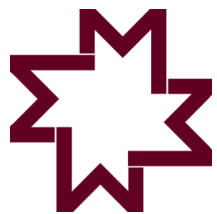


WELCOME



Mon Health
Center for Outpatient Surgery

2000 Mon Health Medical Park Dr • Suite 2001 • Morgantown, WV 26505

WELCOME

The physicians, nurses and staff of **Center for Outpatient Surgery** welcome you to our center. We appreciate the confidence you have placed in us by choosing us for your surgical needs. **Center for Outpatient Surgery** is a state-of-the-art outpatient surgical facility specializing in orthopedic, spine, pain and plastics procedures. Our goal is to provide the highest quality care in a safe and comfortable environment.

HOURS OF OPERATION

Our hours of operation are 7:00 am to 5:00 pm, Monday through Friday and by appointment during evenings and weekends. If at any time you have a question, please feel free to ask our staff for assistance at **(304) 413-2200**.

IMPORTANT INFORMATION

Included in this packet is important information you should read. Your physician's office may also instruct you to bring some of this information with you the day of your surgery. Please call us if you have any questions.

BEFORE YOUR PROCEDURE

1. Be sure to follow any specific individual instructions given to you by your physician before you come to the Center.
2. You should not eat or drink anything after midnight on the night before your procedure unless instructed otherwise. It's fine to brush your teeth but do not drink any fluids.
3. **DO NOT** wear your contact lenses
4. If you have an Internal Defibrillator, Allergy to Latex or Sleep Apnea, please contact the center staff as soon as possible.
5. All patients are required to sign a consent form before their procedure that will authorize your physician to perform the surgery. Patients under 18 years of age or those unable to sign for themselves must have a parent, guardian, power of attorney or other arrangement made to sign the consent.
6. Please leave all jewelry and valuables at home.
7. It will be required for you to have someone to drive you home after your procedure. If you do not have a driver your procedure will need to be rescheduled. If arranging transportation—non-emergency van service may be acceptable. Sedation will slow your reflexes so it is unsafe to drive after your procedure.
8. Wear loose, comfortable clothing that is easy to take off and put on. If you tend to be sensitive to cold temperatures, please come prepared.
9. Please bring a list of your current medications, vitamins and supplements with their dosages and strengths.
10. **DO** take your heart or blood pressure medications with a very small sip of water as soon as getting out of bed the day of your procedure.
11. **DO** bring any inhalers that you use even if not used daily.
12. Please bring your insurance cards, driver's license or other photo ID.
13. You will receive a call from the Center to confirm your appointment prior to the procedure and to review any questions.

FINANCIAL INFORMATION

You may receive bills from several different providers for the care rendered to you today: The physician performing the procedure, the Ambulatory Surgery Center (ASC), an anesthesia office if anesthesia is provided, and a laboratory if specimens are obtained during your procedure.

If you have insurance, we will help you receive maximum benefits by filing for you; however, we will expect payment of co-pays, co-insurance, and deductibles at the time of service. We expect you to guarantee prompt payment of all charges if the insurance carrier rejects the claim of any charges related to this account. If charges remain unpaid, it may become necessary to turn the account over to a collection agency.

DISCLOSURE OF OWNERSHIP

I have been advised that a physician performing the procedure may have an ownership interest in this facility.

