RIDGEWOOD
SURGERY & ENDOSCOPY

PATIENT RESPONSIBILITY

The care a patient receives depends partially on the patient him/herself. A patient has certain responsibilities as well. These responsibilities are presented to the patient in the spirit of mutual trust and respect and require the patient to:

1. Provide complete and accurate information the best of his/her ability about his/her health, any medications, including over-the counter products and dietary supplements and any allergies or sensitivities.
2. Provide a parent or legal guardian to remain with him/her in the Center is a minor or if unable to sign his/her consents.
3. Follow the treatment plan prescribed by his/her provider.
4. Provide a responsible adult to transport him/her home from the Center.
5. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
6. Accept personal financial responsibility for any charges not covered by his/her insurance.
7. Be respectful of all the health care providers and staff, as well as other patients.

ADVANCED DIRECTIVE POLICY

Ridgewood Surgery & Endoscopy Center respects and honors the right all patients have to participate in their own health care decisions. Patients may formulate advance directives or execute powers of attorney authorizing others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make or communicate decisions. We are happy to provide advance directive and durable power of attorney forms and access to state regulations should you request. The Center will maintain documents you provide in your medical record.

However, unlike in an acute care hospital setting, the Center does not routinely perform "high risk" procedures. Most procedures performed in this Center are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

It is our policy to initiate resuscitation or other stabilizing measures and transfer you to an acute hospital for further evaluation should an adverse event occur during your treatment at this Center, regardless of the content of any advance directive or instructions from a health care surrogate or attorney.

If you do not agree with this policy, we can assist you in rescheduling your procedure at an alternate health care facility.

PHYSICIAN OWNERSHIP

The physician who referred you to Ridgewood Surgery & Endoscopy Center may have a limited investment in this Center and, therefore, may have a financial interest in referring you to us. You are free to choose another facility in which to receive the services ordered by your physician.

THANK YOU FOR CHOOSING RIDGEWOOD!

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PATIENT RIGHTS

Ridgewood Surgery & Endoscopy Center has adopted the following notice of patient rights. Each patient or patient representative of patient surrogate will be provided verbal and written notice of these rights prior to the start of the procedure.

These rights include, but are not limited to, the patient's right to:

1. Be informed of the Center's policies regarding patient rights.
2. Exercise his/her rights without being subjected to discrimination or reprisal.
3. Voice grievances regarding treatment or care that is (or fails to be) furnished, and to report abuse, neglect or exploitation. The patient or patient's representative may contact one or more of the following:

Ridgewood Surgery & Endoscopy Center

4013 N Ridge Road, Suite 100
Wichita, Kansas 67205
(316) 768-4197

Kansas Department of Health & Environment
ATTN: Director of Health Facilities
1000 SW Jackson
Topeka, KS 66612
1-800-842-0078

A written notification of the grievance determination containing the Center's contact person, steps taken on the patient's behalf to investigate, the results and completion date will be provided if a grievance if filed with the Center.

4. Contact the office of the Medicare Beneficiary Ombudsman at http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html. They ensure Medicare beneficiaries receive the information and help needed to understand their Medicare options and to apply their Medicare rights and protections.
5. Be fully informed about a treatment or procedure, the expected outcome and potential complications before it is performed. This includes complete information concerning diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information, the information is provided to a person designated by the patient or to a legally authorized person.
6. Exercise his/her rights while receiving respect for property and person. (If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of their patient are 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 designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.)
7. Personal privacy and security of self and belongings during medical/surgical treatments, and when requested as appropriate.
8. Confidentiality of patient disclosures and records, and except when required by law, the opportunity to approve or refuse their release.
9. Receive care in a safe setting affording respect, dignity, consideration and comfort from competent personnel.
10. Be free from all forms of abuse or harassment.
11. Receive assessment and management of pain.
12. Access information contained in the patient's medical record, within the limits of state law.
13. Knowledge of the name and credentials of the physician and other health care professionals who are caring for him/her. The patient has the right to change his/her provider if other qualified providers are available.
14. Examine and receive an explanation of his/her bill regardless of source of payment including fees for service and payment policies.
15. Refuse or choose to participate in experimental research.
16. Receive the Center's policy on advance directives, advance directive forms and state regulations as requested.
17. Receive reasonable attempts to communicate in the language or manner primarily used by him/her.

RIDGEWOOD
SURGERY & ENDOSCOPY

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

WHY WE ARE PROVIDING THIS NOTICE:

Ridgewood Surgery & Endoscopy Center compiles information relating to you and the treatment and services you receive. This information is called protected health information (PHI) and is maintained in a specific set of records for you and your care/treatment. We may use and disclose your information, and sometimes it is not. This Notice describes how we use and disclose your protected health information and your rights. We are required by law to give you this Notice, and we are required to follow it. We may change this Notice at any time if the law changes or when our policies change. If we change the Notice you will be given a revised Notice.

HOW WILL WE USE AND GIVE OUT OUR HEALTH INFORMATION?

