

TUCSON
Surgery Center

The logo for Tucson Surgery Center features the word "TUCSON" in a small, spaced-out, sans-serif font above the words "Surgery Center" in a larger, serif font. A thick, grey, curved swoosh underline is positioned beneath the text.

To all Patients:

All patients must be provided with the enclosed information.

Enclosed you will find:

- ❖ Patients Rights & Responsibilities (Provided both verbally and in writing.)
- ❖ The Surgery Center's Policy on Advance Directives
- ❖ Pre-Registration Facility Disclosure Form
- ❖ Notice of Privacy Practices

You may also visit our website www.tucsonsc.com for full disclosure, map and other information.

Please sign the acknowledgement that you have received this information both verbally and in writing.

Thank you for your cooperation and understanding with the above requirements. We look forward to providing you with an outstanding experience.

TUCSON SURGERY CENTER

FOR ADMITTING STAFF

CMS PATIENT RIGHTS VERBAL NOTICE REQUIREMENT

CMS Q-0219, 416.50 (a) Condition for Coverage-Patient Rights:

An ASC must, prior to the start of the surgical procedure, provide the patient, or the patient's representative, or the patient's surrogate with verbal and written notice of the patient's rights in a language and manner that ensures the patient, the representative, or the surrogate understand all of the patient's rights as set forth in this section.

(Q-0227) 416.50(e)

PLEASE VERBALLY REVIEW WITH EVERY PATIENT.

YOU HAVE THE RIGHT TO:

- Be free from any act of discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) provided.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harrassment.

TUCSON SURGERY CENTER PATIENT'S RIGHTS AND RESPONSIBILITIES

Centers for Medicare and Medicaid Services (CMS)

The patient and the patient's representative or surrogate has the right to:

- Be free from discrimination or reprisal
- Voice grievances regarding treatment or care that is (or fails to be) provided
- Be fully informed about a treatment or procedure and the expected outcome before it is performed
- Personal privacy
- Respect, dignity, and comfort
- Receive care in a safe setting
- Be free from all forms of abuse or harassment
- Receive information about their privacy rights and how their information can be used
- Privacy and confidentiality of medical record information
- Make informed decisions regarding care
- Formulate an Advance Directive
- Delegate his/her right to make informed decisions to another person
- Know if your physician has a financial interest or ownership in the center
- File a grievance

If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

If a State court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

AZ State

The patient and the patient's representative or surrogate has the right to:

- Be treated with dignity, respect, and consideration
- Not be subjected to: Abuse, neglect, exploitation, coercion, manipulation, sexual abuse, sexual assault, seclusion, or restraint
- Not be retaliated against for submitting a complaint to the Department of Health or other entity
- Not have misappropriation of personal and private property by the center's medical staff, personnel members, employees, volunteers, or students
- Except in an emergency, either consents to or refuses treatment
- Refuse or withdraw consent for treatment before treatment is initiated
- Except in an emergency is informed of alternatives to a proposed surgical procedure and the associated risks and possible complications of the proposed surgical procedure
- Be informed of the center's policies and procedures on health care advance directives
- Be informed of the center's complaint process
- Consent to photographs before being photographed, except when admitted to an outpatient surgery center for identification and administrative purposes
- Except as otherwise permitted by law, provides written consent to the release of information in the patient's medical record or financial records
- Not be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis
- Receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities
- Receive privacy in treatment and care for personal needs
- Review, upon written request, the patient's own medical record
- Receive a referral to another healthcare institution if the outpatient surgical center is unable to provide physical health services for the patient

- Participate, or have the patient's representative participate, in the development of or decisions concerning treatment
- Participate or refuse to participate in research or experimental treatment
- Receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights

Accreditation Association for Ambulatory Health Care (AAAHC)

The patient and the patient's representative or surrogate has the right to:

