



9800 Levin Road NW, Suite 102 - Silverdale WA 98383  
Phone 360.692.2728 - Fax 360.692.6009  
[www.silverdaleasc.com](http://www.silverdaleasc.com)

*Welcome to the Surgery Center of Silverdale, LLC. We are a multi-specialty facility that opened in the Spring of 2007 with the goal of providing an outstanding outpatient surgical experience for patients and physicians in the West Sound region. We are accredited by the American Association of Ambulatory Health Care (AAAHC), certified by Medicare, and licensed by the WA State Department of Health.*

**The Surgery Center is a fragrance-free environment. We ask that you and your escorts/family members refrain from wearing scented perfumes or lotions.**

***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 & Responsibilities/Advance Directives/Filing a Grievance

### **PATIENT RIGHTS & RESPONSIBILITIES**

#### **As a patient, you have the RIGHT to:**

1. Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity regardless of age, race, color, sexual orientation, religion, marital status, sex, national origin, handicap, source of payment or sponsor.
2. Personal privacy, to receive care in a safe setting, to be free of all forms of harassment or abuse, to include neglect, exploitation and verbal, mental, physical and sexual abuse.
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, as well as the right to review, inspect, and amend your health record.
4. Clear, concise communication. Interpretive services, visual and auditory assistance will be made available as necessary for patient care and safety.
5. 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 information directly to you, or in compliance with your existing legal directives or existing court-ordered legal orders, it will be made available to your representative or surrogate with verbal and written notice of the patient's rights in a language and manner that ensures the patient, the representative, or the surrogate understand all of the patient's rights.
6. Be a participant in decisions regarding the intensity and scope of treatment. Circumstances under which the patient may be unable to participate in his/her plan of care are recognized. In such situations, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
7. 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 behalf of the patient.
8. If a State Court has not adjudged a patient incompetent, any legal representative

designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State Law.

9. To accept or refuse treatment, to the extent permitted by law, and to be informed of the medical consequences of such refusal.
10. Know the identity and professional status of individuals providing service to you, and to expect that these staff have been fully credentialed. Additionally, you have the right to know when any assistants or observers are students who will be involved in your care. You may change your provider if other qualified providers are available.
11. Continuity of care among your healthcare team, both within the facility and with your outside providers.
12. Be informed of unanticipated outcomes in your care. Our staff will make decisions regarding the provision of ongoing care, treatment and discharge based on your patient assessment.
13. Be advised when the facility is involved in research, investigation, and clinical trials and to refuse participation in these studies without hindering your access to care.
14. Information concerning the Center's policy regarding advance directives.
15. Receive written and verbal discharge instructions prior to leaving the facility, including instructions for how to obtain after-hours or emergency care.
16. Be provided with access to protective services.
17. Obtain information regarding relationships between the Surgery Center of Silverdale and other healthcare institutions, including your physician's ownership in the center if applicable.
18. Receive an itemized bill for all services; be informed of the fees and payment policies of the center, and whether or not we accept your insurance.
19. Report comments or file a grievance regarding treatment or care that is (or fails to be) furnished without fear of retribution or reprisal, and have any grievance reviewed by the center in a timely manner.

**As a patient, 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. Provide accurate information regarding your address, phone number, and insurance.
3. Provide an adult to transport you home after surgery and stay with you for 24 hours.
4. Notify the Center about advance directives including any living will, power of attorney, or other directives that you desire us to know about.
5. Advise the organization of barriers to your learning, and indicate whether you clearly understand a contemplated course of action and what is expected of you.
6. Follow the treatment plan recommended by your provider, including the instruction of nurses and other health professionals as they carry out the physician's orders, and to ask questions or seek clarification as needed.
7. 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.
8. Report changes in your condition and status to Surgery Center staff and your physician in a timely manner.
9. Accept personal financial responsibility for any charges not covered by your insurance and provide timely payment of these charges.
10. Be considerate and respectful of health care providers and staff, as well as other patients, and ensure your family members and care providers are equally considerate and respectful.
11. Be respectful of the facility's property.
12. Follow the facility policies and procedures affecting patient care and conduct.

## ADVANCED DIRECTIVES

If you have an Advanced Directive, The Surgery Center of Silverdale, LLC will place a copy in your medical record if you so choose. In the event of an emergency, your Advanced Directive will not be accepted. The Surgery Center will attempt to resuscitate you and transfer you to the hospital. A copy of your Advanced Directive will be copied and sent to the hospital as part of your transfer. If you do not have an Advanced Directive and you would like information or forms, please contact a member of the Business Office Team.

## FILING A COMPLAINT OR GRIEVANCE

To file a complaint or grievance, without fear of retribution or reprisal, you may contact one or all of the following:

Surgery Center of Silverdale, LLC  
ATTN: Administrator  
9800 Levin Rd. NW, Suite 102  
Silverdale, WA 98383  
(360) 692-2728

Washington State Department of Health  
PO Box 47857  
Olympia, WA 98504-7857  
(800) 633-6828

[www.cms.gov/center/ombudsman.asp](http://www.cms.gov/center/ombudsman.asp)  
(800) MEDICARE

Accreditation Association for Ambulatory Health Care, Inc.  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
(847) 853-6060  
[www.aaahc.org](http://www.aaahc.org)

## General Instructions & What to Expect

- As early as possible before your surgery, fill out the pre-admission forms included in this packet or pre-register on our web site at [www.silverdaleasc.com](http://www.silverdaleasc.com).

