

Helena SurgiCenter, LLC

2440 Winne Ave, Ste. 100
Helena, MT 59601
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www.helenasurgicenter.com

PATIENT INFORMATION GUIDE

PATIENT BILL OF RIGHTS

- The PATIENT has the right to be treated with consideration, respect, and dignity.
- The PATIENT and/or the PATIENT REPRESENTATIVE has the right to all complete and current information concerning their diagnosis and treatment and in terms that he/she can understand. The PATIENT has the right to know the person or persons responsible for coordinating their care. If not medically advisable to give information to the patient, the information shall be made available to an appropriate person in the patient's behalf.
- The PATIENT has the right to receive from the physician enough information so that he/she may understand the services being rendered in order to sign the informed consent.
- The PATIENT has the right to refuse treatment and to be informed of the consequences of his/her actions.
- The PATIENT has the right to privacy of any information or treatment concerning his/her own medical care.
- The PATIENT has the right to be informed of any persons other than routine personnel that would be observing or participating in his/her treatment and to refuse that observation and/or participation.
- The PATIENT has the right for all medical records to be treated as confidential and given the opportunity to

- approve or refuse their release unless it would cause a negative outcome in the continuation of medical care.
- The PATIENT has the right to information concerning the facility to which he/she may have to be transferred. The facility, that the patient is to be transferred to, must give approval prior to the patient transfer.
- The PATIENT has the right to know if any research will be done during his/her treatment and has the right to refuse it.
- The PATIENT has the right to expect quality care and service from Helena SurgiCenter, LLC
- The PATIENT has the right to be informed of the mechanism by which he/she will have continuing health care following discharge from Helena SurgiCenter, LLC.
- The PATIENT has the right to examine and receive an explanation of their bill, regardless of the source of payment.
- The PATIENT has the right to know, in advance, the expected amount of his/her bill, regardless of the source of the payment.
- The PATIENT has the right to know what Helena SurgiCenter, LLC Rules and Regulations apply to his/her conduct as a patient.

PATIENT RESPONSIBILITIES

- It is the PATIENT'S responsibility to read and understand all permits and/or consents to be signed. either ask the nurse or physician to clarify any information not understood about your care or services.
- It is the PATIENT'S responsibility to provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products, and dietary supplements and any allergies or sensitivities.

- It is the PATIENT'S responsibility to notify the Helena SurgiCenter, LLC if you have a living will, medical power of attorney or other directive that could affect your care.
- It is the PATIENT'S responsibility to follow the treatment plan prescribed by his/her provider and to notify Helena SurgiCenter, LLC on admission if pre-operative instructions have not been followed.
- The PATIENT is responsible for their actions if they refuse treatment or do not follow preoperative instructions.
- It is the PATIENT'S responsibility to provide adult transportation to and from Helena SurgiCenter, LLC and to have that adult remain with them for 24 hours, (appropriate to the medications and/or anesthesia to be given and according to preoperative instructions).
- It is the PATIENT'S responsibility to follow the post-operative instructions given by the physician(s) and/or nurses. This includes instructions regarding post-op appointments.
- It is the PATIENT'S responsibility to contact the physician if any complications occur.
- It is the PATIENT'S responsibility to assure all payments for service rendered are on a timely basis and ultimate responsibility is the patients, regardless of the insurance coverage.
- It is the PATIENT'S responsibility to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information.
- It is the PATIENT'S responsibility to notify the administration of Helena SurgiCenter, LLC if the PATIENT or the PATIENT REPRESENTATIVE thinks their right(s) have been violated or if the PATIENT has a significant complaint.

- It is the PATIENT'S responsibility and those accompanying the PATIENT to be respectful of all health care providers and staff, as well as other patients and follow the Center's policies.

GRIEVANCE POLICY

You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of the Center's Decision.