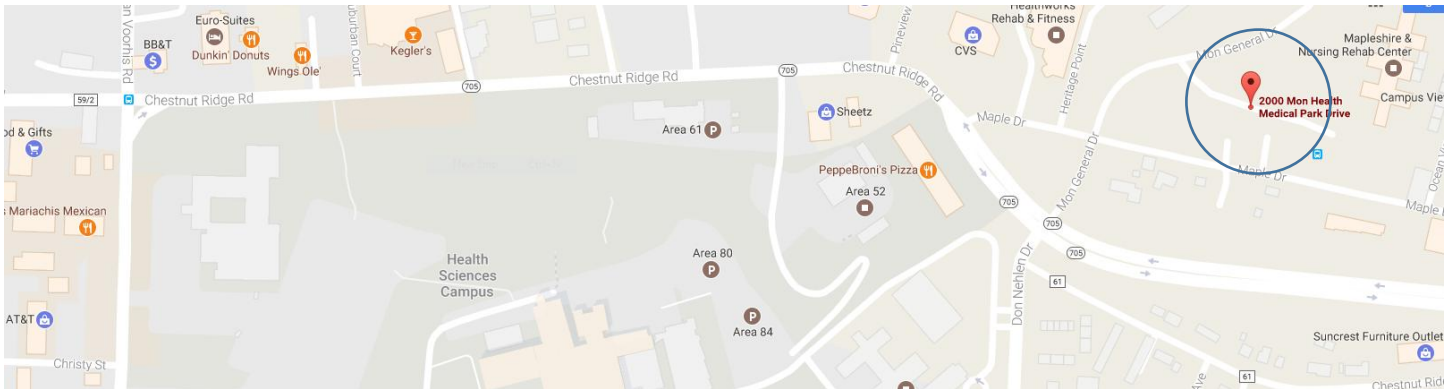
A schedule of typical fees for services provided by this facility is available upon my request. These procedures are performed at hospitals and other outpatient facilities in this community. I have the right to choose where to receive services, including a facility where my physician does or does not have an ownership interest. I have chosen to be treated at this facility.

CENTER FOR OUTPATIENT SURGERY
2000 MON HEALTH MEDICAL PARK DRIVE SUITE 2200
MORGANTOWN, WV 26505

DIRECTIONS TO MON GENERAL ASC OUTPATIENT SURGERY CENTER

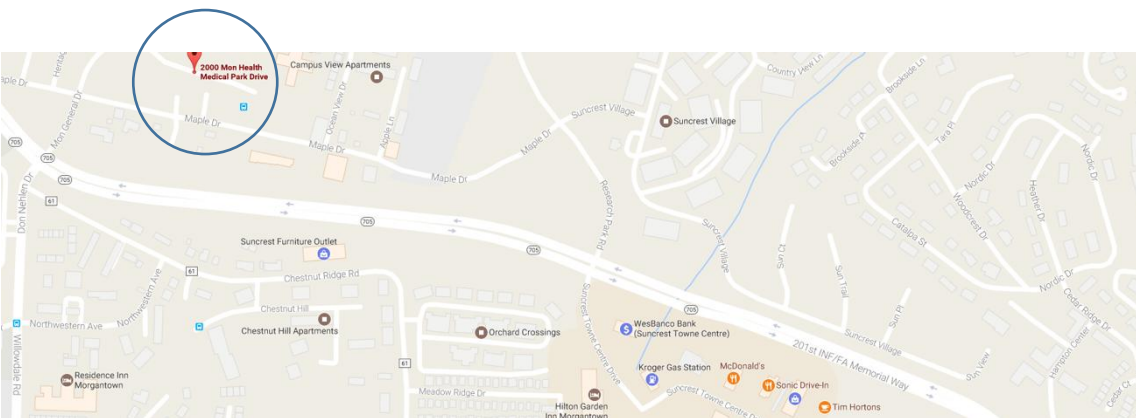
FROM I79

TAKE EXIT 155 TOWARDS WV UNIVERSITY, 0.2 MILES
THEN TURN ONTO CHAPLIN HILL Rd / CR-19 /24N FOR 0.6 MILES, TOWARDS WVU
BEAR RIGHT ON US-19 / WV-7 / MONONGAHELA BLVD. / JERRY WEST BLVD. 1.4 MILES
TURN LEFT ONTO WV-705 / PATERSON DRIVE 1.3 MILES TURNS INTO VAN VOOHIS DR.
TURN RIGHT TO STAY ON WV 705 / CHESTNUT RIDGE Rd 0.6 MILES STRAIGHT THRU STOP LIGHT IN FRONT SHEETZ
AT NEXT STOP LIGHT TURN LEFT ONTO MON GENERAL DR. 0.1 MI
TURN RIGHT ONTO MON HEALTH MEDICAL PARK DR.
2000 MON HEALTH MEDICAL PARK DRIVE



FROM I68

TAKE EXIT 7 TOWARD WV-705/AIRPORT/PIERPONT 0.3 MI
TURN RIGHT ONTO CHEAT Rd (SIGNS FOR WV-705) 1.0 MI
USE THE LEFT 2 LANES TO TURN LEFT ONTO US-119 S/ MILEGROUND Rd 1.4 MI
AT THE TRAFFIC CIRCLE, TAKE THE 2ND EXIT ONTO WV-705 W 1.7 MI
TURN RIGHT ONTO MON GENERAL DR 0.1 MI
TURN RIGHT ONTO MON HEALTH MEDICAL PARK DR.
2000 MON HEALTH MEDICAL PARK DRIVE



We look forward to seeing you soon! Call us if you have any questions 304-413-2200



PATIENT PRIVACY STATEMENT

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. You will be given a copy of this notice.