The facility can use and disclose your health information without your permission. The following is a list of when we can do this:

* **For your treatment.** We may share your protected health information with other treatment providers. For example, if you have a heart condition we may use your information to contact a specialist and may send your information to that specialist. We may send your information to other treatment providers, as necessary.
* **For payment.** We may share your protected health information with anyone who may pay for your treatment. For example, we may need to obtain a pre-authorization for treatment or send your health information to an insurance company so it may pay for treatment. However, if you pay out of pocket for your treatment and make a specific request that we not send information to your insurance company for that treatment, we will not send that information to your insurer except under certain circumstances. We may also contact you regarding payment of your bill.
* **For our healthcare operations**. We may use and disclose your protected health information when it is necessary for us to function as a business or provide services. When we contract with other businesses to do specific tasks or services for us, we may share your protected health information related to those tasks or services, (for example, assisting with billing or insurance claims). When we do this, the business agrees in the contract to protect your health information and use and disclose such health information only to the extent necessary to complete the assigned tasks or as we would use it in the facility. These businesses are called 'Business Associates" and our contract for their services is called a "Business Associate Agreement." Another example is our internal review of your protected health information as part of our quality process, patient safety review and staff performance.
* **For appointment reminders.** We may use your protected health information to remind you of appointments, including leaving a voicemail message.
* **For surveys.** We may use and disclose your protected health information to contact you to assess your satisfaction with our services.
* **For providing your information on treatment alternatives or other services.** We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may also use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you. In some cases, the facility may receive payment for these activities. We will give you the opportunity to let us know if you no longer wish to receive this type of information.
* **To discuss your treatment with other people who are involved with your care [and for our hospital directory if appropriate).** We may disclose your health information to a friend or family member who is involved in your care. We may also disclose your health information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. [Unless you inform us that you do not want any information released, we may tell individuals who ask, your location in the hospital and provide a general statement of your condition.]

* **Research.** Under certain circumstances, we may use and disclose your protected health information for medical research. All research projects, however, are subject to a special approval process. Before we use or disclose your health information for research, the project will have been approved.
* **As Required by Law.** We will disclose your protected health information when the law requires us to do so.
* **To Avert a Serious Threat to Health or Safety**. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
* **Organ and Tissue Donation**. We may use or disclose your protected health information to an organ donation bank or to other organizations that handle organ procurement to assist with organ or tissue donation and transplantation.
* **Military and Veterans**. The protected health information of members of the United States Armed Forces members of a foreign military authority may be disclosed as required by military command authorities.
* **Employers.** We may disclose your protected health information to your employer if we provide you with health care services at your employer's request and the services are related to an evaluation for medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. We will tell you when we make this type of disclosure.
* **Workers' Compensation**. We may release your protected health information for workers' compensation or similar programs providing you benefits for work-related injuries or illness.
* **Public Health Risks.** We may disclose your protected health information for public health activities which include the prevention or control of disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of devices or products; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. If you agree, we can provide immunization information to schools.
* **Health Oversight Activities**. We may disclose your protected health information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, and civil rights laws.
* **Legal Proceedings.** We may disclose your protected health information when we receive a court or administrative order. We may also disclose your protected health information if we get a subpoena, or another type of discovery request. If there is no court order or judicial subpoena, the attorneys must make an effort to tell you about the request for your protected health information.
* **Law Enforcement**. When a law enforcement official requests your protected health information, it may be disclosed in response to a court order, subpoena, warrant, summons, or similar process. It may also be disclosed to help law enforcement identify or locate a suspect, fugitive, material witness, or missing person. We may also disclose protected health information about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct on the premises; or in an emergency to report a crime, the location of the crime, victims of the crime, or to identify the person who committed the crime.
* **Coroners, Medical Examiners, and Funeral Directors**. We may disclose your protected health information to a coroner, medical examiner, or a funeral director.
* **National Security and Intelligence Activities.** When authorized by law, we may disclose your protected health information to federal officials for intelligence, counterintelligence, and other national security activities.
* **Protective Services for the President and Others.** We may disclose your protected health information to certain federal officials so they may provide protection to the President, other persons, or foreign heads of state, or to conduct special investigations.

WHAT ARE YOUR HEALTH INFORMATION RIGHTS?

Your health information is the property of the doctor or facility that wrote it. You have certain rights concerning this health information.

* **Right to Access.** You have the right to access, or to inspect and obtain a copy of your protected health information. To exercise this right, you should contact the Privacy Officer because you must complete a specific form so we have the information we need to process your request. You may request that your records be provided in an electronic format and we can work together to agree on an appropriate electronic format. Or you can receive your records in a paper copy. You may also direct that your protected health information be sent in electronic format to another individual. You may be charged a reasonable fee for access. We can refuse access under certain circumstances. If we refuse access, we will tell you in writing and in some circumstances you may ask that a neutral person review the refusal.

