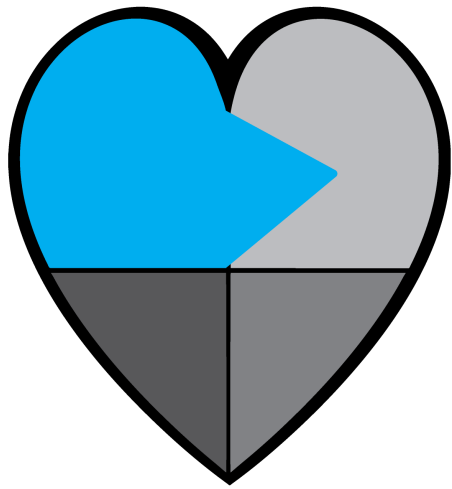


Lakewood ASC | Owned and Operated by



# Outpatient Surgery Center

of Central Florida

## Admissions Packet

### Lakewood ASC

5571 E SR 44 Suite 501, Wildwood FL 34785

Main: 352-643-9080

Fax: 352-571-6787



Dear Surgical Guest,

Welcome to **Lakewood ASC**, the most innovative and advance Cardiac Facility in Central Florida. Outpatient Surgical Center is owned by 12 experienced and well-respected cardiologists in a joint venture with Adventist Health. These physicians have specialties in diagnostic cardiology, interventional cardiology, peripheral vascular interventions, and all aspects of cardiac rhythm management. At our convenient location you can expect shorter wait times, same day discharge and overall lower cost in a more personalize and private environment.

Our **Mission** is to perform procedures in a safe, advanced and professional settings by persistently improving the quality care of patients and their families at a cost significantly below the traditional hospital setting. As part of our commitment we will maintain the highest levels of accreditation. If you have any questions about your procedure please feel free to contact us via email at [info@outpatientcfl.com](mailto:info@outpatientcfl.com) or via phone:

Lakewood ASC 352-643-9080

We look forward to improve your health, and get you back to your active lifestyle!

Professionally yours;

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Dr. Srinivas Attanti MD  
President

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Dr. Nitza I Alvarez MD  
Vice-President



Dear Guests

Thank you for choosing **Lakewood ASC** as your preferred Cardiac Surgery Facility. Our goal is to provide you with the highest quality care and service. The following information is provided to help you understand our Policies and Procedures but also your Rights and Responsibilities as a patient. It is in our best interest to comply with all Federal, State and Local Laws. We want you to be informed while having a pleasant experience at our facility:

### **1-What to expect**

- Once your referral is submitted by your provider, our staff will call you to confirm your personal and insurance information, review financial responsibility and transportation.
- Review and follow the pre-admission instructions provided by your physician
- You will be going home the same day. It is required that someone else drives you home. If you choose to use our transportation services or public transportation you must have a responsible adult to escort you. It is strongly suggested that you do not drive for the remainder of the day and that someone stays with you for the next 48hrs.
- If you develop a cold, sore throat, fever or any other illness that occurs within 48hr before your surgery please call the Center.
- Understanding your Medication, It is important that you know what medication(s) you are taking and how to take them. Be prepared for your procedure by asking questions about your medications of your other physician(s) who prescribed them or pharmacist.

- **Arrival Time:** It is very important that you arrive **60 minutes prior to your procedure time** to begin your registration process which includes updating your demographic, insurance, payment and health information if necessary.

-**Late Arrival Policy:** If you arrive more than fifteen (15) minutes late, you may be asked to reschedule your appointment(s). We ask that if you are running late, please call and let us know. This will allow us to continue to provide care to the patients that have arrived on time.

-**Co-Pay, Co-Insurance, and Account Balance Payments:** Please be prepared to pay your co-payments, deductibles, and any outstanding balances due at the time of your procedure. Please refer to the Financial Policy for your financial obligations as a patient.

-**Appointment Time:** Your appointment time is the time you are to begin your exam or procedure. Your provider will be using a computer in the operating room to access and update your medical information as part of an electronic medical record process.

-**Checkout Process:** You will be provided a Clinical Summary of your procedure at that time. The physician office will be in contact with you to schedule a follow up for your procedure.

-**Translation Policy** (See Non-Discrimination Policy)

-**Hospital Affiliation**

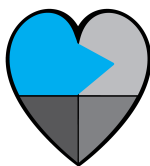
In case of any complications you will be transferred to Leesburg Regional Medical Center

## **2-Policies and Procedures**

- Notice of Privacy Practices Page 6-10
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## **3-Ambulatory Surgical Center Consent and Acknowledgment**

- Consent Signature
- Acknowledgment of Policies and Procedure
- Procedure Instructions Pre and Post
- What to Bring!



