TUCSON
Surgery Center

1398 N. Wilmot Rd., Tucson, Arizona 85712
(520) 731-5500

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.

Gastroenterology Patients - If you have any questions regarding your procedure please contact our Endoscopy/GI department at (520) 731-5530 or Surgery pre-admissions at 731-5522.

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

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PRE-REGISTRATION FACILITY DISCLOSURE FORM

Information Regarding Our Complaint/Grievance Process

If you have any concerns or complaints about the care you receive at the Tucson Surgery Center, you may contact the Facility Administrator at (520) 731-5501. Complaints or grievances may be made in verbal or written form. We guarantee that there will be no retaliation should the patient and/or the patient's representatives or surrogate choose to report a complaint or grievance.

The center will investigate all grievances and respond to the patient, patient's representative or surrogate within 24 hours of receipt of the grievance. Within 7 seven (5 business) days of the investigation's conclusion a formal response will be provided to the person filing the grievance. The correspondence will include the name of the administrator, steps taken to investigate the grievance, the results of the grievance investigation and the date of completion.

The patient or the patient's representative or surrogate may also contact the Division of Health Care Facilities and Services Program Manager Connie Belden, R.N., B.S., H.S.A., at 150 N. 18th Ave. Suite 450, Phoenix, AZ 85007-3245 Ph. (602) 364-3030, beldenc@azdhs.gov; or you may contact the Office of Ombudsman-Citizens Aide, 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292 or www.azoca.gov/.

Disclosure of Physician Ownership

It is required by the Centers for Medicare and Medicaid Services that we notify all patients some surgeons who use our facility have financial interest in this facility and that there are alternative facilities available to you. The physicians listed below have an ownership interest in the Tucson Surgery Center. Please be notified that your surgeon may be among those listed.

James C. Balserak, MD
Timothy A. Beer, MD
Khushvant S. Bhola, MD
Thomas E. Butler Jr., MD
Steve Cohen, MD
Amram Dahukey, DPM
Sarah Ducharme, MD
Kathleen M. Duerksen, MD
Gary I. Goldstein, MD
James Hess, DO
Sameer Jain, MD
Charles L. Krone, MD
Michael A. Lavor, MD
Regina Y. Najera, MD
Glenn Nelson, DPM
Michael R. Probstfeld, MD
Randall S. Prust, MD
Joylon D. Schilling, MD
Mark Senese, MD
David B. Siegel, MD
Joel Thompson, MD
Eric Whitacre, MD

Further, as indicated below, goods or services that have been prescribed to you are available elsewhere on a competitive basis including: Outpatient Surgery, GI Procedures; Pain Management, Other _____.

You can decide to secure them at another facility of your choice.

You may also visit our website at www.tucsonsc.com for full disclosure.

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TUCSON SURGERY CENTER
Patient Rights

The Tucson Surgery Center and the medical staff recognize patient rights and encourage patients to be informed and involved in their care. Considerate care, treatment, and services are provided in a way which respects and fosters the patient's dignity, autonomy, positive self regard, civil rights, and with regard to the patient's personal values, beliefs, and preferences. The patient and the patient's representative or surrogate has the right to:

- Become informed of his or her rights as a patient prior to the procedure/treatment, or when discontinuing, the provision of care.
- Appoint a representative, or surrogate to receive this information should he or she so desire.
- Not to be discriminated against based on sex, race, age, sexual orientation, disability, national origin, cultural or personal values; marital status, economic, educational or religious background; diagnosis; or the source of payment for care. And be free of any act of discrimination or reprisal.
- Personal privacy. Considerate, dignified, and respectful care provided in a safe environment, free from all forms of abuse; neglect; manipulation; harassment; verbal; mental; physical; sexual assault or sexual abuse; and/or exploitation.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Receive treatment that supports and respects the patient's individuality, choices, strengths, and ability.
- Receive information about pain and pain relief measures and to have appropriate assessments and management of pain.
- Remain free from seclusion or restraints of any form that are not medically necessary unless used to prevent imminent harm to self or others. Restraints will not be 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 his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her.
- Knowledge of physician financial interests or ownership in the center in writing prior to the procedure.
- Be provided, to the degree known, complete 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.

- Refuse or withdraw consent to treatment before treatment is initiated, and except in an emergency, either consents to or refuses treatment.

- Receive as much information about any proposed treatment, procedure, and expected outcome, 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; possible complications; and the name of the person who will carry out the procedure or treatment.

