

- To be advised if the physician proposes to engage in or perform experimentation affecting your care or treatment and the right to refuse to participate in this activity without hindering access to care.
- To be informed of the continuing health care requirements following discharge from the center.
- Examine and receive an explanation of a bill for service, regardless of source of payment.
- To report any comments or complaints concerning the quality of care provided to you and for the facility to provide a prompt resolution within fourteen (14) business days to your comment or complaint. In the event, after reasonable attempts have been made, that a resolution is not achieved within fourteen (14) business days, then you will be notified when you can expect a resolution.

PATIENT RESPONSIBILITIES

- To provide accurate and complete information concerning your present complaints, past medical history and other matters relating to your health.
- To make it known whether you clearly comprehend the course of treatment and what is expected of you.
- For following the treatment plan established by the physician, including the instructions of nurses and other health care professional as they carry out the physicians' orders.
- To keep your appointments and notifying the facility if unable to do so.
- To provide a responsible adult to drive you home from the facility and stay with you for 24 hours after surgery.
- For assuring that the financial obligations of your care is fulfilled as promptly as possible.
- For being considerate of the rights of other patients and facility personnel.

FEEDBACK

Our goal is to provide the best surgical experience possible while in our Ambulatory Surgery Center. Patients, clients, families or visitors have the right to express complaints or concerns about any aspects of their care or experience with our ASC without fear of discrimination or reprisal. Please be assured that expressing a complaint or concern will not compromise your care and will be addressed according to our policy. Concerns may be directed to any facility staff or the ASC Manager, or you may mail your comments to us.

If you feel it is necessary, complaints may also be shared with: WASHINGTON STATE DEPARTMENT OF HEALTH, HSQA COMPLAINT INTAKE, P.O. BOX 47857, OLYMPIA, WA 98504-7857, 360-236-4700, 1-800-633-6828, 360-236-2626 (fax) HSQAComplaintIntake@doh.wa.gov or OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN, 1-800-MEDICARE (1-800-633-4227), www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html.

Statement of Physician Financial Interests or Ownership

Your physician has an ownership interest in Proliance Surgeons, Inc., P.S. which includes the surgery center at which you are having your procedure. As with all of your care, you may request to have your procedure performed at another facility where your surgeon has privileges to practice.

Proliance Orthopaedic and Sports Medicine

Clayton Brandes, MD	Peter Mandt, MD
James Bruckner, MD	Silas Marshall, MD
Thomas Castle, MD	Dayne Mickelson, MD
Thomas Chi, MD	Tyler Nathe, MD
Jonah Hulst, MD	Ashit Patel, MD
Jeremy Idjadi, MD	Steven Ratcliffe, MD
Todd Jackman, MD	Matthew Robon, MD
Gregory Komenda, MD	Michael Sailer, MD
Grant Lohse, MD	Trevor Scott, MD

Bellevue Ear, Nose and Throat

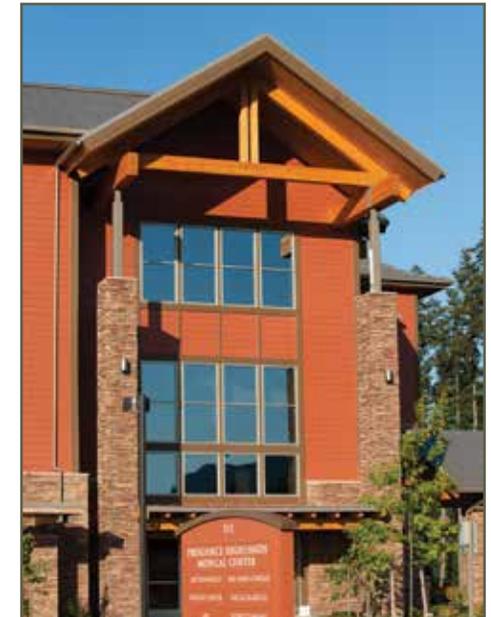
Trac Duong, MD
 Thomas Knipe, MD
 Jonathan Kopelovich, MD
 Adrienne Laury, MD
 Samson Lee, MD
 Daniel Seely, MD
 Anh Truong, MD
 Roger Zundel, MD