The following are the names and/or agencies you contact:

Helena SurgiCenter, LLC
Clinical Director
2440 Winne Ave. Ste 100
Helena, MT 59601
406-457-4200

You may contact your state representative to report a complaint:

Montana State Auditor's Office
840 Helena Ave.
Helena, MT 59601
406-444-2040
1-800-332-6148 (MT)

Sites for address and phone numbers of regulatory agencies:

Medicare Ombudsman Web site:

www.cms.hhs.gov/centerombudsman.asp

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

Office of Inspector General: <http://oig.hhs.gov>

WHAT IS A DURABLE POWER OF ATTORNEY FOR HEALTH CARE?

A durable power of attorney (DPA) for health care is another kind of advance directive. A DPA states whom you have chosen to make health care decisions for you. It becomes active any time you are unconscious or unable to make medical decisions. A DPA is generally more useful than a living will. But a DPA may not be a good choice if you don't have another person you trust to make these decisions for you.

Living wills and DPAs are legal in most states. Even if they aren't officially recognized by the law in your state, they can still guide your loved ones and doctor if you are unable to make decisions about your medical care. Ask your doctor, lawyer or state representative about the law in your state.

SHOULD I HAVE AN ADVANCE DIRECTIVE?

Most advance directives are written by older or seriously ill people. For example, someone with terminal cancer might write that she does not want to be put on a respirator if she stops breathing. This action can reduce her suffering, increase her peace of mind and increase her control over her death. However, even if you are in good health, you might want to consider writing an advance directive. An accident or serious illness can happen suddenly, and if you already have a signed advance directive, your wishes are more likely to be followed.

HOW CAN I WRITE AN ADVANCE DIRECTIVE?

You can write an advance directive in several ways:

- Use a form provided by your doctor
- Write your wishes down by yourself.
- Call your state senator or representative to get a form.
- Call a lawyer
- Use a computer software package for legal documents.

Advance directives and living wills do not have to be complicated legal documents. They can be short, simple statements about what you want done or not done if you can't speak for yourself. Remember, anything you write by yourself or with a computer software package should follow your state laws. You may also want to have what you have written reviewed by your doctor or a

lawyer to make sure your directives are understood exactly as you intended. When you are satisfied with your directives, the orders should be notarized if possible, and copies should be given to your family and your doctor.

CAN I CHANGE MY ADVANCE DIRECTIVE?

You may change or cancel your advance directive at any time, as long as you are considered of sound mind to do so. Being of sound mind means that you are still able to think rationally and communicate your wishes in a clear manner. Again, your changes must be made, signed and notarized according to the laws in your state. Make sure that your doctor and any family members who knew about your directives are also aware that you have changed them.

If you do not have time to put your changes in writing, you can make them known while you are in the hospital. Tell your doctor and any family or friends present exactly what you want to happen. Usually, wishes that are made in person will be followed in place of the ones made earlier in writing. Be sure your instructions are clearly understood by everyone you have told.

You can obtain up to date Montana information about advance directives, along with statutory forms, if they exist in your state, from:

Legal Counsel for the Elderly (LCE)
American Association of Retired Persons
P. O. Box 96474
Washington, DC 20090-6474

LCE has state-specific guidebooks about advance directives. If you want to order a booklet, send \$5.00 per booklet (for shipping and handling) to the above address.

Every state and the District of Columbia has laws that permit individuals to sign documents stating their wishes about health care decisions when they cannot speak for themselves. The specifics of these laws vary, but the principle of listening to the patient's wishes is the same everywhere. The law gives weight to any form of written directive. If the courts become involved, they usually try to follow the patient's stated values and preferences, especially if they are in written form. A Health Care

Advance Directive may be the most convincing evidence of your wishes you can create.

HELENA SURGICENTER HAS CHOSEN NOT TO RECOGNIZE PATIENT'S ADVANCE DIRECTIVES

The Helena SurgiCenter recognizes that the purpose of being an ambulatory surgery center is to provide elective surgical procedures to stable patients. This is why we have elected not to recognize the patient's advance directives and/or living will. However, in the event that the patient requires transfer to an acute care hospital setting, a copy of the Advanced Directive/Living Will will be made and accompany the patient.