- Give or withhold informed consent to produce or use recordings, films or other images of the patient for purposed other than his/her care.

- Participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment and change providers if other qualified providers are available.

- Participate, or have patient's representative participate, in the development of decisions concerning treatment.

- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Will be provided privacy for personal needs. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.

- 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 or request amendments to information contained in his or her medical record within a reasonable time frame.

- Leave the facility even against the advice of his/her physician.

- Reasonable continuity of care or receive a referral to another healthcare institution if the center is not authorized or unable to provide physical health services for the patient.

- Voice complaints or grievances regarding treatment or care that is (or fails to be) furnished without retaliation for submitting a complaint or grievance to the center or to another entity.

- Be advised of the facility's grievance policy should he or she wish to communicate a concern regarding the quality of the care he or she receives, or fails to receive. Notification of the grievance process includes: whom to contact to file a complaint or grievance by phone or mail, and that he or she will be provided with a written notice of the grievance determination that contains the name of the facility's contact person (Administrator); the steps taken on his or her behalf to investigate the grievance; the results of the grievance process; and the grievance completion date.

- Report complaints or grievances to the state agency as follows:
  Arizona Dept. of Health Services, Division of Licensing attn: Connie Belden, R.N., B.S., H.S.A., 150 N. 18th Ave. Suite 450 Phoenix, AZ 85007-3248 or (602) 364-3030 beldenc@azdhs.gov or may complete an on-line complaint form @azdhs.gov/ls/online_complaint/MEDComplaint.aspx
  May also contact the following: Medicare contact information -www.medicare.gov or call 1-800-Medicare (1-800-633-4227) or http://oig.hhs.gov-Office of the Inspector General

- All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. The Ombudsman's webpage http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html**.** Or by mail to the Office of Ombudsman-Citizens Aide, 3737 N. 7th St. Suite 209, Phoenix, AZ 85014 (602) 277-7292.

  NOTE: The role of the Medicare Beneficiary Ombudsman is to ensure that as Medicare Beneficiaries the patient receives information and help needed to understand their Medicare options and apply their Medicare rights and protections.

- Receive information concerning the facility's policies on advanced directives, including a description of applicable state health and safety laws and, if requested, official state advance directive forms.

- 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 full 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.

- Be fully informed of the facilities fees for services, payment policies and examine and receive an explanation of his/her bill regardless of source of payment.

- Not be subjected to misappropriation of personal and private property by the center's medical staff, personnel members, employees, volunteers, or students.

- Be informed of the scope of services available at the facility and the provisions for after hours and emergency care.

- Know which facility rules and policies apply to his/her conduct while a patient.

- If a patient is adjudged incompetent under applicable State health and safety 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 laws may exercise the patient's rights to the extent allowed by state law.

- Be informed with appropriate information about the absence of malpractice insurance coverage.

- Review and receive a copy, if requested, of the facility's HIPAA Privacy Notice informing patients of their rights to privacy.

- To receive assistance from a family member, a patient's representative, surrogate, or other individual in understanding, protecting or exercising these rights.

All facility personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients' rights.

Patient Responsibilities:

- The care a patient receives depends partially on the patient himself. 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:

    - Provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications, including over the counter products and dietary supplements, and any allergies or sensitivities, and other matters relating to his/her health.

    - Report perceived risks in his or her care and unexpected changes in his/her condition to the responsible practitioner.

    - Provide information about any living will, medical power of attorney, or other directive that could affect his/her care.

    - Ask questions when they do not understand what they have been told about the patient's care or what they are expected to do.

    - Participate in his/her care and follow 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.

    - Provide a responsible adult to transport him/her home upon discharge from the facility and remain with him/her for 24 hours, if required by his/her provider.

    - Keep appointments and for notifying the facility or physician when he/she is unable to do so.

    - The consequences of his/her actions should he/she refuse treatment or not follow his/her physician's orders.

    - Assure that the financial obligations not covered by his/her insurance, are fulfilled as promptly as possible.

    - Follow facility policies and procedures.

    - Be considerate of the rights of other patients and facility personnel.

    - Be respectful of his/her personal property and that of other persons in the facility.

    - Notify the center if they feel any rights have been violated, or have a complaint or suggestion for improvement, by returning the patient survey form.