### Pre-operative Phone Calls (does not apply to Pain Management patients)

- If you do not pre-register online, a nurse will call you 2-3 days before your procedure to gather important information about your medical history and current status including what medications you are taking. She will also give you pre-op instructions that you must follow.
- **The day before your procedure a nurse will call with your time of arrival.** Please note that due to changes in the schedule, your arrival time may change. We do our best to mitigate the impact of last minute changes but it is not always possible.

### Before your Procedure -- Do's and Don'ts

- **Don't eat or drink anything after midnight the night before your surgery. This includes gum, water, cough drops, coffee, water, etc. You must not ingest anything or your procedure may be cancelled.**
- Don't drink alcohol for 24 hours before your procedure.
- Don't smoke after midnight the night before your procedure.
- Don't take medication containing aspirin for 24 hours before your procedure unless directed to do so by your physician.

- Failure to follow any of these instructions could result in your procedure being postponed or cancelled by the anesthesiologist.

#### Day of your Procedure – Do's and Don'ts

- **A responsible adult must drive you home. If you receive any type of anesthesia or sedation, you must also have an adult stay with you for 24 hours following your procedure. We will not administer anesthesia or sedation if you do not have a responsible adult companion.**
- Bring your insurance card and picture ID with you to the Surgery Center.
- Wear loose comfortable clothing that you can change easily.
- Don't wear jewelry or watches and remove all body piercings including tongue piercing.
- Don't use powders or lotions. Light makeup and deodorant are OK. You should not wear eye makeup if you are having an eye procedure.
- Don't wear your hair in a bun or a pony tail; it makes your anesthesia more difficult.
- If you are accompanying a minor child who is having a procedure, bring documentation of your guardianship if you are not a parent.
- Expect to spend about 30-60 minutes at the Center when your surgery is over. This is the average time needed for recovery and post-operative instructions; your needs may be different.
- If you are the parent or guardian of a patient who is a minor child, you must remain at the Center for the duration of the minor's care.

#### After your Procedure – Do's and Don'ts

- Don't drive or operate machinery, make any important decisions, or drink alcoholic beverages for 24 hours after your surgery.
- Be sure to follow post-operative instructions given to you at the Center.
- Be sure to have someone stay with you for 24 hours after your procedure. This is *required for your safety*.
- A nurse will call you the day after your surgery to make sure you're recovering comfortably and to answer any questions you might have.
- You will be given a Patient Satisfaction Survey after discharge; please fill it out and return it in the envelope provided. The survey can also be accessed online via our website at [www.silverdaleasc.com](http://www.silverdaleasc.com).

### Financial & Billing Policy

This information relates to services provided by the Surgery Center of Silverdale 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:** Prior to your procedure we will estimate your out-of-pocket charges based on information from your insurance company. The actual charge may vary dependent upon actual procedures performed. We request that 50% of your estimated patient responsibility be paid on the day of surgery and a minimum payment of 10% or \$25 (whichever is more) is required. This fee is collected on or before your surgery date. If you incur a service that is not covered by your insurance company payment must be made in full at

the time services are rendered. Payment plans may be available for the remainder or your balance and/or under special circumstances. All patient balances will incur a finance charge of no more than 1% per month or 12% per year.

**DELINQUENT ACCOUNTS:** If you do not comply with the payment policies of the Center, the Center will forward your account to a contracted collection agency for appropriate collections action. If this happens, there will be a \$25 fee added to your balance.

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

## 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. We have established "minimum necessary or need to know" standards that limit various staff members' access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

**Disclosure:** We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. 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 to our Privacy Officer.

**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. (See form HIPAA Authorization for Disclosure).

**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, or our business associates, 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 Privacy Officer 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 Privacy Officer. 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.

## Map & Directions

9800 Levin Road NW, Suite 102 – Silverdale WA

**From the North (Sequim & Poulsbo):** Take Highway 3 South to the Kitsap Mall **Exit 45**. Turn right at the end of the ramp on to Kitsap Mall Boulevard. Continue straight through the intersection with Silverdale Way, to Levin Road NW. Turn right onto Levin Road. The Center is in the Clear Creek Medical Building which is the first building on the left side of Levin. The driveway is past the building on the left. Drive around to the parking lot and enter our facility through the building's front entrance.

**From the South (Port Orchard & Bremerton):** Take Highway 3 North to the Clear Creek Road/Kitsap Mall **Exit 45A**. Turn right at the end of the ramp on to Kitsap Mall Boulevard. Continue straight through the intersection with Silverdale Way, to Levin Road NW. Turn right onto Levin Road. The Center is in the Clear Creek Medical Building which is the first building on the left side of Levin. The driveway is past the building on the left. Drive around to the parking lot and enter our facility through the building's front entrance.