PHYSICIAN OWNERSHIP

Your physician may have financial and ownership interest in Helena SurgiCenter, LLC. Patients have the right to be treated at another health care facility of their choice.

If you have any questions regarding this, please speak directly to your Physician.

By signing below I am stating that I have received verbal and written information, in a language I understand, from Helena SurgiCenter, LLC, prior to the day of my procedure, regarding the following items:

- Patient Rights & Responsibilities
- Grievance Policy
- Advanced Directive/Living Will
- Physician Ownership

Signature of Patient or Legal Representative

Date

Printed Name

Patient Label

Patient Checklist

WHEN SURGERY IS SCHEDULED

- Check insurance coverage - call for approval if necessary, or line up appointment for a second opinion.
- Go to HSC to complete pre-admission forms, patient history and to receive pre-op lab orders if applicable. **Please complete this step as soon as possible after surgery is scheduled.**
- Arrange for an adult to come with you to the SurgiCenter on the day of surgery because you will not be able to drive yourself home. A parent/guardian must come with a minor child.
- Please read the anesthesia information sheet and pain management education sheet and bring them with you to the HSC (Helena SurgiCenter).
- Ask about artificial nail removal if limb surgery.

24 HOURS BEFORE SURGERY

- Notify your doctor if there is a change in your physical condition (i.e. cold, fever, flu).
- Avoid smoking, alcoholic beverages and chewing tobacco.

THE EVENING BEFORE SURGERY

- Eat a regular meal unless your surgeon advises otherwise.
- Prepare anything you will need to bring.

PLEASE NOTE:

One of our nurses will call the day before surgery for pre-operative instructions and to answer any questions you may have. If this is not convenient please call us!

EATING AND DRINKING

- You will be instructed when to stop eating and drinking by the nurse who will call you the afternoon before your surgery day.
- If instructions are not followed, your surgery may be cancelled. This precaution is for your safety when receiving anesthesia.**

THE DAY OF YOUR SURGERY

- Do not eat or drink anything unless your surgeon or nurse tells you to do so. This includes mints and chewing gum.
- Adults should take medications as instructed by your physician or nurse. Bring all routine medications to the SurgiCenter the day of your surgery in their original containers, including inhalers.

- Bathe with any antibacterial soap. Any shaving or skin preparation of the operative area will be done by HSC personnel.

- Brush teeth but do not swallow water.

- Do not apply any make up.

- Wear comfortable loose clothing. You may be asked to change into a gown for your procedure.

- Leave jewelry, money and all other valuables at home. Body piercing jewelry may have to be removed.

- Bring any insurance cards and checkbook or credit card if prepayment is required.

- Bring a container to store your contact lens, glasses or hearing aid.

- Arrive at your designated time.

- Report to the SurgiCenter. We regret that there is only room for one or two family members in the lobby. Please do not leave children unattended.

- Your signature will be required on consent forms.
- You may have an hour wait prior to your procedure.

AFTER SURGERY

- The average length of stay is 1 to 3 hours after surgery. This may vary.
- Do not drive your car home, operate machinery, make any important decisions or schedule other appointments for 24 hours.
- Avoid smoking, alcohol and drugs not approved by your physician.
- Rest and recuperate.
- Follow detailed discharge instructions given to you by the nurse at HSC.

FOR PARENTS OF CHILDREN HAVING SURGERY

- Bring bottles or sippy cup if using one.
- Talk to your child about the SurgiCenter.
- Arrange for your other children to follow their normal activities or stay with a friend or relative.
- Pack any favorite toy or blanket.
- Observe any special diet or medication instructions given by your doctor or nurse.
- Arrange for two individuals to accompany your child home from the SurgiCenter.
- Plan to remain at the SurgiCenter for your child's entire stay.

