



Dear North Suburban Surgery Center Patient,

As a result of newly revised federal mandates, effective May 18, 2009, all surgery centers across our country who are licensed by Medicare are required to have verbal and written communication with all of their patients prior to the day of the patient's surgery/procedure of their facility.

As a Medicare licensed surgery center, we are federally required to provide in writing, as well as discuss with you the following information prior to your procedure date:

1. ***Your Rights and Responsibilities as a Patient "Yellow" paper (initial and sign),***
2. Physicians who have ownership in our facility are disclosed,
3. Advance Directives and the Grievance Process which are for your information,

Inside this envelope you will find the written information we are federally mandated to communicate to you. Please read them completely, sign the necessary document, and bring all of them with you to the surgery center on your surgical day.

We are also required to talk to you, prior to your procedure, about what is in this envelope. If you have not heard from someone at North Suburban Surgery Center within two (2) days of your procedure, you must call us immediately so that we can go over this information with you. Our business hours are 7 am – 5 pm, Monday through Friday. Our number is 720-929-1332. Please ask for a pre-operative nurse and you will be connected.

***FAILURE TO DO BOTH OF THE FOLLOWING WILL RESULT IN US HAVING TO CANCEL YOUR PROCEDURE, AS DICTATED BY THE NEW FEDERAL REGULATIONS***

1. **FAILURE TO COMPLETE AND SIGN THE ENCLOSED PATIENT RIGHTS AND RESPONSIBILITIES PRIOR TO THE DAY OF YOUR PROCEDURE DATE.**
2. **FAILURE TO TALK TO A MEMBER OF NORTH SUBURBAN SURGERY CENTER'S STAFF PRIOR TO YOUR PROCEDURE DATE**

It is important to us that you know that this is valuable information for patients and we are happy to comply with these new regulations. Please help us provide you with the most informed experience possible.

1. Thoroughly read and sign the enclosed Patient Rights and Responsibilities document
2. Give us a call two (2) days or more prior to your surgery day

We look forward to seeing you soon!

***The Caring Staff at North Suburban Surgery Center***

**North Suburban Surgery Center  
Rights and Responsibilities of Patients**

---

**RIGHTS OF PATIENTS**

The medical staff and personnel of North Suburban Surgery Center recognize the basic human rights of patients. Efforts are directed to providing care commensurate with those basic human rights. Patients have the right to:

- Be informed of his or her rights as a patient in advance of receiving care. The patient may appoint a representative to receive this information should he/she so desire.
- Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
- Considerate, respectful and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Appropriate assessment and management of pain.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her. The patient has a right to change providers if other qualified providers are available.
- Be advised if the physician has a financial interest in the surgery center.
- Be advised as to the absence of malpractice coverage.
- Receive complete information from his/her physician about his/her diagnosis, illness, course of treatment, risks, benefits, alternative treatments, outcomes of care (including unanticipated outcomes), and his/her prospects for recovery in terms that he/she can understand. Your physician should discuss these with you prior to the procedure and give you the opportunity to ask any questions you may have.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- Participate in the development and implementation of his/her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Be informed of the facility's policy and state regulations regarding advance directives and be provided advance directive forms if requested.
- Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his/her healthcare.

\_\_\_\_\_ Pt Initials

**North Suburban Surgery Center**  
**Rights and Responsibilities of Patients**

---

- Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and/as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.
- Access information contained in his/her medical record within a reasonable time frame.
- Be advised of the facility's grievance process, should he or she wish to communicate a concern regarding the quality of care he or she receives. The patient can file a grievance with the facility's Administrator or Clinical Operations Manager at (303) 322-3993; or the patient can file a grievance with the Colorado Department of Public Health and Environment at 4300 Cherry Creek Drive South, Denver, CO 80246. If the patient files a grievance with the surgery center, he/she will be provided with a written notification of the grievance determination that contains the name of the facility's contact person, the steps taken on his/her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- Be advised of contact information for the state agency to whom complaints can be reported, as well as contact information for the Office of the Medicare Beneficiary Ombudsman.  
[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)
- Be advised if facility/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
- Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a fully informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the facility.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- All facility personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients' rights.