* **Right to Amend Your Records.** If you feel that your protected health information is incorrect or incomplete, you may ask that we amend your health records. To exercise this right, you must contact the Privacy Officer to complete a specific form stating your reason for the request and other information that we need to process your request. We can refuse your request if we did not create the information, if the information is not part of the information we maintain, if the information is part of information that you were denied access to, or if the information is accurate and complete as written. You will be notified in writing if your request is refused and you will be provided an opportunity to have your request included in your protected health information.
* **Right to an Accounting.** You have a right to an accounting of disclosures of your protected health information that is maintained in a designated record set. This is a list of persons, government agencies, or businesses who have obtained your health information. To exercise this right, you should contact the Privacy Officer because you must complete a specific form to provide us with the information that we need to process your request. There are specific time limits on such requests. You have the right to one accounting per year at no cost.
* **Right to a Restriction.** You have the right to ask us to restrict disclosures of your protected health information. To exercise this right, you should contact the Privacy Officer because you must complete a specific form to provide us with the information that we need to process your request. If you self-pay for a service and do not want your health information to go to a third party payor, we will not send the information, unless it has already been sent, you do not complete payment, or there is another specific reason we cannot accept your request. For example, if your treatment is a bundled service and cannot be unbundled and you do not wish to pay for the entire bundle, or the law requires us to bill the third party payor (e.g., a governmental payor), we cannot accept your request. We do not have to agree to any other restriction. If we have previously agreed to another type of restriction, we may end that restriction. If we end a restriction, we will inform you in writing.
* **Right to Communication Accommodation.** You have the right to request that we communicate with you in a certain way or at a specific location. To exercise this right, you should contact the Privacy Officer because you must complete a specific form to provide us the information that we need to process your request.
* **Breach Notification.** You have the right to be notified if we determine that there has been a breach of your protected health information.
* **Right to Obtain the Notice of Privacy Practices.** You have the right to have a personal copy of this Notice. This form serves as that Notice and will be provided to you when you first register for care and treatment. You may request additional copies from the facility/hospital registration staff.
* **Right to File a Complaint.** If you believe your privacy rights as described in this Notice have been violated, you may file a written complaint with our Privacy Officer. The name and address information are listed below. Or, you may file a written complaint with the U.S. Department of Health and Human Services Office for Civil Rights (Kansas City Regional Office, 601 East 12th Street, Room 353 Kansas City, MO 64106. Voice Phone (800) 368-1019 or through www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE:

We reserve the right to change this Notice at any time. We reserve the right to make the revised Notice effective for protected health information that we currently maintain in our possession, as well as for any protected health information we receive, use, or disclose in the future. A current copy of the Notice will be posted in our facility.

WHAT IF YOU HAVE QUESTIONS ABOUT THIS NOTICE? If you do not understand this Notice or what is says about how we may use your health information, please contact:

4013 N Ridge Road Ste 100
Wichita, KS 67205
316-768-4197

RIDGEWOOD
SURGERY & ENDOSCOPY

FINANCIAL AGREEMENT

Release of Information: I agree that the Facility may disclose my "protected health information" (PHI) in compliance with HIPAA Privacy Provisions which may include my medical records, to any third-party payers, including, but not limited to health insurers, health care service plans, state and federal agencies, workers compensation carriers, manufacturers required by FDA to track medical devices, or my employer. This includes appropriate release of and disclosure of my medical records in compliance with Privacy Provisions to my physicians and other health care providers when necessary for my treatment and general health. While I am in the facility for treatment and care, the facility has permission to disclose pertinent information to family members, friends, or designated caregivers who may be present with me. I understand that if I am not present in the Facility, my personal health information will not be disclosed unless I agree to disclosure.

Assignment of Insurance Benefits: I authorize direct payment to the Center of any insurance benefit. I understand that I am responsible for any charges not paid by my insurer and I agree to pay any unpaid balances on my account no more than (90) days after the date of service.

Medicare Certification, Authorization to Release Information, and Payment Request: I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

Financial Agreement: I agree to pay the Facility in accordance with its regular rates and terms.
Terms: Net thirty (30) days from date of invoice unless otherwise indicated above. Should collection become necessary, the responsible party agrees to pay any additional collection fees, and all legal fees of collection without suit, including attorney fees, court costs and filing fees.

Insurance & Billing: Ridgewood Surgery & Endoscopy Center accepts most insurance plans. To find out if we are a participating provider in your plan, please feel free to contact our business office at (316) 768-4215.

Our facility fee covers supplies, medications, equipment, personnel and the use of the operating and recovery room. Your overall facility fee will be higher if multiple surgical procedures are performed. The following services will be billed separately: **Surgeon, Anesthesia and Pathology**.
Expected financial costs are merely estimates and the final determination of benefits is made once the claim for services has been processed.

Payment: To assist you, we offer the following payment options:

1. Cash – includes cash, money orders and personal checks.
2. Credit Cards – Visa, MasterCard, American Express and Discover
3. Care Credit – www.carecredit.com or 1-800-365-8295

Payment Plans: We require half down on the day of your procedure/surgery. You will have the next three months to pay balance off via an automatic debit using a credit card or checking/savings account.

Should you have additional questions or if we can be of any further assistance, please feel free to contact us.

Thank you for choosing Ridgewood Surgery & Endoscopy Center