

DUPONT SURGERY CENTER  
4004 DUPONT CIRCLE  
LOUISVILLE, KY 40207  
502.896.6428

Dear Patient:

Federal Regulations have instituted an informational program for all patients planning on having a surgery or procedure in an Ambulatory Surgery Center (ASC).

Enclosed please find written information that you need to read and be aware of before your scheduled day of surgery or procedure.

Also, please be aware that we will require you to sign a form verifying that you did receive this information both verbally and written. Our Pre-Operative Call Nurse will contact you to go over this information verbally, if she has not already done so.

Do not hesitate to contact the Center with any questions or concerns that you may have before your scheduled surgery or procedure.

*Dupont Surgery Center Staff*

### **Advance Directives**

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In accordance with Kentucky law, this center must inform you that we are not required to honor and do not honor DNR directives. A healthcare power of attorney will be honored.

If a patient should provide his/her advance directive a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.

At all times the patient or his/her representative will be able to obtain any information they need to give informed consent before any treatment or procedure.

In order to assure that the community is served by this facility, information concerning advance directives is available at the facility. While the state of Kentucky does not require a specific form for an advanced directive, sample forms are available at the center's office. To obtain this form and information, please call 502.896.6428.

### **Physician Participation**

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This is to inform you that your physician might have a financial interest or ownership in this center. The following are physicians who have a direct or indirect ownership interest:

Frank Burns	13324 Shelbyville Rd. Louisville, KY 40223	1881703924
Richard Cohen	4004 Dupont Circle Louisville, KY 40207	1538126552
Melissa Dorsett	3430 Newburg Rd #153 Louisville, KY 40218	1013096288
Richard Eiferman	6400 Dutchmans Pkwy #220 Louisville, KY 40205	1386677797
Thomas Harper	3810 Springhurst Blvd #100 Louisville, KY 40241	1346440583
R. Scott Hoffman	4004 Dupont Circle Louisville, KY 40207	1194700070
David Karp	4004 Dupont Circle Louisville, KY 40207	1376528240
Rishi Kumar	4940 Hazelwood Ave. Louisville, KY 40214	1114970415
Albert Smolyar	4004 Dupont Circle Louisville, KY 40207	1194777185
Lloyd Taustine	1169 Eastern Parkway #3334 Louisville, KY 40217	1437151099
Maurine Waterhouse	4001 Kresge Way #320 Louisville, KY 40207	1326192386

## PATIENT'S STATEMENT OF RIGHTS AND RESPONSIBILITIES

The staff of this health care facility recognizes you have rights while a patient receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. This statement of rights and responsibilities is posted in our facility in at least one location that is used by all patients.

Your rights and responsibilities include:

### **A patient, patient representative or surrogate has the *right* to**

- Receive information about rights, patient conduct and responsibilities in a language and manner the patient, patient representative or surrogate can understand.
- Be treated with respect, consideration and dignity.
- Be provided appropriate personal privacy.
- Have disclosures and records treated confidentially and be given the opportunity to approve or refuse record release except when release is required by law.
- Be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Receive care in a safe setting.
- Be free from all forms of abuse, neglect or harassment.
- Exercise his or her rights without being subject to discrimination or reprisal with impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- Voice complaints and grievances, without reprisal.
- Be provided, to the degree known, complete information concerning diagnosis, evaluation, treatment and know who is providing services and who is responsible for the care. When the patient's medical condition makes it inadvisable or impossible, the information is provided to a person designated by the patient or to a legally authorized person.
- Exercise of rights and respect for property and persons, including the right to
  - Voice grievances regarding treatment or care that is (or fails to be) furnished.
  - Be fully informed about a treatment or procedure and the expected outcome before it is performed.
  - Have a person appointed under State law to act on the patient's behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. 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.
- Refuse treatment to extent permitted by law and be informed of medical consequences of this action.
- Know if medical treatment is for purposes of experimental research and to give his consent or refusal to participate in such experimental research.
- Have the right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- A prompt and reasonable response to questions and requests.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English. You have the right to have an interpreter supplied at no cost to you.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care and know, upon request and prior to treatment, whether the facility accepts the Medicare assignment rate.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have

charges explained.

- Formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his/her medical record.
- Know the facility policy on advance directives.
- Be informed of the names of physicians who have ownership in the facility.
- Have properly credentialed and qualified healthcare professionals providing patient care.

**A patient, patient representative or surrogate is *responsible* for**

- Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, unless specifically exempted from this responsibility by his/her provider.
- Providing to the best of his or her knowledge, accurate and complete information about his/her health, present complaints, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements, any allergies or sensitivities, and other matters relating to his or her health.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Following the treatment plan recommended by his health care provider.
- Be respectful of all the health providers and staff, as well as other patients.
- Providing a copy of information that you desire us to know about a durable power of attorney, health care surrogate, or other advance directive.
- His/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to his health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Keeping appointments.

### COMPLAINTS

**Please contact us if you have a question or concern about your rights or responsibilities. You can ask any of our staff to help you contact the Administrative Director at the surgery center. Or, you can call 502-896-6428.**

**We want to provide you with excellent service, including answering your questions and responding to your concerns.**

You may also choose to contact the licensing agency of the state,  
Kentucky Cabinet for Health and Family Services  
275 East Main Street  
Frankfort, KY 40621  
800-372-2973

**If you are covered by Medicare**, you may choose to contact the Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227) or on line at <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>. The role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help you need to understand your Medicare options and to apply your Medicare rights and protections.

**Dupont Surgery Center**  
**HIPAA NOTICE OF PRIVACY PRACTICES**

This Notice describes how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully.

**OUR OBLIGATIONS**

We are required by law to: Maintain the privacy of protected health information; Give you this notice of our legal duties and privacy practices regarding health information about you; Follow the terms of our notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

**-Treatment:** We may use and disclose health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**-Payment:** We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**-Health Care Operations:** We may use and disclose health information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**-Appointment Reminders:** We may use and disclose health information to contact you to remind you that you have an appointment with us. We also may use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**-Individuals Involved in your Care or Payment for your Care:** When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**-Research:** Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information.

**SPECIAL SITUATIONS:**

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes:

- **Required by Law:** We will disclose health information when required to do so by international, federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- **Business Associates:** We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **Organ and Tissue Donation:** If you are an organ donor, we may use or release health information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye, or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release health information to the appropriate foreign military authority if you are a member of foreign military.
- **Workers Compensation:** We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose health information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court or administrative order. We also may disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release health information if asked by a law enforcement official if the information is (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release health information to funeral directors as necessary for their duties.
- **National Security and Intelligence Activities.** We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law
- **Protective Services for the President and Others.** We may disclose health information to authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or to conduct special investigations.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

## **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT:**

**-Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**-Disaster Relief.** We may disclose your protected health information to disaster relief organizations that seek your protected health information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:**

The following uses and disclosures of your protected health information will be made only with your written authorization:

1. Uses and disclosures of protected health information for marketing purposes.
2. Disclosures that constitute a sale of your protected health information.

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our privacy officer and we will no longer disclose protected health information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **YOUR RIGHTS:**

**You have the following rights regarding health information we have about you:**

**-Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this health information, you must make your request, in writing, to Dupont Surgery Center. We have up to 30 days to make your protected health information available to you and we may charge you a reasonable fee for the cost of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**-Right to an Electronic Copy of Electronic Medical Records.** If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**-Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured protected health information.

**-Right to Amend.** If you feel that health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Dupont Surgery Center.

**-Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Dupont Surgery Center.

**-Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Dupont Surgery Center. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**-Out-of-Pocket Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**-Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Dupont Surgery Center. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**-Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.dupontsurgerycenter.com](http://www.dupontsurgerycenter.com). To obtain a paper copy of this notice, contact Dupont Surgery Center.

## **Changes to this Notice**

We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact V. Lococo. All complaints must be made in writing. You will not be penalized for filing a complaint.

## **Contact Person**

If you have any questions, requests, or complaints, please contact Vicki Lococo, Privacy Officer and Co-Administrator, 4004 Dupont Circle, (502)212-4108 or (502) 896-6428.

## **Independent Contractors**

Dupont Surgery Center and the physicians who practice here are independent contractors and do not hereby assume any liability for the services or conduct of the other.

**Effective Date:** The effective date of this Notice is April 14, 2003; revised July 28, 2013.