\_\_\_\_\_ Pt Initials

**North Suburban Surgery Center  
Rights and Responsibilities of Patients**

---

**RESPONSIBILITIES OF PATIENTS**

The care a patient receives depends partially on the patient him/herself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities are presented to the patient in the spirit of mutual trust and respect:

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary and herbal supplements) and dosages, allergies and sensitivities, and other matters relating to the patient's health.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- It is the patient's responsibility to notify the facility if he/she has not followed the pre-operative instructions given by their physician and/or facility personnel.
- The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours unless exempted from that requirement by the attending physician.
- In the case of pediatric patients, a parent or legal guardian must remain in the facility for the duration of the patient's stay in the facility.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible. Ultimate financial responsibility is the patient's, regardless of the insurance coverage he/she may have.
- The patient is responsible for following facility policies and procedures.
- The patient is responsible to inform the facility about the patient's Advanced Directives.
- The patient is responsible for being considerate of the rights of other patients and facility personnel.
- The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.
- Patient's signature represents he/she has received written and verbal information regarding physicians' financial interest in the Facility, Advance Directives, and on the informed consent process prior to the day of their procedure.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AMBULATORY SURGERY CENTER PATIENT CONSENT TO  
RESUSCITATIVE MEASURES**

**NOT A REVOCATION OF ADVANCE DIRECTIVES  
OR MEDICAL POWERS OF ATTORNEY**

SM091099:615

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. THIS SURGERY CENTER RESPECTS AND UPHOLDS THOSE RIGHTS.

HOWEVER, UNLIKE IN AN ACUTE CARE HOSPITAL SETTING, THE SURGERY CENTER DOES NOT ROUTINELY PERFORM "HIGH RISK" PROCEDURES. MOST PROCEDURES PERFORMED IN THIS FACILITY ARE CONSIDERED TO BE OF MINIMAL RISK. OF COURSE, NO SURGERY IS WITHOUT RISK. YOU WILL DISCUSS THE SPECIFICS OF YOUR PROCEDURE WITH YOUR PHYSICIAN WHO CAN ANSWER YOUR QUESTIONS AS TO ITS RISKS, YOUR EXPECTED RECOVERY AND CARE AFTER YOUR SURGERY.

THEREFORE, IT IS OUR POLICY, REGARDLESS OF THE CONTENTS OF ANY ADVANCE DIRECTIVE OR INSTRUCTIONS FROM A HEALTH CARE SURROGATE OR ATTORNEY IN FACT, THAT IF AN ADVERSE EVENT OCCURS DURING YOUR TREATMENT AT THIS FACILITY WE WILL INITIATE RESUSCITATIVE OR OTHER STABILIZING MEASURES AND TRANSFER YOU TO AN ACUTE CARE HOSPITAL FOR FURTHER EVALUATION. AT THE ACUTE CARE HOSPITAL FURTHER TREATMENT OR WITHDRAWAL OF TREATMENT MEASURES ALREADY BEGUN WILL BE ORDERED IN ACCORDANCE WITH YOUR WISHES, ADVANCE DIRECTIVE OR HEALTH CARE POWER OF ATTORNEY. YOUR AGREEMENT WITH THIS POLICY BY YOUR SIGNATURE BELOW DOES NOT REVOKE OR INVALIDATE ANY CURRENT HEALTH CARE DIRECTIVE OR HEALTH CARE POWER OF ATTORNEY.

IF YOU DO NOT AGREE TO THIS POLICY, WE ARE PLEASED TO ASSIST YOU TO RESCHEDULE THE PROCEDURE.

PLEASE CHECK THE APPROPRIATE BOX IN ANSWER TO THESE QUESTIONS. HAVE YOU EXECUTED AN ADVANCE HEALTH CARE DIRECTIVE, A LIVING WILL, A POWER OF ATTORNEY THAT AUTHORIZES SOMEONE TO MAKE HEALTH CARE DECISIONS FOR YOU?