Outpatient  
Surgery  
Center  
of Central Florida

## NOTICE OF PRIVACY PRACTICES

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

Effective Date: 05/15/2019

When it comes to your health information, you have certain rights.

### **Your rights and some of our responsibilities.**

- Get an electronic or paper copy of your medical record
- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.
- Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.
- Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

- Get a list of those with whom we've shared information
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting us
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or procuring [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
- In these cases, you have both the right and choice to tell us to:
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory
  - If you are not able to tell us your preference, for example if you are

unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes in the case of fundraising:
  - We may contact you for fundraising efforts, but you can tell us not to contact you again.
  - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Example: We use health information about you to manage your treatment and services.
- Bill for your services
- We can use and share your health information to bill and get payment from health plans or other entities.
- Example: We give information about you to your health insurance plan so it will pay for your services.
- How else can we use or share your health information?
- We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)
- Help with public health and safety issues
- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
- Do research
- We can use or share your information for health research.



- Comply with the law
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Respond to organ and tissue donation requests
- We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director
- We can share health information with a coroner, medical examiner, or funeral director when an individual die.
- Address workers' compensation, law enforcement, and other government requests
- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Changes to the Terms of this Notice**

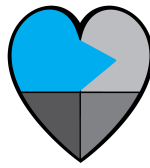
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### **WHO WILL FOLLOW THIS NOTICE?**

This notice describes the practices of:

Lakewood ASC and its affiliates Lakewood ASC and Lakewood CCL.

- Any health care professional authorized to enter information into your medical record maintained by Lakewood ASC
- Any persons or companies with whom Lakewood ASC does business, ie, "Business Associates."
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.



## **Summary of the Florida Patient Bill of Rights and Responsibilities**

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternative, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment; whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of reasonably clear and

understandable, itemized bill and, upon request, to have the charges explained.

- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.



## Financial & Billing Policy

We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan, we do business with, payment in full is expected at each procedure. If you are insured by a plan, we do business with, but don't have an up-to-date insurance card, payment in full for each procedure is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-Payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each procedure.
3. **Non-covered services.** Please be aware that some - and perhaps all - of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of procedure.
4. **Proof of insurance.** All patients must complete our patient information form before seeing the practitioner. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.

Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. **Coverage changes.** If your insurance changes, please notify us before your next procedure so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
7. **Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our practitioners will only be able to treat you on an emergency basis.
8. **Missed appointments.** Our policy is to charge a fifty-dollar fee (\$50) for missed appointments not cancelled within 24 hours prior to your scheduled Facility procedure. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.
9. **Non-Sufficient Funds/Return Checks.** Lakewood ASC will pass along to the patient a \$50.00 NSF bank charge for all returned checks. This fee will be added to your account and is the patient's responsibility. The financial institution may charge additional fees to you directly.

Each procedure, during the registration process, your statement or account balance will be reviewed with you by a financial counselor or registrar prior to services rendered. The final part of your registration process will be to review your financial obligations to ensure the accuracy of your bill. We will ask you to pay any co-payments, deductibles, and outstanding balances at this time.

In addition, your registration process will include updating your demographic, insurance, and health information. This process will improve the quality of patient information we use to care for you.

Being true to our Mission Statement we will work collaboratively with patients who are under financial hardship to develop fair and reasonable payment plans.

Financial hardship is determined by policy and is a formal process that must be a joint effort between a financial counselor and the patient. A patient, who has the ability to pay and has not been formally determined to be in financial hardship, is expected to pay at the time of service and maintain no outstanding balance.

Our policy states that any account balance remaining after insurance payments must be paid in full within 30 days of the first statement, unless specific arrangements are made ahead of time. All co-pays, deductibles, and previous account balances must be paid before additional services will be rendered.

We are excited about the opportunity to provide you with very good care and service. If you have any questions or concerns, please call our Facility (352) 504-3500 or reach us via the Patient Portal. Thanks for choosing Lakewood ASC for your Cardiology Care. We look forward to serve you and help you keep your lifestyle.

Sincerely;

**Brock Kreienbrink**  
Administrator  
Lakewood ASC  
5571 E SR 44 Suite 501  
Wildwood FL 34785



## **Non-Discrimination Policy**

Lakewood ASC complies with applicable Federal civil rights laws and does not discriminate on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. Lakewood ASC does not exclude people or treat them differently because of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. Our health plans are also subject to the section 1557 non-discrimination requirements and will be operated accordingly.