- Be treated with respect, consideration, and dignity
- Be provided appropriate privacy
- When the need arises, reasonable attempts are made for health care professionals and other staff to communicate in the language or manner primarily used by patients
- Be provided to the degree known, information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person
- Be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons
- Know services available at the facility
- Know provisions for after-hours and emergency care
- Know fees for services
- Know payment policies
- Formulate advance directives
- Know the credentials of health care professionals
- Know if there is an absence of malpractice insurance coverage
- Know how to voice grievances regarding treatment or care
- Know methods for providing feedback, including complaints
- Be informed of their right to change providers if other qualified providers are available

The patient or as appropriate the patient's representative is responsible for:

- Providing complete and accurate information the best of his/her ability about his/her health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities
- Following the treatment plan prescribed by his/her provider and participating in his/her care
- Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by the provider
- Accepting personal financial responsibility for any charges not covered by insurance
- Behaving respectfully toward all the health care professionals and staff, as well as other patients

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Complaint/grievance process:

If you, your representative, or surrogate has a problem or complaint, please speak to the receptionist, nurse, physician or your caregiver; we will address your concern(s). You may also contact the Facility Administrator. If your concern cannot be immediately resolved the facility will investigate the complaint/grievance and notify you, in writing, the outcome of the investigation.



ADVANCE DIRECTIVE POLICY

AN ADVANCE DIRECTIVE IS A WRITTEN INSTRUCTION, SUCH AS A LIVING WILL OR DURABLE POWER OF ATTORNEY FOR HEALTHCARE, RECOGNIZED UNDER STATE LAW, RELATING TO THE PROVISION OF HEALTHCARE WHEN THE INDIVIDUAL WHO HAS ISSUED THE DIRECTIVE IS INCAPACITATED.

THIS FACILITY RECOGNIZES THE PATIENT'S RIGHT TO HAVE ADVANCED DIRECTIVES AND A LIVING WILL ACCORDING TO THE FEDERAL AND STATE OF ARIZONA LAWS AND STATUTES. (REFER TO SECTION I.) FACILITY STAFF WILL IMPLEMENT AND COMPLY WITH PATIENT ADVANCE DIRECTIVES EXCEPT AS OTHERWISE EXPRESSLY PROVIDED IN THIS POLICY. THE ADVANCE DIRECTIVE POLICY WILL BE PROVIDED TO EACH PATIENT PRIOR TO ANY SURGICAL PROCEDURE.

THIS FACILITY ALSO RECOGNIZES THAT THE PURPOSE OF BEING AN AMBULATORY SURGERY CENTER IS TO PROVIDE ELECTIVE SURGICAL PROCEDURES TO ASA CLASS I, II AND STABLE CLASS III PATIENTS, MEANING THE FACILITY TREATS GENERALLY HEALTHY PATIENTS. IN ALL INSTANCES OF EMERGENCY OR LIFE THREATENING SITUATIONS, LIFE-SUSTAINING TREATMENT (INCLUDING RESUSCITATIVE SERVICES) WILL BE INSTITUTED FOR STABILIZING PURPOSES AND PATIENTS IMMEDIATELY TRANSFERRED TO A HIGHER LEVEL OF CARE.

SECTION I. STATE OF ARIZONA

IN THE STATE OF ARIZONA, ALL PATIENTS HAVE THE RIGHT TO PARTICIPATE IN THEIR OWN HEALTH CARE DECISIONS AND TO MAKE ADVANCE DIRECTIVES OR TO EXECUTE POWERS OF ATTORNEY THAT AUTHORIZE OTHERS TO MAKE DECISIONS ON THEIR BEHALF BASED ON THE PATIENT'S EXPRESSED WISHES WHEN THE PATIENT IS UNABLE TO MAKE DECISIONS OR UNABLE TO COMMUNICATE DECISIONS. THE FACILITY RESPECTS AND UPHOLDS THOSE RIGHTS AND WILL IMPLEMENT AND COMPLY WITH PATIENT ADVANCE DIRECTIVES EXCEPT AS OTHERWISE EXPRESSLY PROVIDED HEREIN. THE FACILITY HAS NO BLANKET POLICY OF REFUSAL TO COMPLY WITH ANY ADVANCE DIRECTIVE. HOWEVER, THE FACILITY'S COMPLIANCE WITH CERTAIN ELEMENTS OF AN ADVANCE DIRECTIVE IS SUBJECT TO THE LIMITATIONS DELINEATED BELOW.