FAMILY RESPONSIBILITY FOR THE PEDIATRIC PATIENT:

Parents/family/surrogate shall have the responsibility for:

- Continuing their parenting role to the extent of their ability
- Being available to participate in decision-making and providing staff with knowledge of parents/family whereabouts
- The family consists of those individuals responsible for physical and emotional care of the child on a continuous basis, regardless of whether they are related.

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 CAREFULLY.
If you have any questions about this notice, please contact the Facility Privacy Officer.

Who Will Follow This Notice: This notice describes the facility's practices and how the facility shares your information with others for treatment, payment and health care operations purposes.

- Any health care professional authorized to enter information into your facility chart.
- All departments and units of the facility.
- Any member of a volunteer group allowed to help you while you are in the facility.
- All employees, staff, agents and other facility personnel.
- Health care providers and their authorized representatives that are members of the facility's organized health care arrangement, or "OHCA." These health care providers and their authorized representatives will be operationally and/or clinically integrated with the facility, or will otherwise be permitted by law to receive your information. For example, to the extent permitted by law and in accordance with our policies, the facility will share your medical information with physicians who are members of the facility's medical staff, even if the physician is not employed by the facility.
- All entities, sites and locations within this facility's system will follow the terms of this notice. They also may share medical information with each other for treatment, payment and health care operations purposes.

Our Pledge Regarding Medical Information: We understand that medical information about you and your healthcare is personal. We are committed to protecting medical information about you. A record is created of the care and services you receive at this facility. This record is needed to provide the necessary care and to comply with legal requirements. This notice applies to all of the records of your care generated by the facility. Your personal physician may have different policies or notices regarding the physician's use and disclosure of your medical information in the physician's office or clinic.

This notice will tell about the ways in which the facility may use and disclose medical information about you. Also described are your rights and certain obligations we have regarding the use and disclosure of medical information.

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 medical information about you; and
- Follow the terms of the notice that is currently in effect. This notice is effective as of September 23, 2013.

HOW THE FACILITY MAY USE and DISCLOSE YOUR MEDICAL INFORMATION:
Except with respect to Highly Confidential Information (described below), we are permitted to use your health information 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 physicians, nurses, technicians, and others involved in your care at the facility, including employees, volunteers, students and interns at the facility. This includes using and disclosing your information to treat your illness or injury, 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 physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The physician 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. This restriction does not apply to the use or disclosure of your health information for your medical treatment.

For example: To the extent 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 to monitor the quality of care our patients receive.

For example: Subject to any limitations described in this notice, your medical information may be:

1. Reviewed to evaluate the treatment and services performed by our staff in caring for you.
2. Combined with that of other facility patients to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective.
3. Disclosed to physicians, nurses, technicians, and other agents of the facility for review and learning purposes.
4. Disclosed to healthcare students, interns and residents.
5. Combined with information from other facilities to compare how we are doing and see where we can improve the care and services offered. Information that identifies you in this set of medical information may be removed so others may use it to study health care and health care delivery without knowing who the specific patients are.

Private Accreditation Organizations. Your medical information may be used to fulfill this facility's requirements to meet the guidelines of private facility accreditation organizations such as the Accreditation Association for Ambulatory Health Care, the Joint Commission, NCQA, etc.

Individuals Involved in Your Care. With your permission, your medical information may be released to a family member, guardian or other individuals involved in your care. They may also be told about your condition unless you have requested additional restrictions. In addition, your medical information may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.

Research. Under certain circumstances, your medical information may be used and disclosed for research purposes.

For example: A research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same conditions. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, balancing the research needs with the patients' need for privacy of their medical information. Your medical information may be disclosed to people preparing to conduct a research project; for example, helping them look for patients with specific medical needs, so long as the medical information they review does not leave the facility. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the facility.

Marketing Activities. We may, without obtaining your authorization and so long as we do not receive payment from a third party for doing so, 1) provide you with marketing materials in a face-to-face encounter, 2) give you a promotional gift of nominal value, or 3) tell you about our own health care products and services. We will ask your permission to use your health information for any other marketing activities.

Appointment Reminders. Your medical information may be used to contact you as a reminder of an appointment you have for treatment or medical care at the facility.

Treatment Alternatives. Your medical information may be used to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. Your medical information may be used to tell you about health-related benefits or services that may be of interest to you.

