders.

**To Advert a Serious Threat to Health or Safety:**

We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. This disclosure would only be made to someone able to help prevent the threat.

**Health Oversight Agencies:** We may disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure or disciplinary actions, that are necessary for the government to monitor the health care system, government programs, and compliance with applicable laws.

**Public Health:** We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**National Security and Intelligence Activities:** We may disclose your PHI to federal officials for intelligence, counterintelligence, or other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose your PHI to federal officials, so they may provide protection for the President, other authorized persons or foreign heads of state, or to conduct special investigations.

**Custodial Situation:** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional facility or law enforcement official.

**Following are Uses and Disclosures to Which You Have an Opportunity to Object.**

**Facility Directory:** Unless you notify us that you object, we will use your name, your room number or other location within the facility, your general medical condition (critical, serious, good, fair, etc.), and your religious affiliation as part of our patient information system. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Individuals Involved in Your Care or Payment of Your Care:** We may release PHI to a friend or family member who is involved in your medical care and those who help pay for your care. If you are unable to object, our health care professionals will use their best judgment in communicating with your family and others. We may disclose PHI about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

**Fundraising:** We may contact you as part of our fundraising activities, including through a foundation owned by or affiliated with Founders Surgery Center, but you have the right to opt out of receiving such communications. If you do not want to be contacted about our fundraising efforts, you must notify us in writing.

**All Other Uses and Disclosures Require Your Prior Written Authorization.**

**Marketing:** We must obtain your written authorization before we may use or disclose your PHI for marketing purposes, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you.

Any other uses or disclosures not covered by this notice or the laws that apply to us will be made only with your written authorization. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization, in writing, at any time. Your revocation will stop any future uses and disclosures to the extent that we have not taken any action relying on the authorization.

**WHAT ARE MY RIGHTS REGARDING MY PHI?**

You have the following rights regarding your PHI. You are required to submit in writing requests to exercise any of these rights for records that the facility creates and maintains.

**Right to Inspect and Copy:** You have the right to inspect and request a copy of your health record, except as prohibited by law. If you request a copy in either paper or electronic format, you may be charged a fee in accordance with federal and state law. In certain circumstances, we may deny your request to inspect a copy. If you are denied access, you may request that the denial be reviewed.

**Right to Amend:** If you believe the information in your records is incorrect or incomplete, you have the right to request that we amend your health record. We are not required by law to agree to a request to amend your health record. We will notify you in writing within 60 days if we are unable to grant your request.

**Right to Accounting of Disclosures:** You have the right to get a list of instances in which we have disclosed your PHI in the last six years unless you request a shorter time. The list will not include any disclosures for treatment, payment or health care operations or certain other disclosures not required to be accounted for under applicable law. We will respond within 60 days of receiving your request. We will provide the list to you at no charge, but if you make more than one request in the same 12-month period, we may charge you a

reasonable, cost-based fee for each additional request.

**Right to Request a Paper Copy of this Notice:** You have the right to a paper copy of this notice even if you agreed to receive this notice electronically.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations or disclose about you to a family member or friend involved in your care. We are not required by law to agree to a requested restriction, except when you request that we not disclose information to your health plan about services for which you paid out-of-pocket in full. For all other restriction requests, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or the use or disclosure is required by law.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about your PHI via a certain method or certain location. We will accommodate all reasonable requests.

Example:

- You may request that we only contact you via mail or at your work phone number.