Lakewood ASC:

1. Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
  - a. qualified sign language interpreters, video remote interpreting or other aids for hearing impaired individuals
  - b. written information in multiple formats including large print, audio, accessible electronic formats, or other formats for visually impaired individuals
2. Provides free language services to people whose primary language is not English, such as:
  - a. qualified interpreters or a language line
  - b. information written in other languages

If you need these services, contact Lakewood ASC's ADA Coordinator at 352-643-9080

If you believe that Lakewood ASC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:



**ADA Coordinator**

Lakewood ASC

**Brock Kreienbrink**

Administrator

5571 E SR 44 Suite 501

Wildwood FL 34785

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Lakewood ASC's ADA Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



## Transparency in Health Care

### 59A-3.256 Price Transparency and Patient Billing.

(1) Website. Each hospital shall make available to patients and prospective patients price transparency and patient billing information on its website regarding the availability of estimates of costs that may be incurred by the patient, financial assistance, billing practices, and a hyperlink to the Agency's service bundle pricing website. The content on the hospital's website shall be reviewed at least every 90 days and updated as needed to maintain timely and accurate information. For the purpose of this rule, service bundles means the reasonably expected hospital services and care provided to a patient for a specific treatment, procedure, or diagnosis as posted on the Agency's website. In accordance with section 395.301, F.S., the hospital's website must include:

(a) A hyperlink to the Agency's pricing website upon implementation of the same that provides information on payments made to the facilities for defined service bundles and procedures. The Agency's pricing website is located at: <http://pricing.floridahealthfinder.gov>

(b) A statement informing patients and prospective patients that the service bundle information is a non-personalized estimate of costs that may be incurred by the patient for anticipated services and that actual costs will be based on services actually provided to the patient;

(c) A statement informing patients and prospective patients of their right to request a personalized estimate from the hospital;

(d) A statement informing patients of the hospital's financial assistance policy, charity care policy, and collection procedure;

(e) A list of names and web addresses of health insurers and health maintenance organizations (HMO) contracted with the hospital as a network provider or participating provider;

(f) A list of names and contact information of health care practitioners and medical practice groups contracted to provide services within the hospital, grouped by specialty or service; and,

(g) A statement informing patients to contact the health care practitioners anticipated to provide services to the patient while in the hospital regarding a personalized estimate, billing practices, and participation with the patient's insurance provider or HMO as the practitioners may not participate with the same health insurers or HMO as the hospital.

(2) Estimate. The hospital shall provide an estimate upon request of the patient, prospective patient, or legal guardian for nonemergency medical services.

(a) An estimate or an update to a previous estimate shall be provided within 7 business days from receipt of the request. Unless the patient requests a more personalized estimate, the estimate may be based upon the average payment received for the anticipated service bundle. Every estimate shall include:

1. A statement informing the requestor to contact their health insurer or HMO for anticipated cost sharing responsibilities,

2. A statement advising the requestor that the actual cost may exceed the estimate,

3. The web address of the hospital's financial assistance policies, charity care policy, and collection procedures,

4. A description and purpose of any facility fees, if applicable,

5. A statement that services may be provided by other health care providers who may bill separately,

6. A statement, including a web address if different from above, that contact information for health care practitioners and medical practice groups that are expected to bill separately is available on the hospital's website; and,

7. A statement advising the requestor that the patient may pay less for the procedure or service at another facility or in another health care setting.

(b) If the hospital provides a non-personalized estimate, the estimate shall include a statement that a personalized estimate is available upon request.

(c) A personalized estimate must include the charges specific to the patient's anticipated services.

(3) Itemized statement or bill. The hospital shall provide an itemized statement or bill upon request of the patient or the patient's survivor or legal guardian. The itemized statement or bill shall be provided within 7 business days after the patient's discharge or release, or 7 business days after the request, whichever is later. The itemized statement or bill must include:

(a) A description of the individual charges from each department or service area by date, as prescribed in subsection 395.301(1)(d), F.S.;

(b) Contact information for health care practitioners or medical practice groups that are expected to bill separately based on services provided; and,

(c) The hospital's contact information for billing questions and disputes.

*Rulemaking Authority 395.301 FS. Law Implemented 395.301 FS. History—New 2-19-18.*



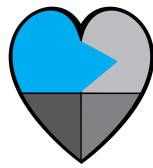
**NOTICE TO PATIENTS: Physician Financial Ownership**

Physician Financial Ownership We are required by Federal law to notify you that physicians hold financial interest or ownership in this ASC. We are required by 42 C.F.R. § 416.50 to disclose this financial interest or ownership in writing and in advance of the date of the procedure. A list of physicians who have a financial interest in this ASC are listed below:

1. Dr. Abel Rivero
2. Dr. Brian Saluck
3. Dr. Georg Couturier
4. Dr. Hari Kannam
5. Dr. Javier Gonzalez
6. Dr. Nishant Nerella
7. Dr. Nitza Alvarez
8. Dr. Rafik Abadier
9. Dr. Stephen Stark
10. Dr. Srinivas Attanti
11. Dr. Suman Pasupuleti
12. Dr. Vinod Miryala
13. North America Health Services Inc.