CANDIDATES FOR PROCEDURES PERFORMED AT THIS FACILITY ARE REQUIRED TO BE ASA CLASS I, II, OR STABLE III, MEANING THE FACILITY TREATS GENERALLY HEALTHY PATIENTS, HAS LIMITED CAPABILITIES AND DOES NOT ROUTINELY PERFORM PROCEDURES OR SERVICES THAT CREATE THE LIKELIHOOD OF HAVING TO IMPLEMENT OR WITHDRAW LIFE-SUSTAINING TREATMENT OR SERVICES. ANY LIFE THREATENING SITUATION WITHIN THE FACILITY WOULD LIKELY BE DUE TO AN UNEXPECTED COMPLICATION, RATHER THAN THE CONDITION OF AN INDIVIDUAL PATIENT OR AN EXISTING CO-MORBIDITY. ACCORDINGLY, THIS FACILITY CANNOT IN GOOD CONSCIENCE IMPLEMENT AN ELEMENT OF ANY ADVANCE DIRECTIVE THAT REQUIRES THE WITHHOLDING OF EMERGENT RESUSCITATION OR OTHER LIFE-SUSTAINING SUPPORT. **IN ACCORDANCE WITH THE FACILITY'S RULES AND REGULATIONS AND 42 C.F.R. §416.41(b), ANY PATIENT THAT REQUIRES CARE FOR AN EMERGENCY MEDICAL CONDITION THAT IS BEYOND THE CAPABILITIES OF THE FACILITY WILL BE IMMEDIATELY TRANSFERRED TO A HOSPITAL, PURSUANT TO A TRANSFER AGREEMENT, OR TO ANOTHER LOCAL MEDICARE-PARTICIPATING HOSPITAL.**

ACCORDINGLY, IT SHALL BE THE POLICY OF THE FACILITY, FOR REASONS OF CONSCIENCE, TO REFUSE TO COMPLY WITH THE ELEMENTS OF A PATIENT'S ADVANCE DIRECTIVE THAT REQUIRE THE WITHHOLDING OF EMERGENT RESUSCITATION OR LIFE-SUSTAINING TREATMENT. THE FACILITY SHALL ALWAYS PROMPTLY AND IMMEDIATELY SO NOTIFY PATIENTS OF THE FACILITY'S UNWILLINGNESS, PURSUANT TO ARIZ. REV. STAT. §36-3205(C) (1). IN THE EVENT THE FACILITY REFUSES IMPLEMENTATION OF A PATIENT'S ADVANCE DIRECTIVE AS SET FORTH HEREIN, THE FACILITY WILL PROMPTLY TRANSFER THE PATIENT TO ANOTHER PROVIDER WHO IS WILLING TO ACT IN ACCORDANCE WITH THE DIRECTIVE. ARIZ. REV. STAT. §36-3205(C) (1). ADDITIONALLY AND PURSUANT TO ARIZ. REV. STAT. §36-3204(A), THE FACILITY MAY ELECT TO NOT COMPLY WITH HEALTH CARE DECISIONS MADE BY THE PATIENT'S SURROGATE IF THE FACILITY HAS TRANSFERRED RESPONSIBILITY TO ANOTHER PROVIDER WHO IS WILLING TO ACT IN ACCORDANCE WITH THE DIRECTIVE. A MEMBER OF THE MEDICAL STAFF MAY SIMILARLY DECLINE TO COMPLY WITH ELEMENTS OF A PATIENT'S ADVANCE DIRECTIVE FOR REASONS OF CONSCIENCE BY FOLLOWING THE SAME PROCEDURES AND PROCESSES DELINEATED HEREIN AND AS PERMITTED BY ARIZONA LAW.

