

East Tennessee Ambulatory Surgery Center
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www.etasc.com

Please read this entire brochure prior to the day of your surgical procedure. It contains information that is very important to your care as well as notifications and disclosures that we are required by law to provide.

PATIENT RIGHTS

As a patient at East Tennessee Ambulatory Surgery Center, you have the right to:

1. Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity and to be free of all forms of abuse and harassment.
2. Information necessary to give informed consent prior to the start of your procedure, which will include your diagnosis, treatment, risks, and prognosis, to the degree known. When it is medically inadvisable to give such info directly to you, it will be made available to an appropriate person on your behalf.
3. Confidentiality of records and privacy of communications. Except as required by law, you have the right to approve or refuse the release of records.
4. The opportunity to participate in decisions involving your health care, unless contraindicated by concerns for your health.
5. Make decisions about medical care, including the right to accept or refuse treatment and to leave the facility even against the advice of your physician.
6. Refuse to participate in experimental research.
7. Receive written and verbal discharge instructions prior to leaving the facility.
8. Receive instructions for obtaining emergency care if needed after discharge.
9. Change your provider if other qualified providers are available.
10. Information concerning the center's policy regarding advance directives.
11. Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability.
12. Receive an itemized bill for all services and be informed of the fees and payment policies of the center.
13. Know the identity and professional status of individuals providing service to you.
14. Expect that marketing and/or advertising conducted by the Center is not misleading.
15. Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments within 30 days.

PATIENT RESPONSIBILITIES

As a patient at East Tennessee Ambulatory Surgery Center , you have the responsibility to:

1. Provide to the best of your knowledge, accurate and complete information about your present health status, past medical history and medications, including over the counter products as well as any allergies or sensitivities.
2. Follow the treatment plan recommended by your provider, including the instruction of nurses and other health professional as they carry out the physician's orders.
3. Provide an adult to transport you home after surgery and stay with you for 24 hours.
4. Indicate whether you clearly understand a contemplated course of action and what is expected of you.
5. Be liable for your actions if you refuse treatment, leave the facility against medical

- advice and/or do not follow your provider's instructions relating to your case.
6. Provide accurate information regarding your address, phone number, and insurance.
 7. Accept personal financial responsibility for any charges not covered by your insurance.
 8. Notify your provider and the center about advance directives including any living will, power of attorney or other directives that you desire us to know about.
 9. Be respectful of health care providers and staff, as well as other patients.
 10. Follow the facility policies and procedures affecting patient care and conduct.

ADVANCE DIRECTIVE POLICY

An Advance Directive is a legal document that outlines your wishes in the event that you are unable to make medical decisions for yourself. It specifies the type of treatment you do and do not want, as well as who is authorized to make decisions on your behalf. The most common types of Advance Directives are a Living Will and a Durable Power of Attorney for Health Care.

Since procedures performed at East Tennessee Ambulatory Surgery Center are not "high-risk" procedures – they are elective and of short duration – it is our policy that life-sustaining measures will be provided and you will be immediately transferred to the nearest or best choice hospital. If you have executed an Advance Directive and provide us with a copy, it will be forwarded to the hospital along with your medical records in the event of a transfer.

At the hospital, further treatment or withdrawal of treatment measures will be exercised in accordance with your Advance Directive. If you disagree with this policy you should discuss it with your physician prior to your scheduled procedure. If you do not have an Advance Directive and would like more information, our staff can provide you with a packet of information.

FINANCIAL AND BILLING POLICY

This information relates to services provided by East Tennessee Ambulatory Surgery Center only. Your surgeon and anesthesia charges are separate.

INSURANCE CLAIMS: On your behalf, we will submit claims for our services with your primary and secondary insurance providers when you provide us with sufficient, accurate and up-to-date insurance information. If your insurance company does not submit payment, you are liable for your account balance and we will request immediate payment from you. We are not party to the contract between you and your insurance company and payment of our charges is ultimately your responsibility.