Participation in Health Information Exchanges. We may participate in one or more health information exchanges (HIEs) and may electronically share your health information for treatment, payment and permitted healthcare operations purposes with other participants in the HIE - including entities that may not be listed under **"Who Will Follow This Notice"** on the first page of this notice. Depending on State law requirements, you may be asked to "opt-in" in order to share your information with HIEs, or you may be provided the opportunity to "opt-out" of HIE participation. HIEs allow your health care providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes. We will not share your information with an HIE unless both the HIE and its participants are subject to HIPAA's privacy and security requirements.

As Required by Law. Your medical information will be disclosed when 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 will be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful process by someone else involved in the dispute when we are legally required to respond.

Law Enforcement. Your medical information will be released if requested by a law enforcement official:

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 person's agreement;
4. About a death we believe may be the result of criminal conduct;
5. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **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.

- **To Alert a Serious Threat to Health or Safety.** Your medical information may be used and disclosed 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.** Your medical information may be disclosed 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.

SPECIAL SITUATIONS:

- **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.

- **Medical Devices.** Your social security number and other required information will be released in accordance with federal laws and regulations to the manufacturer of any medical device(s) you have implanted or explanted during this procedure and to the Food and Drug Administration, if applicable. This information may be used to locate you should there be a need with regard to such medical device(s).

- **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.

- **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 an appropriate written request is received, only the records pertaining to the work-related illness or injury may be disclosed.

- **Public Health Risk.** Your medical information may be used and disclosed for public health activities. These activities generally include the following:

    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.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the following reasons:

    1. For the institution to provide you with health care;
    2. To protect the health and safety of you and others;
    3. For the safety and security of the correctional institution.

HIGHLY CONFIDENTIAL INFORMATION:

Federal and/or State law require special privacy protections for certain highly confidential information about you, including your health information that is maintained in psychotherapy notes. Similarly, Federal and/or State law may provide greater protections for the following types of information than HIPAA, in which case we will comply with the law that provides your information with the greatest protection and you with the greatest privacy rights: (1) mental health and developmental disabilities; (2) alcohol and drug abuse prevention, treatment and referral; (3) HIV/AIDS testing, diagnosis or treatment; (4) communicable diseases; (5) genetic testing; (6) child abuse and neglect; (7) domestic or elder abuse; and/or (8) sexual assault. In order for your highly confidential information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

YOUR WRITTEN AUTHORIZATION

We will first obtain your written authorization before using or disclosing your protected health information for any purpose not described above, including disclosures that constitute the sale of protected health information or for marketing communications paid for by a third party (excluding refill reminders, which the law permits without your authorization). If you provide the facility permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered in your written authorization. You understand that we are unable to take back any disclosures already made with your permission, and that we are required to retain our records of the care that the facility provided to you.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information the facility maintains about you:

***** NOTE: All Requests Must Be Submitted in Writing to the Facility Medical Records Department.***

- **Right to Request Access to Your Health Information.** You have the right to timely inspect and copy medical information that may be used to make decisions about your care. Such access will be granted by the facility in accordance with applicable law.

  To inspect and copy medical information or to receive an electronic copy of the medical information that may be used to make decisions about you, you must submit a written request. If you request a paper copy of your information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

  If the facility uses or maintains an electronic health record with respect to your medical information, you have the right to obtain an electronic copy of the information if you so choose.

  1. You may direct the facility to transmit the copy to another entity or person that you designate provided the choice is clear, conspicuous, and specific.
  2. The facility may charge a fee equal to its labor cost in providing the electronic copy (e.g., costs may include the cost of a flash drive, if that is how you request a copy of your information be produced). If you request an electronic copy of your information, we will provide the information in the format requested if it is feasible to do so.

  We may deny your request to inspect and copy in some limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional, other than the person who denied your request, will be chosen by the facility to review your request and the denial. The facility will comply with the outcome of the review.

  1. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
  2. The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.
  3. The request for access is made by the individual's personal representative, and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment to information kept by or for the facility. Except where individual state laws are more stringent, this facility has a minimum of 60 days to act on your request.

  To request an amendment, you must submit a written request. You must also provide a reason that supports your request.

  Your request for an amendment may be denied if:

  1. Your request is not in writing or does not include a reason to support the request;
  2. The medical information was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  3. The medical information is not part of the medical information kept by or for the facility;
  4. The medical information is not part of the information you would be permitted to inspect and copy; or
  5. The medical information is accurate and complete.

  Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your medical information for purposes other than treatment, payment and health care operations. Except where individual state laws are more stringent, this facility has a minimum of 60 days to act on your request. To request this list or accounting of disclosures:

1. You must submit your request in writing.
2. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.
3. Your request should indicate in what form you want the list (for example, on paper, electronically).

The first list you request within a12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have a right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. To request restrictions, you must make your request in writing. In your request, you must tell us:

1. What information you want to limit;
2. Whether you want to limit our use, disclosure or both;
3. To whom you want the limits to apply, for example, disclosures to your spouse.

You also have a right to request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. We are required to honor your request if the health care item or service is paid out of pocket and in full. This restriction does not apply to use or disclosure of your health information related to your medical treatment.

Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

For example: You can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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, 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 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. The facility's Privacy Officer can provide you with contact information for the Secretary of the Department of Health and Human Services as well as the State agency or agencies authorized to accept your complaints.

Contact Information tor Facility Privacy Office: 1-520-731-5500

EFFECTIVE DATE: October 16, 2016

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' íís baa áháyánígi éí Wáashindoon bibeehaz'áanii bila'ashdla'ii ninánonílįįdjį ha'át'íida doo bąąh doot'įįlda bíla'ashdla'ii lahgo át'éhígíí biniinaa, bikágí ánoolnininigíí biniinaa, náánálahdęę' kéyahdęę' yigááiígíí biniinaa, binááhaiigíí, bąąh dahaz'ánígíí,éí doodago asdzání éí doodago hastįį nílinígíí biniinaa t'áá sahdii at'égo bina'anishígíí doo beehaz'ánígíí yik'eh hól'Į dóó yidísin.

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

TUCSON
Surgery Center

1398 N. Wilmot Rd., Tucson, Arizona 85712
(520) 731-5500

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.

The range of medical conditions and procedures affected by the facility's aforementioned statement of limitations includes:

All patients regardless of age, medical condition, and/or surgery/procedure to be performed.

A patient's agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

This facility shall provide the patient, the patient's representative or surrogate with information concerning its policy on advance directives, including a description of applicable State health and safety laws and, if requested, official State advance directives forms prior to the surgical procedure.

If the patient chooses to seek alternative care due to the facility's documented limitations on complying with certain aspects of advance directives/living wills, the facility will provide the appropriate referral for the patient.

Except as otherwise required by applicable law and facility policy, the facility will not assist the patient in the development of advance directives/living will.

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

- ❑ COPY PROVIDED OR DIRECTIVE ON FILE HAS BEEN REVIEWED AND IS CORRECT
- ❑ NO COPY PROVIDED AT THIS TIME

❑ 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.

Please visit the Arizona Attorney General's Website http://www.azsos.gov/adv_dir/ for forms or more information regarding Advance Directives.

BY SIGNING THIS DOCUMENT I ACKNOWLEDGE THAT I HAVE RECEIVED THIS INFORMATION BOTH VERBALLY AND IN WRITING PRIOR TO MY PROCEDURE AND 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: _____ DATE: _____
(Patient's Signature)

RELATIONSHIP TO PATIENT:_____

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.

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Acknowledgment of Required Disclosures

I acknowledge that I have received the following information prior to my procedure:

- ❑ Patient Rights and Responsibilities in writing
  - ❑ The following rights were reviewed verbally:
    The right to be free from any act of discrimination or reprisal, to voice grievances regarding treatment or care that is (or fails to be) provided, to be fully informed about a treatment or procedure and the expected outcome before it is performed, to have personal privacy, to receive care in a safe setting, and to be free from all forms of abuse or harassment.
- ❑ The Surgery Center's Policy on Advanced Directives
- ❑ Advance Directive Forms if Requested
- ❑ Pre-Registration Facility Disclosure Form Containing the following:
  - Information Regarding the Complaint/Grievance process at the Tucson Surgery Center with Contact Information
  - Disclosure of Physician Ownership
- ❑ Copy of Notice of Privacy Practices

Required pursuant to Health Insurance Portability and Accountability Act of 1996 (HIPAA), I acknowledge that I have received a copy of the Facility's Notice of Privacy Practices. I hereby consent to the use and disclosure of my protected health information as described in the Notice of Privacy Practices. Including all of my protected health information generated during outpatient treatment at the Facility, including but not limited to treatment for mental health, drug and alcohol abuse, communicable diseases such as HIV/AIDS, developmental disabilities, genetic testing and other types of treatment received.

_____ _____
Signature *Date*

Patient Sticker