A Service of



HIGHLANDS SURGICAL CENTER

Important information regarding your surgery



P PROLIANCE SURGEONS® PROLIANCE HIGHLANDS SURGERY CENTER

510 8th Ave. NE
 Suite 100
 Issaquah, WA 98029

Phone: 425-507-0800
 Fax: 425-507-0805

425-507-0800

Before your surgery:

Your Surgery Date: _____

- Your surgery time will be confirmed via phone the day before your surgery. We will leave a message if we are not able to speak with you directly. **Please note times are subject to change.** In the event a change is necessary, you will be notified as soon as possible.
- You are required to have a **pre-operative phone interview** with our nurse to identify any evaluations or laboratory studies that may be needed prior to your procedure. The nurse will contact you via phone, and it is very important that you return any missed calls as soon as possible.
- We will contact your insurance company and verify the need for a **co-pay**. We are required to collect applicable co-pays at the time of your procedure. You will complete all required forms and provide your insurance card upon arrival the day of your surgery.
- Please arrange for a responsible adult to drive you home. It is recommended that **someone stay with you** the first 24 hours following your procedure. If you do not have a driver your surgery may be rescheduled.
- If you have any questions, contact your Physician's office.

Day of your surgery:

- You will receive a phone call the day before surgery with your scheduled surgery and check in time.
- You should take your essential, **regularly scheduled medication with a sip of water** on the morning of surgery, unless otherwise directed. Bring any inhaler that you use for a breathing condition.
- **Do NOT** eat or drink anything 8 hours prior to your **check in time**, including water, gum and mints.
- Remove ALL jewelry, including any body piercings. For body piercings, you may use a plastic retainer, if necessary.
- Remove contact lenses, or bring storage case and solution.
- Do not wear make-up, nail polish, body lotion, perfumes/colognes or hair products.
- Leave all valuables at home.
- Bring your insurance card and ID, and any required co-payment (cash, check, or credit card accepted).
- Bring someone with you who is authorized by you to speak with the physician regarding your surgical procedure and post-op care. This person may need to authorize changes during surgery, if needed. They should remain in the waiting area for the duration of your procedure and recovery.

Patient Rights and Responsibilities

This facility and medical staff have adopted the following list of patient rights and responsibilities. This list includes, but is not limited to:

PATIENT RIGHTS

- Impartial treatment without regard to race, color, sex, national origin, religion, handicap or disability.
- To be free from acts of discrimination or reprisal, to receive considerate, respectful, and safe care that is dignified at all times and to be protected from abuse, harassment and neglect and have knowledge of and access to protective services.
- Knowledge of the name and professional status of those caring for you.
- To receive information from the surgeons about your diagnosis, treatment plan, prognosis, and any unanticipated outcomes, to the best of the physicians' knowledge. You have the right to spiritual care and communication and if communication restrictions are necessary for your care and safety, we will document and explain the restrictions to you or your family.
- To participate actively in decisions regarding your medical care including being involved in resolving problems with your care. To the extent permitted by law, this includes the right to refuse treatment. If the patient is adjudged incompetent or the patient has designated a legal representative or a family member, the person appointed/designated shall fully participate in decisions regarding the patient's care.
- Full consideration of privacy concerning your medical care program. Case discussion, examination and treatment are confidential and should be conducted as discretely as possible.
- To be asked if you have an Advance Directive and if so, for it to be prominently placed in your chart.
- To be advised that should an unexpected life threatening event occur, you will receive resuscitative or other stabilizing measures and be transferred to an acute facility that will order additional treatment according to your wishes in your Advance Directive.
- Confidential treatment of all communications and records pertaining to care. Written permission shall be obtained before medical records can be made available to anyone not directly concerned with your care.
- Responsible responses to any reasonable request for service.
- To leave the facility even against medical advice and to change providers if another qualified provider is available.
- To expect reasonable continuity of care.