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.

If you have any questions about this notice, please contact the Facility Privacy Officer listed at the end of this Notice.

Our Pledge Regarding Medical Information: We understand that your medical information is personal. We are committed to protecting your medical information. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information in the doctor's office or clinic.

This Notice will tell about the ways in which the Facility may use your medical information and disclose your medical information to others outside the Facility. The law requires the Facility to:

- Make sure that medical information that identifies you is kept private;
- Inform you of our legal duties and privacy practices with respect to your medical information;
- Follow the terms of the Notice that is currently in effect; and
- Notify you if your medical information is affected by a breach.

Who Will Follow This Notice: The Facility and all of its sites and locations will follow the terms of this Notice. The following people will also follow the terms of this Notice:

- All employees, contractors, volunteers, and other agents ("authorized personnel") of the Facility.
- Health care professionals authorized to enter information into your medical records at the Facility.
- Members of the Facility's medical staff and their authorized personnel.
- Health care providers who share an electronic medical record with the Facility may also use this Notice (although they may have their own, which they will follow).

How the Facility May Use and Disclose Your Medical Information: We may use your medical information or share it with others for the following purposes:

- **Treatment:** Your medical information may be used to provide you with medical treatment or services. This medical information may be disclosed to doctors, interns, nurses, technicians, volunteers, students, and others involved in your care at the Facility. We may also share your medical information with health care providers and their staff outside the Facility. We may also use your medical information to contact you to provide appointment reminders or to give you information about treatment options or other health related benefits and services that may interest you. **For example:** A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may need to tell the dietitian about the diabetes so appropriate meals can be arranged. Different departments of the Facility may also share medical information about you in order to coordinate your different needs, such as prescriptions, lab work, and x-rays. The Facility also may disclose medical information about you to people outside the Facility who may be involved in your medical care after you leave the Facility, such as family members, home health agencies, and others who provide services that are part of your care.
- **Payment:** Your medical information may be used and disclosed so that the treatment and services received at the Facility may be billed and payment may be collected from you, your insurance company, and/or a third party. Please note: we will comply with your request not to disclose your health information to your insurance company if the information relates solely to a healthcare item or service for which you have paid out of pocket and in full to us. **For example:** If insurance will be responsible for reimbursing the Facility for your care, the health plan or insurance company may need information about surgery you received at the Facility so they can provide payment for the surgery. Information may also be given to someone who helps pay for your care. Your health plan or insurance company may also need information about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment.
- **Health Care Operations:** Your medical information may be used and disclosed for purposes of furthering day-to-day Facility operations. These uses and disclosures are necessary to run the Facility and monitor the quality of care our patients receive. We may also share your medical information with outside companies that perform

benefits or services that may be of interest to you.

