



Surgical Care Affiliates

## **Alaska Surgery Center**

*an affiliate of* **SCA**

### **Conditions for Coverage**

### **Information Packet**

- **Advance Directive**
- **Notice of Patients Rights and Responsibilities**
- **Physician Ownership Disclosure Statement**



Surgical Care Affiliates  
AK Surgery Center

*an affiliate of* **SCA**

Dear Patient:

We look forward to your upcoming visit at the Surgical Care Affiliates center. It is the policy of Surgical Care Affiliates to notify you of the following information prior to your arrival at the center on your day of service:

1. Notice of Patient Rights and Responsibilities:  
(Please see attached)
2. Physician Ownership Disclosure:  
(Please see attached)
3. Center policy regarding Advance Directives including a description of applicable State health and safety laws: (Please see attached)
  - A. You have the right to make choices regarding life-sustaining treatment, including resuscitative measures.
  - B. The Surgical Care Affiliates facility where you are scheduled to have your procedure wishes to notify you that if there is a need to transfer you to a hospital for additional care measures beyond what the ambulatory facility can provide, your care needs, including your Advance Directive/Living Will/Healthcare Proxy, will be honored at the receiving hospital upon your arrival.
  - C. The Surgical Care Affiliates facility requests that if you have an Advance Directive/Living Will/Healthcare Proxy, please bring a copy with you so we may place it with your medical record if needed.
  - D. If you do not have an Advance Directive/Living Will/Healthcare Proxy, you may obtain more information, including instructions on how to complete one, at your state authority of Advance Directives/Living Will/Healthcare Proxy. For your convenience, a phone number, a state website, and an Advance Directive form are provided for you in this letter.

Also, someone from the center will be contacting you prior to your arrival at the center to inform you of your financial responsibility. You are not expected to pay any co-insurance or unmet deductible, but only co-pay, on the day of service.

We hope you will find your stay and the care you receive at the Alaska Surgery Center; a Surgical Care Affiliates facility, a pleasant experience. If you have questions, please contact:

Debbie Smith

Business Office Manager

907-550-6214



Surgical Care Affiliates

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### **ADVANCED DIRECTIVE**

Our center's policy regarding Advance Directives including a description of applicable State health and safety laws:

- You have the right to make choices regarding life-sustaining treatment, including resuscitative measures.
- The Surgical Care Affiliates facility where you are scheduled to have your procedure wishes to notify you that if there is a need to transfer you to a hospital for additional care measures beyond what the ambulatory facility can provide, your care needs, including your Advance Directive/Living Will/Healthcare Proxy, will be honored at the receiving hospital upon your arrival.
- The Surgical Care Affiliates facility requests that if you have an Advance Directive/Living Will/Healthcare Proxy, please bring a copy with you so we may place it with your medical record if needed.
- If you do not have an Advance Directive/Living Will/Healthcare Proxy, you may obtain more information, including instructions on how to complete one, at your state authority of Advance Directives/Living Will/Healthcare Proxy. For your convenience, a phone number, a state website, and an Advance Directive form are provided for you in this letter.

If you would like to print a copy of Alaska's Advance Directive you can do so by visiting there website: [www.caringinfo.org](http://www.caringinfo.org) or calling Caring Connections at 1-800-658-8898. You can also call us at 550-6100 and we will be happy to fax a copy to you. If it is more convenient for you they are also available for pick up at our facility.

# Surgical Care Affiliates

Patient Rights and Responsibilities



SCA observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, gender identity, national origin, religion, culture, physical or mental disability, personal values or belief systems.

## You have the right to:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, gender identity, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the facility to disclose, when applicable, physician financial interests or ownership in the facility.
- Receive assistance when requesting a change in primary or specialty physicians, dentists or anesthesia providers if other qualified physicians, dentists or anesthesia providers are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the facility, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the facility's policy regarding advance directives/living will. Expect the facility to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the facility's payment policies.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Be free from all forms of abuse or harassment.
- Access to language assistance service, free of charge, by a qualified interpreter for individuals with limited English proficiency or individuals with a disability.

- Expect the facility to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided below.

If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient will be exercised by the person appointed under State law to act on the patient's behalf.

If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

## You are responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the facility.
- Identifying any patient safety concerns.
- Observing prescribed rules of the facility during your stay and treatment.
- Providing a responsible adult to transport you home from the facility and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications—including over-the-counter products and dietary supplements, and any allergies or sensitivities, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the facility, including charges not covered by insurance.
- Payment to facility for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

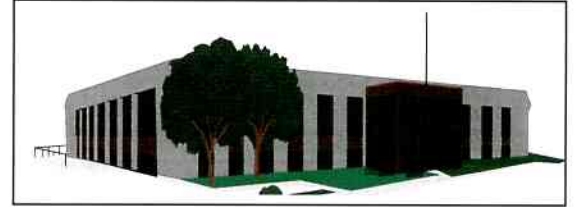
You may contact the following entities to express any concerns, complaints or grievances you may have:

FACILITY	KEVIN BARRY, ADMINISTRATOR, MHA, RT (R)(N) CHRISTINA COLLINS, DON, RN, BSN, CNOR HUMAN RESOURCES DEPARTMENT
STATE AGENCY	Healthcare Facilities Licensing and Certification 4501 Business Park Blvd, Suite 24, Building L Anchorage, AK 99503 (907) 334-2483 1-888-387-9387 (OUTSIDE ANCHORAGE)
MEDICARE	Office of the Medicare Beneficiary Ombudsman: <a href="http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html">www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html</a>
ACCREDITING ENTITY	AAHC (Accreditation Association for Ambulatory Health Care) 5250 Old Orchard Road, Suite 200 Skokie, IL 60077 847-853-6060 <a href="http://www.aaahc.org">www.aaahc.org</a>
OFFICE OF CIVIL RIGHTS	US Department of Health and Human Services Office of Civil Rights 200 Independence Avenue SW, Room 509F, HHH Building Washington D.C. 20201 (800) 368-1019; (800) 537-7697 (TDD) Internet address: <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>

To care for our patients, serve our physicians, and improve healthcare in America



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*an affiliate of SCA*



## Disclosure Statement

Dear Prospective Patient:

We are delighted that you have chosen the Alaska Surgery Center for your elective surgery.

Due to physician investment in this facility, it is required by Alaska State law that we notify you of the alternative facilities available to you.

**Providence Hospital**

3200 Providence Dr.

Anchorage, AK 99508

(907) 261-3049

**AK Regional Hospital**

2801 Debarr Rd

Anchorage, AK 99508

(907) 276-1131

Your signature below will also confirm that you have been made aware of your physician's approximate 1% ownership interest in this facility, and that you have been provided names and address of alternative facilities should you choose to use them.

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Patient Signature



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ASC Conditions of Coverage Patient Attestation

Patient Name: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

I certify that I have received written documentation of the following items, in advance of the date of my scheduled procedure:

1. Patient's Rights and Responsibilities
2. Advance Directives
3. Disclosure of Physician Ownership

Furthermore, I understand that this information is being provided for my benefit and that should I have any questions regarding its content, I should contact the Center for clarification.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date