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider and that relates to your past, present or future physical or mental health or condition.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The ASC may use your protected health information for purposes of providing treatment, obtaining payment for treatment and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the facility has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law.

Treatment. We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to physicians who may be treating you or consulting with the facility with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

Payment. Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the procedure that we have scheduled. For example, we may need to disclose information to your health insurance company to get prior approval for the surgery. We may also disclose protected health information to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for the services we provide to you, we may also need to disclose your protected health information to your health insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to anesthesia care providers for payment of their services.

Operations. We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate the function of the ASC and to provide quality care to all patients. Health care operations include such activities as quality assessment and improvement activities; employee review activities; training programs, including those in which students, trainees or practitioners in health care learn under supervision; accreditation; certification, licensing or credentialing activities; review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs; and business management and general administrative activities. In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

Other Uses and Disclosures. As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: to remind you of your surgery date, to inform you of potential treatment alternatives or options, to inform you of health-related benefits or services that may be of interest to you, or to contact you to raise funds for the facility or an institutional foundation related to the facility. Should we send you any fundraising communications, you will be provided an opportunity to "opt out" of receiving any future fundraising communications. If you do not wish to be contacted regarding fundraising, please contact our Privacy Officer.

USES AND DISCLOSURES BEYOND TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

When Legally Required. We will disclose your protected health information when we are required to do so by any federal, state or local law.

When There Are Risks to Public Health. We may disclose your protected health information for the following public activities and purposes: • To prevent, control or report disease, injury or disability as permitted by law. • To report vital events such as birth or death as permitted or required by law. • To conduct public health surveillance, investigations and interventions as permitted or required by law. • To collect or report adverse events and product defects, track FDA-regulated products, enable product recalls, repairs or replacements and conduct post-marketing surveillance. • To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease, as authorized by law. • To report to an employer information about an individual who is a member of the workforce, as legally permitted or required.

To Report Suspected Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information under this authority if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization. In certain circumstances, we may disclose your protected health information in response to a subpoena to the extent authorized by state law if we receive satisfactory assurances that reasonable efforts have been made to notify you of the request or obtain a protective order.

For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows: • As required by law for reporting of certain types of wounds or other physical injuries. • Pursuant to court order, court-ordered warrant, subpoena, summons or similar process. • For the purpose of identifying or locating a suspect, fugitive, material witness or missing person. • Under certain limited circumstances, when you are the victim of a crime. • To a law enforcement official if the facility has a suspicion that your health condition was the result of criminal conduct. • In an emergency, to report a crime.

To Coroners, Funeral Directors and for Organ Donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

For Research Purposes. We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, federal regulations authorize the facility to use or disclose your protected health information to facilitate specified government functions relating to military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions and law enforcement custodial situations.

For Worker's Compensation. The facility may release your health information to comply with worker's compensation laws or similar programs.

USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION BUT WITH OPPORTUNITY TO OBJECT

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death. You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional



judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

USES AND DISCLOSURES THAT YOU AUTHORIZE

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization. We specifically require your written authorization for marketing or the sale of your protected health information. If our facility maintains psychotherapy notes, we will require your written authorization for the use or disclosure of psychotherapy notes other than by the creator of those notes, by the facility for its training programs or for the facility to defend itself in a legal action brought by you.

YOUR RIGHTS. You have the following rights regarding your health information:

The right to inspect and copy your protected health information. You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your surgeon and the facility uses for making decisions about you. If information in a "designated record set" is maintained electronically, you may request an electronic copy in a form and format of your choice that is readily producible or, if the form/format is not readily producible, you will be given a readable electronic copy. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision. To inspect or copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record.