- **As Required by Law:** Your medical information will be disclosed when we are required to do so by federal, state, or local authorities, laws, rules and/or regulations.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, your medical information may be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Law Enforcement:** Your medical information may be released to law enforcement as authorized or required by law.
For example: We may use your information:
 1. In response to a court order, subpoena, warrant, summons or similar process;
 2. To identify or locate a suspect, fugitive, material witness, or missing person;
 3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; or
 4. About a death we believe may be the result of criminal conduct.
- **To Prevent a Serious Threat to Health or Safety:** We may use or share your medical information when necessary to prevent a serious threat to your health and safety and that of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Health Oversight Activities:** We may disclose your medical information to a health oversight facility for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Organ and Tissue Donation:** If you are an organ or tissue donor, your medical information may be released to organizations that handle organ procurement or organ, eye, and tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, your medical information may be released as required by military command authorities. If you are a member of the foreign military personnel, your medical information may be released to the appropriate foreign military authority.
- **National Security and Intelligence Activities:** Your medical information will be released to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** Your medical information may be disclosed to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.
- **Workers' Compensation:** If you seek treatment for a work-related illness or injury, we must provide full information in accordance with state-specific laws regarding workers' compensation claims. Once state-specific requirements are met and appropriate written request is received, only the records pertaining to the work-related illness or injury may be disclosed.
- **Public Health Purposes:** We may release your medical information for public health activities, such as:
 1. To prevent or control disease, injury or disability;
 2. To report births and deaths;
 3. To report child abuse or neglect;
 4. To report reactions to medications or problems with products;
 5. To notify people of recalls of products they may be using;
 6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 7. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Coroners, Medical Examiners, and Funeral Directors:** Your medical information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the facility to funeral directors as necessary to carry out their duties.
- **Right to Be Notified of Breach:** We will notify you if we discover a breach of your unsecured protected health information.
- **Right to a Paper Copy of This Notice:** You have the right to a copy of this notice. You may ask us to give you a copy at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

ADDITIONAL INFORMATION CONCERNING THIS NOTICE:

- **Changes To This Notice:** We reserve the right to change this notice and make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The Facility will post a current copy of the notice with the effective date. In addition, each time you register at, or are admitted to, the Facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.
- **Complaints:** You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the Department of Health and Human Services. Some States may allow you to file a complaint with the State's Attorney General, Office of Consumer Affairs, or other State agency as specified by applicable State law. To file a complaint with the Facility, submit your complaint to the Facility's Privacy Officer in writing.

Contact Information for Facility Privacy Officer: 1-520-731-5500

EFFECTIVE DATE: 10/22/2020

This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call: 1-520-731-5500 (TTY: 1-800-367-8939).

Este proveedor cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-520-731-5500 (TTY: 1-800-367-8939).

Kwe'é ats' ís baa áháyánígi éi Wáashindoon bibeehaz'áanii bíla'ashdla'ii nináhonííjdji ha'át'íida doo baąh doot'jilda bíla'ashdla'ii lahgo át'éhígíí biniinaa, bikágí ánoolnininigíí biniinaa, náánalahdédé' kéyahdédé' yigááiígíí biniinaa, binááháiígíí, baąh dahaz'ánígíí, éi doodago asdzání éi doodago hastji nílinígíí biniinaa t'áá sahdii at'égo bina'anishígíí doo beehaz'ánígíí yik'eh hól'í dóo yidísín. 1-520-731-5500 (TTY: 1-800-367-8939).

DÍI BAA AKÓNÍNÍZIN: Diné Bizaad bee yánilti'go, t'áá jíik'e saad bee áká aná'álwo'ji ata hane', bee níká i'doolwol. Kojj' hódíílnih 1-520-731-5500 (TTY: 1-800-367-8939).

TUCSON SURGERY CENTER

DISCLOSURE OF FACILITY OWNERSHIP

In compliance with Federal law, you, your representative or surrogate have the right to know if your physician has a financial interest in this facility. This notice advises you that the following entity and physicians have ownership in Tucson Surgery Center.

James C. Balsarak, MD
Timothy A. Beer, MD
Thoma E. Butler Jr., MD
Cybil Corning, MD
Amram Dahukey, MD
Sarah Ducharme, MD
Kathleen M. Duerksen, MD
Kelly Favre, MD
Gary Goldstein, MD
James Hess, DO

Sameer Jain, MD
Charles L. Krone, MD
Regina Najera, MD
Glenn Nelson, DPM
Michael R. Probstfeld, MD
Joylon D. Schilling, MD
Stefanie Schluender, MD
Mark Senese, MD
David B. Siegel, MD

If you have questions or concerns regarding this notice, please feel free to ask to speak with a representative of Tucson Surgery Center. We welcome you as a patient and value our relationship with you.