- YES, I HAVE AN ADVANCE DIRECTIVE, LIVING WILL OR HEALTH CARE POWER OF ATTORNEY.
- NO, I DO NOT HAVE AN ADVANCE DIRECTIVE, LIVING WILL OR HEALTH CARE POWER OF ATTORNEY.
- I WOULD LIKE TO HAVE INFORMATION ON ADVANCE DIRECTIVES.

IF YOU CHECKED THE FIRST BOX "YES" TO THE QUESTION ABOVE, PLEASE PROVIDE US A COPY OF THAT DOCUMENT SO THAT IT MAY BE MADE A PART OF YOUR MEDICAL RECORD.

*BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS AND AGREE TO THE POLICY AS DESCRIBED. IF I HAVE INDICATED I WOULD LIKE ADDITIONAL INFORMATION, I ACKNOWLEDGE RECEIPT OF THAT INFORMATION.*

BY: \_\_\_\_\_  
(PATIENT'S SIGNATURE)

Patient's Last Name:	Patient's First Name:	Date:
----------------------	-----------------------	-------

**If consent to the procedure is provided by anyone other than the Patient, this form must be signed by the person providing the consent or authorization.**

*I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS AND AGREE TO THE POLICY AS DESCRIBED.*

BY: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Relationship to Patient

- COURT APPOINTED GUARDIAN
- ATTORNEY IN FACT
- HEALTH CARE SURROGATE
- OTHER \_\_\_\_\_

## Notice to Patients

**The nursing and medical staffs at North Suburban Surgery Center are committed to excellence in the care of every patient. It is our intent that all patients receive a level of care that meets or exceeds their environmental, psychological, and physical needs. We encourage you to inform us if you feel that such needs are not met. You may initiate a grievance by sending a written report to:**

North Suburban Surgery Center  
Attn: Carolyn Skaff, Administrator  
9195 Grant Street, Suite 200, Thornton, CO 80229  
Phone: 720-929-1332

**Or**

Dave Roy, Vice President of Operations  
HealthONE/Continental Division Office  
HCA Ambulatory Surgery Division  
4900 South Monaco Street, Suite 380, Denver, CO 80237  
Phone: 303.788.2540

**All grievances must be signed, but upon request, confidentiality will be respected. You are guaranteed a written response within ten (10) working days.**

**If resolution of your complaint is not met to your satisfaction, you may contact:**

Colorado Department of Public Health and Environment  
4300 South Cherry Creek Drive South, Denver, Colorado 80246  
Phone: 303.692.2000

Or via email at: [health.facilities@state.co.us](mailto:health.facilities@state.co.us)

**Or**

Accreditation Association for Ambulatory Health Care  
5200 Old Orchard Road, Suite 200, Skokie, Illinois 60076  
Phone: 847.853.6060

**Or**

Medicare Beneficiary Ombudsman at  
[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

## YOUR OPINION MATTERS TO US!

North Suburban Surgery Center and the physician owners listed below are interested in hearing from you.

Roberta Patricia Anderson-Oeser, M.D.

Aaron Baxter, M.D.

Samuel Y. Chan, M.D.

James D. Davis, D.P.M.

Mitchell A. Fremling, M.D.

Jeffrey Gagliano, M.D.

James Garlitz, M.D.

Doru I.E. Georgescu, M.D.

Usama Ghazi, D.O.

Kathryn Hoch, M.D.

Andrew S. Kassel, D.P.M.

S. Bert Kasven, D.P.M.

John A. Lampe, M.D.

Lawrence A. Lesnak, D.O.

Cindy E. Long, M.D.

Kevin May, M.D.

Vernon Naake, M.D.

Kyle C. Nickel, M.D.

Douglas Peller, D.O.

Malgorzata Tolanta Plonski, M.D.

Sharon Quach, D.P.M.

Gregory P. Still, D.P.M.

David W. Van Kooten, M.D.

Steve Volin, M.D.

You will be given a postage paid Patient Satisfaction Survey upon discharge from our facility. Please complete the survey and return to us. Providing us with your feedback about your experience at North Suburban Surgery Center will make us a better place to come for care. We would love to see your survey returned within ten (10) days of your surgery. That way it is still fresh in your memory and ours too.