The right to request a restriction on uses and disclosures of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. The facility is not required to agree to a restriction that you may request unless your request relates to a disclosure to a health plan for items or services that were paid in full by you or someone other than the health plan and the disclosure is not required by law. We will notify you if we deny your request to a restriction. If the facility does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

The right to request amendments to your protected health information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

The right to receive an accounting. You have the right to request an accounting of certain disclosures of your protected health information made by the facility. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, disclosures to friends or family members involved in your care or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

The right to obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

OUR DUTIES. The facility is required by law to maintain the privacy of your health information and report to you any breach of unsecured protected health information. We are also required to provide you with this notice of our duties and privacy practices and shall abide by terms of this notice as may be amended from time to time. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all future protected health information that we maintain.

COMPLAINTS. You have the right to express complaints to the facility and to the Secretary of the US Department of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the facility by contacting the facility's Privacy Officer, verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The facility's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by this facility you may submit a complaint to our Privacy Officer by sending it to:

Center for Outpatient Surgery

Attn: Privacy Officer

2000 Mon Health Medical Drive, Suite 2200

Morgantown, WV 26505

The Privacy Officer can be contacted at 304-412-2200



Mon Health
Center for Outpatient Surgery
PATIENT RIGHTS AND RESPONSIBILITIES

Patients, the Patient's Representative & the Patient's Health Care Surrogate have:

1. The right to considerate and respectful care, provided in a safe environment, free from all forms of abuse or harassment. These rights may be exercised without regard to sex or cultural, economic, educational or religious background or the source of payment for care
2. The right to full consideration of privacy concerning his/her medical care program. Health care professionals will conduct all confidential case discussions, consultations, examinations and treatments discretely. This includes the right to be advised of the reason for the presence of any individual involved in his/her healthcare
3. The right to confidential treatment of all communications and records pertaining to the patient's care and visit to the facility and the opportunity to approve or refuse the release of records unless the law requires release.
4. The right to access to information contained in his/her medical record within a reasonable frame of time, (within 48 hours of request, excluding weekends and holidays), to include information regarding diagnosis, evaluation, treatment and prognosis. If it is medically inadvisable to give such information to the patient, a person designated by the patient or a legally authorized person shall have access to the patient's information.
5. The right to participate in the development and implementation of the patient's plan of care and to actively participate in decisions regarding this medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment. This right includes information from the patient's physician about a patient's illness, the planned course of treatment, (including unanticipated outcomes), and prospects for recovery in terms the patient can understand.
6. The right to know the physician performing the procedure may have financial interest or ownership in this ASC. Disclosure of this information will be in writing and furnished prior to the start of the procedure in a language and manner the patient, the patient representative or the patient's surrogate understands.
7. The right to services provided at the facility and reasonable responses to any reasonable request the patient, the patient representative or the patient's surrogate may make for service.
8. The right to continuing healthcare requirements and instructions following the patient's discharge from the facility. The facility services are not intended for emergency care; therefore, all practitioners will direct after hours' care to the closest emergency room. The patient has the right for continuing care after hours or overnight. If care is not available at the ASC, the patient will be transferred to a hospital.
9. The right to examine and receive the fees for service. Upon request and prior to the initiation of care or treatment, the right to receive an estimate of the facility charges, potential insurance payments and an estimate of any co-payment, deductible, or other charges not paid by insurance.
10. The right to refuse to participate in experimental research.
11. The right to a written copy of the facility's policy on advance directives in a language and manner the patient, the patient's representative or the patient's surrogate understands. Information concerning advance directives will be made available to the patient, the patient representative or the patient's surrogate, including a description of the state laws regarding advance directives and official state advance directive forms if requested. Documentation of whether the individual has executed an advance directive will be placed in each patient chart.
12. The right to knowledge of the medical staff credentialing process, upon request.
13. The right to knowledge of the name of the physician who has primary responsibility for coordinating the patient's care and the names and professional relationships of other physicians and healthcare providers who will care for the patient and perform the procedure. The patient has the right to change the primary physician if another is available.
14. The right to understandable marketing or advertising methods used by the facility identifying the competence and skill of the organization.
15. The right to as much information about any proposed treatment or procedure as needed 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, any alternate courses of treatment or non-treatment and the risks involved in each.
16. The right to know whether the patient's physician has appropriate liability insurance coverage or if the physician does not carry malpractice insurance.
17. The right to be advised of the facility's grievance process should the patient wish to communicate a concern regarding treatment or care delivered
18. Be informed of his/her right to discontinue care or to leave the facility against the physician's advice as well as to be advised of any risks to the patient when discontinuing care or leaving the facility.
19. The right to appropriate assessment and management of pain.
20. The right to remain free from seclusion or restraints of any form not medically necessary or that are used as a means of coercion, discipline, convenience, or retaliation by staff.
21. The right to have a family member notified of the patient's admission as well as notification of the patient's personal physician, if requested.
22. The right to express spiritual and cultural beliefs.
23. The right to information regarding the patient's outcomes of care including unexpected outcomes.