Patient Consent Information for Surgical Anesthesia

I understand that:

- I will need **anesthesia services for the surgical procedure(s)** to be done on _____ (date) and that the type of anesthesia recommended to be used will depend upon the procedure and my physical condition.
- **Anesthesiology is a specialty medical service** which manages patients who are given drugs to produce unconsciousness or to diminish responses to pain and stress during the course of a medical, surgical, or obstetrical procedure.
- My anesthetic services may be provided by **multiple anesthesiologists** or by **certified registered nurse anesthetists (CRNAs)** under the supervision of an anesthesiologist and not necessarily solely by the anesthesiologist I see before surgery.
- **Airway management in unconscious patients** may also involve emergency medical technicians, nurses, physicians or students. These individuals may place the endotracheal tube (windpipe breathing tube) that is commonly used in patients receiving general anesthesia.
- **No guarantees** have been made to me by anyone regarding the anesthesia services that I am agreeing to have.

Types of Anesthesia and Definitions

A. General Anesthesia

1. Endotracheal Anesthesia: Anesthetic and respiratory gases are passed through a tube placed in the trachea (windpipe) either through the mouth or through the nose (rarely).
2. Mask Anesthesia: Gases are passed through a mask that covers the mouth, nose or windpipe.

B. Regional Anesthesia

1. Spinal Anesthesia: The anesthetic medications are injected into the sack of fluid that surrounds the nerves and spinal cord at the level of the lower back. The needle may touch the nerves in the back. (Also called "intrathecal" anesthesia.)
2. Epidural Anesthesia: A needle and usually a small catheter (tube) are inserted into the epidural space between the bones in the back. The epidural space is outside the sack containing the spinal nerves but is still very close to the spinal cord. Anesthesia occurs through delivery of medications through the needle or the catheter.
3. Nerve Blocks: Local anesthetic medications are injected on, in or around specific nerves to decrease nerve function temporarily which will produce numbness and weakness.

C. Monitored Anesthesia Care (MAC)

This anesthesia technique involves monitoring of no less than blood pressure, cardiac rhythm, oxygen in the blood, and mental state. Sedatives and pain relieving medications may be administered as needed and tolerated up to and including general anesthesia.

D. Local Anesthesia

Local anesthesia technique involves drug injection into, or surface application onto the area of the body where the surgery is to be performed. Often this is provided by the surgeon and registered nurses in the operating room without an anesthesiologist or nurse anesthetist in attendance.

E. IVCS: Sedative and/or pain relieving drugs are given, usually by I.V. administration, without causing prolonged loss of consciousness.

Often this is provided by the surgeon and registered nurses in the operating room without an anesthesiologist or nurse anesthetist in attendance.

Risks and Complications

Common, minor side effects of anesthesia techniques include "flu-like" symptoms including nausea/vomiting, sore throat, tiredness, muscle aches, headaches or backache. In addition, dental injuries are relatively common and not absolutely preventable. The presence of pre-existing dental conditions such as dental repairs, artificial dental structures, missing teeth, cavities or gum diseases and jaw joint (TMJ) abnormalities increase the risk of dental damage.

Additional complications may include, but are not limited to: airway emergencies, allergic or drug reactions that could be life-threatening; backache that is persistent; brain damage; cardiac arrest or heart attack; coma; confusion, intellectual impairment, loss of coordination, or personality changes; eye injury including blindness; hair loss; headache; hoarseness and/or vocal cord injury; infection; injection of anesthesia medications at unintended sites; kidney, liver or lung damage; localized swelling and/or redness; nausea or vomiting that is persistent or severe; pain; paralysis; pneumonia; prolonged effects of anesthesia drugs; recall of sound/noise/speech or unpleasant memories; seizures; stroke or permanent nerve injury; skin damage; tracheostomy; and death.

I (the patient) have **read this form** and understand the anesthesia techniques and risks described above. I have been given the opportunity to **ask questions** about my anesthesia. **(Do not sign this form if you have unanswered questions or need additional information from an anesthesiologist about the anesthesia care options).**

Signed patient or patient representative/Date

Witness Signature/Date

Signature of Anesthesiologist providing supplemental information (if requested)

Witness printed name/Date

Patient Identification:



2440 Winne Avenue
Suite 100
Helena, Montana 59601

**PATIENT CONSENT FOR
SURGICAL ANESTHESIA**

HSC-045 (Rev. 8/04)

PAIN: WHAT YOU NEED TO KNOW

1. As a patient at Helena SurgiCenter, you can expect:
- A. Information about pain and pain relief measures.
 - B. Healthcare providers committed to pain treatment and prevention.
 - C. Clinicians who will respond in a timely manner to reports of pain.