PRIOR AUTHORIZATIONS AND PRECERTIFICATION: If your medical insurance plan requires a prior authorization or pre-certification, this should be obtained before your scheduled appointment. If we do not have the required pre-authorization, you will be liable for any amounts not paid.

ESTIMATE OF CHARGES AND PAYMENT ARRANGEMENTS: All co-payments, deductibles, and the estimated balance of co-insurance are due no later than the day prior to your procedure. If the account is not paid the surgery will be canceled.

If you incur a service that is not covered by your insurance policy we require that payment for all services be made in full at least a week before your procedure.

DELINQUENT ACCOUNTS: If you do not comply with the payment policies of the Center and a balance remains outstanding, the Center will forward your account to a contracted collection agency for appropriate collections action.

PAYMENT: We accept cash, personal checks, care credit, and Visa or MasterCard in person, by mail, or over the phone.

Workers' Compensation: As a compensation patient, you may be held responsible for charges in the event that your claim is invalidated or not approved.

NOTICE OF PRIVACY PRACTICES

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services.

Disclosure: We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.

Required by Law: We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal official.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, including, but not limited to, voicemail messages, postcards or letters.

YOUR PRIVACY RIGHTS AS OUR PATIENT

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) There will be some limited exceptions. If you wish to examine your health information, you will need to submit a written request.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Authorization for Disclosure: If you wish to authorize disclosure of your health information for reasons other than treatment, payment, or operations, you must do so in writing. The written authorization must include specific information about who is authorized to receive your health care information, and what information they are authorized to receive.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. (When we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of routine disclosures: therefore these are not available.) You have the right to a list of instances in which we have disclosed information without your authorization for reasons other than treatment, payment or healthcare operations.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. Please contact our office if you want to further restrict access to your health care information. This request must be submitted in writing.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your written complaint should be directed to our office. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

TO REPORT A COMPLAINT

You may submit a complaint orally or in writing to the address below. The Center will respond within 30 days of receiving your complaint.

East Tennessee Ambulatory Surgery Center
Attn: Administrator
701 Med Tech Parkway, Suite 100
Johnson City, TN 37601

You may also file a complaint by mailing it to the Department of Health and Human Services:

Department of Health and Human Services
Office of Civil Rights
200 Independence Ave. S.W.
Washington, D.C. 20201

OWNERSHIP

East Tennessee Ambulatory Surgery Center is a multi-specialty facility that opened in 1999 in accordance with the mission of local physician, Dr. Jim Brantner, to provide free surgery to children in need. Since that beginning, ETASC has expanded to offer numerous surgical specialties with the help of more than fifty physicians. We are accredited by the American Association for Ambulatory Health Care (AAAHC).

Our goal is to provide an outstanding outpatient surgical experience for patients and physicians. East Tennessee Ambulatory Surgery Center has more than twenty-five physician management owners and partners.

In accordance with Medicare requirements, we are happy to inform our patients of physicians and organizations owning more than five percent of the Center: Jim N. Brantner, MD; Kenneth E. Cutshall, MD; David W. Jones, MD; Bill N. Boswell, MD; David Wiles, MD; Blue Ridge Medical Management.

ANESTHESIA RISK INFORMATION

All types of anesthesia involve some risk. Major side effects and complications from anesthesia are uncommon. Specific risks depend on your health, the type of anesthesia used, and your response to anesthesia.

Your age may be a risk factor. In general, the risks associated with anesthesia and surgery increase in older people. Serious medical conditions, such as heart, circulation, or lung problems, increase your risk of complications from anesthesia. Obesity, sleep apnea, and/or smoking also increases your risk of complications from anesthesia.

During your anesthetic, an anesthesia specialist will remain in the operating room with you monitoring your breathing, blood pressure, heart rate, and the depth of anesthesia. Your anesthesia specialist has been specially trained and is able to treat problems that may arise during your anesthetic.

Local Anesthesia

When used properly, local anesthetics are safe and have few major side effects. However, in high doses, local anesthetics can have toxic effects caused by being absorbed through the bloodstream into the rest of the body. This may significantly affect your breathing, heartbeat, blood pressure, and other body functions.