Pediatric Patient, the Patient's Representative/Family & the Patient's Health Care Surrogate have:

1. The right to expect respect for each child and adolescent as a unique individual and respect for the care-taking role and individual response of the parent
2. The right to provisions for normal physical and physiological needs of a growing child to include nutrition, rest, sleeps, warmth, activity and freedom to move and explore.
3. The right to consistent, supportive and nurturing care which meets the emotional and psychosocial needs of the child and fosters open communication
4. Provision for self-esteem needs that will be met by attempts to give the child the reassuring presence of a caring person, especially a parent, freedom to express feelings or fears with appropriate reactions, as much control as possible over both self and situation, opportunities to work through experience before and after each occurs, verbally, in play or in other appropriate ways, and recognition and reward for coping well during difficult situations.
5. Provision for varied and normal stimuli of life that contributes to cognitive, social, emotional and physical developmental needs, such as play, educational and social activities essential to all children and adolescents.
6. Information about what to expect prior to, during and following procedure/experience and support in coping with it.
7. Participation of children/families in decisions affecting their own medical treatment.

Patient, the Patient's Representative & the Patient's Health Care Surrogate Responsibilities:

1. Responsible to provide accurate and complete information concerning the patient's present complaints, past illnesses and hospitalizations, and other matters relating to his/her health.
2. Responsible for reporting perceived risks in the patient's care and unexpected changes in the patient's condition to the responsible practitioner.
3. Responsible for asking questions concerning the information presented by a staff member about the patient's care or what the patient is expected to do
4. Responsible for following the treatment plan established by the patient's physician, including the instructions of nurses and other health professionals who carry out the physician's orders.
5. Responsible for keeping appointments and for notifying the facility or physician when the patient is unable to do so.
6. Responsible for providing healthcare insurance information and assuring the financial obligations of the patient's care are fulfilled as promptly as possible.
7. Responsible for the consequences if the patient refuses treatment or fails to follow the practitioner's instructions.
8. Responsible for following facility policies and procedures.
9. Responsible for being respectful and considerate of the rights of other patients and organizational personnel.
10. Responsible for being respectful of the belongings of others in the facility
11. Family members shall have the responsibility to be available to participate in decision-making and providing staff with knowledge of family whereabouts. Parents/family have the responsibility to continue their parenting role to the extent of their ability.

These rights and responsibilities listed here and on the previous page outline the basic concepts of service at the Mon Health ASC.. If you believe, at any time, our staff has not met one or more of the statements during your care here, please ask to speak to the Medical Director or Center Administrator. We will make every attempt to understand your complaint/concern. We will correct the issue you have if it is within our control, and you will receive a written response.

Rakhi Patel, Medical Director

Stacey Ferguson, RN Administrator

If you have concerns about patient safety or quality care in the, you may contact any of the following organizations:

West Virginia Dept of Health and Human Resources - Office of Health Facility Licensure & Certification

408 Leon Sullivan Way - Charleston, WV 25301-1713 phone: (304) 558-0050

The following methods can be used to file a complaint against a health care facility:

Phone: Health Care Facility Complaints: (304) 558-0050

Fax: Fax health care facility complaints to: (304) 558-2515

Please provide in subject line: Ambulatory Surgical Center

Fax nurse aide complaints to: (304) 558-1442

Mail: Written complaints against West Virginia health care facilities can be mailed to:

Attention: Ambulatory Surgical Center Complaint Intake

Office of Health Facility Licensure & Certification

408 Leon Sullivan Way

Charleston, WV 25301-1713

Visit: <https://ohflac.wv.gov/complaint.html> for more information on filing a complaint in West Virginia

The Office of the Medicare Beneficiary Ombudsman.