My signature below indicates that I have read and understood the above Policies and Procedures and that I have had the opportunity to ask questions with the understanding of the answers.

**Signature:** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_



## **MARKETING, WEB SITE, AND SOCIAL MEDIA MARKETING POLICY**

Our practice culture supports patient satisfaction. Clinical and administrative staff members must understand the importance of the following principals of patient satisfaction:

1. The patient wants to be treated as a person.
2. Retention of patients is less costly and generates greater revenue than recruiting new patients.
3. Services are experienced only when they are delivered.
4. Communication means focusing on the patient, interaction with the patient, and paying attention to patient statements and needs.
5. Advertising and promotional efforts will meet high professional standards.

Every effort will be made to develop and maintain patient satisfaction, delivery of quality care, and acknowledgement of sources of referral. Therefore, all referrals will be tracked and acknowledged.

Patients, employees, new patients, referring physicians, members of the community, and managed care plans will be surveyed and the workers will be informed of the feedback.

We will maintain patient privacy and confidentiality in all environments, including online, and will not post identifiable patient information online.

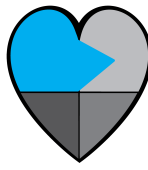
We will use the highest level of privacy settings when using the Internet for social networking. However, we realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. We will routinely monitor our own Internet presence to ensure that the personal and professional information on our sites and, to the extent possible, content posted about us by others, is accurate and appropriate.

When interacting with patients on the Internet, we will maintain appropriate boundaries of the patient- physician relationship in accordance with professional ethical guidelines just as we would in any other context.

We recognize that actions online and content posted may negatively affect our reputation among patients and colleagues, may have consequences for our medical careers, and can undermine public trust in the medical profession.

Sincerely:

**Brock Kreienbrink**  
Lakewood ASC  
Administrator  
5571 E SR 44 Suite 501  
Wildwood FL 34785



SUBJECT: ADVANCE DIRECTIVES REFERENCE #10017

**PURPOSE:**

- To provide an atmosphere of respect, caring and preservation of dignity related to a patient's medical care decision making, and to ensure that each patient's ability and right to participate in the self-determination of care is maximized and respected and not compromised as a result of admission for care while at Lakewood ASC Facility.
- Additionally, to assure compliance with the Patient Self-Determination Act (PSDA) in such a manner as to expand the patient, staff and community knowledge base regarding advance directives and the process by which patient participation in medical decision making is carried out at this facility.

**POLICY:**

- Lakewood ASC Facility shall respect and encourage patient self-determination. Patients shall be encouraged and assisted to be active participants in the decision-making process regarding their care through education, inquiry and assistance as requested.
- Patients shall be encouraged to communicate their desires in regard to advance directives to their significant others, to allow for guidance by significant others and healthcare providers, but patients need to be made aware that we do NOT honor a DNR at this facility.
- Lakewood ASC Facility shall inform all patients/patient representatives of any limitations if the facility cannot honor an advance directive on the basis of conscience.
- A statement of limitation shall include, at a minimum:
  - 1- Clarification of any difference between facility-wide conscience objectives and those that may be raised by physicians
  - 2- Identification of state legal authority permitting such an objection



### 3- Description of medical conditions or procedures affected by conscience objection

- The existence of an advance directive, or lack thereof, shall not determine the patient's access to care, treatment and services.
- Lakewood ASC Facility shall ensure compliance with state law regarding advance directives.
- In an advance directive (or medical power of attorney), the patient may provide guidance as to his/her wishes in certain situations, but this facility will **not honor** a DNR, or may delegate decision making to another individual as permitted by state law.
  - If such an individual has been selected by the patient, or if a person willing and able under applicable state law is available to make treatment decisions, relevant information should be provided to the representative so that informed healthcare decisions can be made for the patient.
  - However, as soon as the patient is able to be informed of his/her rights, this facility shall provide that information to the patient.
- The advance directive shall be maintained in the medical record.
- Lakewood ASC Facility shall educate appropriate staff regarding advance directives.