Some procedures can be performed with local anesthesia and sedative medication through your "IV." An anesthesia specialist remains with you throughout the procedure and adjusts the level of medication you are receiving. This is sometimes referred to as "Twilight Anesthesia."

Regional Anesthesia

For regional anesthesia, an anesthetic is injected close to a nerve, a bundle of nerves, or the spinal cord. In rare cases, nerve damage can cause persistent numbness, weakness, or pain. Regional anesthesia (regional nerve blocks, epidural spinal anesthesia) also carries the risk of systemic toxicity if the anesthetic is absorbed through the bloodstream into the body. Other complications include heart or lung problems, and infection, swelling, or bruising at the injection site.

During spinal anesthesia, medication is injected into the fluid that surrounds the spinal cord (cerebrospinal fluid). The most common complication of spinal anesthesia is a headache caused by leaking of this fluid. With current techniques of giving spinal anesthesia, this occurs in about 1% to 2% of all people who have spinal anesthesia and is more common in younger people. A spinal headache may be treated quickly with a blood patch to prevent further complications. A blood patch involves injecting a small amount of the person's own blood into the area where the leak is most likely occurring to seal the hole and to increase pressure in the spinal canal and relieve the pull on the membranes surrounding the canal.

General Anesthesia

Serious side effects of general anesthesia are uncommon in people who are otherwise healthy. However, because general anesthesia affects the whole body, it is more likely to cause side effects than local or regional anesthesia. Fortunately, most side effects of general anesthesia are minor and manageable.

During anesthesia, the entire body relaxes. Because this occurs in the air passages as well, an artificial airway is needed to allow clear passage of oxygen into your lungs. Insertion or removal of airways may cause respiratory problems such as coughing, gagging, or muscle spasms in the voice box, or in the lungs. Other complications may include damage to teeth and lips, sore throat, and hoarseness caused by injury or irritation of the voice box. Typically, the only problem you may have is a mild sore throat for a couple of days after surgery.

General anesthesia suppresses the normal throat reflexes such as swallowing, coughing, or gagging that prevent aspiration. Aspiration occurs when an object or liquid is inhaled into the respiratory tract (the windpipe or the lungs). Aspiration during anesthesia and surgery is very uncommon. People are usually instructed not to eat or drink anything for a specific number of hours before anesthesia so that their stomach is empty to reduce this risk. Anesthesia specialists use many safety measures to minimize the risk of aspiration in all patients.

Other serious risks of general anesthesia include changes in blood pressure or heart rate or rhythm, heart attack, or stroke. Death, serious illness, or injury, due solely to anesthesia, is rare and is usually also related to complications from the surgery. Death occurs in approximately 1 in 250,000 people receiving general anesthesia. Risks are greater for those people with serious medical conditions. Some people having general anesthesia express concern that they will not be completely unconscious but will “wake up” and have some awareness during the surgical procedure. Awareness during general anesthesia is very rare. Anesthesia specialists devote careful attention and use many methods to prevent you from “waking up.”

Risks from reactions to anesthetic medications

Some anesthetic medications may cause allergic or other abnormal reactions in some people, but these are rare. If you suspect you may have such a problem, you should bring this to the attention of both your surgeon and the anesthesia specialist well before your surgery.

A rare, potentially fatal condition called malignant hyperthermia (MH) may be triggered by some anesthetics. The anesthetics most commonly associated with malignant hyperthermia include the potent inhalation anesthetics and the muscle relaxant succinylcholine.

The most common reaction to general anesthetics is nausea and vomiting. If you have had problems with this in the past, let the anesthesiologist know. Please pay close attention when completing the “*Anesthesia Preoperative Questionnaire*.” The questionnaire asks the detailed questions necessary to provide you with the best of care and to minimize the risks associated with your anesthetic procedure.

Day of Surgery

On the day of surgery, you will be asked again to sign a consent form for anesthesia. You will have the opportunity to ask the anesthesiologist questions about our specific anesthetic procedure at that time.