Medicare: 1-800-Medicare (1-800-633-4227)

Online @ <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Advance Directives Policy

It is this facility's policy to support patients' rights to make decisions regarding their health care. Patients and their representatives or surrogates have the right to have proposed medical interventions explained to their satisfaction and the right to refuse any unwanted care.

If patients do not have decision-making capacity or if they are unable to speak for themselves, they have the right to have a health care representative or surrogate make treatment decisions for them.

Patients also have the right to make an Advance Directive to help ensure that the competent adult's desires are honored if he or she becomes incapacitated. West Virginia law requires that the ASC honor patient advance directives.

West Virginia law, however, does not require the ASC (per West Virginia Statue Chapter 16, Article 30, §16-30-12, West Virginia Health Care Decisions Act) to comply with a patient's advance directive if it is contrary to the provider's or facility's "sincerely held religious beliefs or sincerely held moral convictions central to the facility's operating principles."

Mon Health ASC will honor patients' Advance Directives as possible. However, in the case of a Living Will, the Mon Health ASC, because of the providers' and facility's moral convictions, will always attempt to resuscitate a patient and transfer that patient to a hospital in the event of deterioration.

Mon Health ASC staff will be trained to provide patients with basic information on Advance Directives so that patient, patient representative or patient surrogate may have questions answered. Information on state law and state approved forms will be available to patients who request additional information.

SPECIAL CONSIDERATIONS:

1. Patients being educated/informed must be 18 years of age or older, have decision-making capacity, and be acting upon their own free will.
2. The ASC's personnel and physicians may not serve as health care surrogates for patients.
3. An Advance Directive executed in another state in compliance with the laws of that state will be honored in the ASC.
4. Mon Health ASC staff will be trained to provide patients with basic information on Advance Directives so that patient, patient representative or patient surrogate may have questions answered. Information on state law and state approved forms will be available to patients who request additional information. Training of staff will be documented.
5. More information on West Virginia Advance Directives Requirements is available at <http://www.legis.state.wv.us/wvcode/code.cfm?chap=16&art=30>

Patient Grievance Policy

A "Patient Grievance" is a formal or informal written or verbal complaint that is made to the ASC by a patient, or a patient's representative, or a patient surrogate regarding a patient's care, abuse, neglect, or the ASC's compliance with conditions for coverage. *A grievance may be filed by a patient, a patient's representative, or an employee without interference or fear of discrimination or reprisal.*

Patients who wish to file a Grievance Complaint should contact the Center Administrator, Director of Nursing or any ASC staff member. A form will be provided to the patient or the Patient's Representative or the Patient's Health Care Surrogate in order for the grievance to be recorded. This form should be given to the ASC staff employee for further action. The patient or the Patient's Representative or the Patient's Health Care Surrogate may also make a verbal complaint to a member of the ASC.

All grievances alleging mistreatment, neglect or abuse will be investigated as soon as possible in relation to the seriousness of the allegations and the potential for harm to patients.

All grievances not alleging mistreatment, neglect, abuse or other behavior that endangers a patient will at a minimum be contacted with a phone call from the Center Administrator or Medical Director within 24 hours of the complaint. If the grievance can be resolved on the phone, it will still be documented.

Every grievance will have a careful investigation, balancing the need for *speedy resolution* with the need to ascertain all *pertinent facts*. The investigation will include a determination if there are systemic problems indicated by the grievance that require resolution.

Patient Registration Guide

Physician: _____ Procedure Date: _____

The Center for Outpatient Surgery asks that you complete online registration with One Medical Passport. The website will guide you to enter your medical history so that we may provide you with excellent care and minimize long phone interviews and paperwork.

Begin Registration on the One Medical Passport Website

Begin at: www.onemedicalpassport.com (website shown below) and select 'WV' for the state, then '**Center for Outpatient Surgery**' from the facility picklist.

Create Your One Medical Passport Account

First time users of onemedicalpassport.com should click the green **Register** button and create an account. Answer the questions on each page, then click save and continue. Once complete, you will be prompted to click **Finish** to securely submit your information to us.

First Time Website Users Click Register

Username you chose: _____

Returning Users (for changes or reuse)

Enter the username and password you chose.
You can then access or update your account.



Additional Help to Complete Registration

Each page has a **Help** link you may click for assistance. If you are unable to complete your history online a pre-admission nurse will contact you by phone close to the date of your procedure to complete your history with you.