2. What we need to know from you:
- A. Tell your nurse, therapist or physician when you are having pain.
 - B. Ask your doctor or nurse what to expect.
 - C. Discuss pain relief options with your doctors and nurses.
 - D. Work with us to develop a pain relief plan.
 - E. Report your pain when it first begins.
 - F. Report pain that is unrelieved by pain relief measures already tried.
 - G. Allergies to pain medications.

Your clinician will assess your pain using a 0 - 10 Scale

Circle Severity of Pain

agonizing	10	worst possible
	9	
horrible	8	severe
	7	
persistent	6	moderate
	5	
uncomfortable	4	
	3	mild
annoying	2	
	1	
none	0	no pain

SOME MEASURES WHICH MAY BE USED TO TREAT PAIN

Non-Drug Measures:

Medications

- | | | |
|----------------------|------------------|---|
| A. Ice | E. Relaxation | A. Non-narcotic agents |
| B. Heat | F. Music | B. A combination of narcotics and anti-inflammatory medications |
| C. Elevation of Limb | G. Distraction | |
| D. Massage | H. Visualization | |

SOME FACTS ABOUT PAIN:

- It is best to take pain medication before pain is severe
- Your doctor will work with you to choose mild medication to treat mild pain and a stronger medication to treat moderate to severe pain.
- Less than 1% of all persons treated for pain become addicted to pain medications.
- You may experience some side effects while taking pain medications, such as nausea, vomiting or constipation -- these can be managed by you and your doctor.
- Through frequent assessment, non-medication techniques, medication use and teamwork, we hope to keep your pain at a minimum and improve your return to optimal functioning

PATIENT ID:



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PAIN MANAGEMENT EDUCATION



Thank you for choosing us as your health care facility. We are committed to providing you with the best possible care and to your treatment being successful. Your clear understanding of our financial policy is important to our professional relationship. Please understand that payment of your bills is considered your responsibility.

This is an agreement between Helena SurgiCenter, LLC, as a creditor, and the Patient named on this form.

By executing this agreement, you are agreeing to pay for all services that are rendered.

The Helena SurgiCenter bill DOES NOT include the following:

1. Anesthesiologist's bill
2. Surgeon's bill
3. Laboratory/Pathology bill
4. Radiologist's bill
5. Prosthesis/Orthopedic Appliance

PAYMENT OPTIONS IF YOU HAVE NO INSURANCE

If you do not have insurance, we require one-half of the SurgiCenter bill on the day of the surgery, or arrangements should be made prior to the day of surgery. The Helena SurgiCenter DOES ACCEPT VISA, MasterCard, American Express, Discover and CareCredit.

IF YOU HAVE INSURANCE

A \$100.00 deposit will be due at the time of your procedure. Remaining balances will be billed to you on your monthly statement. You must pay minimum monthly payments of \$100.00 (one hundred dollars) per month on the balance until paid in full. Charges will include interest on any charge over 90 days old at an annual rate of 12%.

Please be prepared to show your insurance card at each visit. We will file your claim with the insurance company.

Our practice is committed to providing the best treatment possible for our patients. We must emphasize that as Medical Care Providers, our relationship is with you, not your insurance company. We will not accept the responsibility of negotiating claims with insurance companies or any other persons. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered.

RETURNED CHECKS: Any returned checks are subject to a \$15.00 collection fee. Any returned check must be resolved before any appointments can be arranged.

Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in effect.

Thank you for understanding and agreeing to our financial policy. Please let us know if you have any questions or concerns.

I have read and understand the financial policy of the practice and I agree to be bound by its terms, I also understand and agree that such terms may be amended from time-to-time by the practice with appropriate notification. I authorize the release of any medical information necessary to process this claim.