#### **PROCEDURE:**

- An inquiry shall be made by the Registration Department during the admissions process of the patient, or if the patient is incapacitated, to the patient's significant other, as to whether or not the patient has completed an advance directive. Lakewood ASC Facility shall not condition the provision of care or otherwise discriminate against any individual based on whether or not the individual has executed an advance directive.

- A request of the patient/significant other to provide a copy of the advance directive for medical record entry shall be made by the Registration Department during the admission process.
  
- As part of the admission process the patient/significant other shall be provided with an information packet outlining the individual's rights to make decisions concerning medical care. The information packet provided shall include:
  - The right to accept or refuse medical or surgical treatment.
  - Information concerning the Patient Self-Determination Act
  - Lakewood ASC Facility's mission and value statements and policies regarding refusal of medical treatment, including life sustaining measures. This facility will not honor a DNR.
  - That the existence of an advance directive, or lack thereof, will not determine the patient's right to care, treatment or services
  - Definitions of pertinent healthcare terminology as they apply to the Patient Self-Determination Act
  - Policy regarding the patient's right to voice a complaint related to advance directive requirements to the State Department of Health Services
  - Information regarding the PSDA will be provided to the patient upon each admission to Lakewood ASC Facility
  - Applicable State health and safety law
  
- Registration Department staff shall document in the medical record whether the patient has completed an advance directive and that information concerning advance directives has been given to the patient/significant other during the admission process.
  
- Should the patient present as a repeat admission, with information obtained by the admitting group indicating there is an advance directive in the previous medical record, the nursing staff shall have the responsibility to review the existing advance directive with the patient/significant other to validate its current status.

- In the event the patient/significant other indicates that the previous advance directive does not accurately reflect the patient's wishes, a revised advance directive must be submitted and must meet all advance directive regulations. Any expression by the patient of a revision in previous advance directive desires shall be documented by the nursing staff in the nursing progress notes.
- When the patient states that he/she has an advance directive but did not bring it into the facility, the patient shall be encouraged to ask a family member to bring it into the facility.
- There shall be availability of the Ethics Committee to discuss patient rights issues as needed, through the Medical Staff Office. All requests from patients/significant others, facility staff and/or medical staff members to institute the Ethics Committee process shall be honored.

#### **Outpatient Facility Settings:**

Lakewood ASC Facility will not honor advance directives in the following outpatient settings: DNR

For those outpatients who request information regarding advance directives, staff shall refer the patient/family to Pastoral Care and/or Social Service.

#### **REFERENCES:**

Protection and Advocacy System (state specific)

National Alliance on Mental Illness (NAMI), <http://www.nami.org/>

American Academy of Pediatrics Committee on Bioethics, Communicating with Children and Families: From Everyday Interactions to Skill in Conveying Distressing Information, Pediatrics 121(5):e1441-60, May 2008



## MEDICATION MANAGEMENT

Dear Patient,

Proper management of your medications is important to your Care Plan. It is our goal to work with you to maintain an accurate medication list and keep you educated about their interactions, side effects, and effectiveness when taken correctly.

We require you to bring in your medications in their original pill bottles in order to verify the name of the medication, the dosage and the frequency, and if any additional medications have been added. We also like for you to bring in any pain medication you may be taking, as certain types of medications will not be available in the Surgery Center.

### **Prescription Refills**

Lakewood ASC is not a dispensing pharmacy and is compliant with Electronic Prescription requirements, therefore:

Only prescribed medications related to your procedure will be provided.

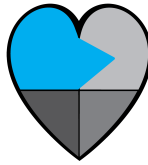
Refills will not be provided. If you need a refill the pharmacist is in the best position to safely and accurately coordinate the request with your provider.

If your prescription has expired, contact your provider as an office visit may be required to process a new prescription.

If your prescription medication requires authorization from your insurance or you use a mail order pharmacy, allow at least 30 days for this process to be completed.

Thank you for your cooperation, as it is our goal to keep everyone informed, and educated to provide the best informed and accurate care to you.

**Signature:** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_



Outpatient  
Surgery  
Center  
of Central Florida

**Lakewood ASC Packet  
Acknowledgment of Policies and Procedures**

- Notice of Privacy Practices Page 6-10
- Patient Rights and Responsibility Page 11-12
- Financial Policy Page 13-15
- Non-Discrimination Policy Page 16-17
- Transparency in Healthcare Page 18-20
- Physician Financial Ownership Page 21
- Website, Marketing and Media Policy Page 22-23
- Advance Directive Page 24-27
- Medication Management Page 28

My signature below indicates that I have read and understood the above Policies and Procedures and that I have had the opportunity to ask questions with the understanding of the answers.

**Signature:** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_