



PRE-SURGICAL INSTRUCTIONS

- All patients must pre-admit at the center one week before surgery or risk delay or cancellation. The center is located at the corner of Stonebridge Boulevard and Channing Way, in North Jackson (207 Stonebridge Blvd). Patients who are physically unable to pre-admit must call the center and speak with a pre-admission nurse.
- The anesthesiologist or physician may order an EKG, or other tests, which need to be performed prior to your surgery. These will be done when you pre-admit for your surgery.
- A minor (under 18) patient must be accompanied by a parent or legal guardian who can legally sign documents on his or her behalf. A parent or legal guardian also must remain on site during a minor patient's entire stay at the center. Family members or friends may not serve as guardians without appropriate legal documentation.
- Surgery schedules may be impacted by many factors. Delays are often unforeseen, and any changes to the surgical schedule will be communicated to the patients and families promptly.
- You may not drive yourself home after surgery. If you do not have a responsible person with a valid driver's license to drive you home and stay with you for 24 hours after your procedure, your surgery could be cancelled; unless instructed differently by your physician or prior arrangements have been made.
- Advanced Directives are not honored at this center(organ-donor or living will).
- Upon arriving to pre-admit at the center, please have insurance cards, photo ID, current medications, and any paperwork from the surgeons office.

DAY OF SURGERY

- Do not eat or drink anything after midnight. This includes chewing gum, mints, or tobacco products.
- The nurse will give you instructions regarding medications to take upon pre-admission.
- Please take a bath or shower using an antibacterial soap the evening before or the morning of your procedure.
- Anesthesia may be harmful to the unborn. If there is a possibility that you could be pregnant, please notify your surgeon immediately.
- Arrive at the surgery center at the time given by your surgeon or the center's nursing team.
- If you have experienced any health changes since pre-admitting, please notify your surgeon or the center.
- Bring current medications with you the day of your surgery for the anesthesiologist to review.
- Wear loose, comfortable clothing that can easily be put on over dressings, braces, or casts.
- Do not wear perfume, cologne, make-up, jewelry, nail polish, or contact lens the day of your surgery.
- Leave all valuables at home. The center is not responsible for lost or stolen items.
- If possible, please leave small children at home. The center has very limited offerings for children for an extended period of time. In addition, patients are asked to bring no more than two family members or friends to the center.
- The privacy of all of our patients is very important; therefore, family and friends should not enter patient care areas unless specifically instructed to do so by center staff. You are being provided care by an AAAHC-accredited facility, and if you have concerns regarding your care while at this facility, you may contact AAAHC at (847)853-6060.



INSURANCE BENEFITS & PAYMENT

- As a courtesy, the surgery center verifies benefits and bills your insurer for your fee(s). A member of our business office will estimate any balance due and will endeavor to review this information with you before your procedure. The estimated balance is due on the day of your surgery. Please remember that you are ultimately responsible for your bill.
- In most cases, as applicable, you will receive separate bills from the surgery center, anesthesia group, surgeon, and lab.
- All procedures not covered by insurance must be paid in full prior to your surgery.
- Payment may be made with cash, personal check, money order, Visa, Mastercard, or Discover.

We look forward to your visit. If you have questions, please call us at (731) 661-6340



Thank you for choosing Physician's Surgery Center. If you have any questions, you may reach one of the pre-admission nurses at 7137-661-6352 or 731-661-6353. Pre-admission hours are Monday thru Friday 8 am to 4:30 pm.



Date

Patient Information

Age	Sex	Race
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Last Name		First Name			MI
Address			City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Date of Birth	Marital Status	
Social Security Number			Email Address		
Employer			Emergency Contact Number		

Insurance Information

(Skip, if Worker's Comp or Liability)

Primary Insurance Name	Policy Holder's Name	Policy Holder's DOB
Policy #	Group #	Relationship of Policy Holder to Patient

Secondary Insurance Name	Policy Holder's Name	Policy Holder's DOB
Policy #	Group #	Relationship of Policy Holder to Patient

IF PATIENT'S A MINOR, PLEASE FILL OUT THIS SECTION

Parent's Full Name	Address(if Different)	Parent's Social Security No.	
Parent's DOB	Home Phone	Work Phone	Cell Phone

**Physicians Surgery Center
Preoperative Evaluation**

Sex(Circle): M F Age: _____ Height: _____ Weight: _____

Proposed Surgical Procedure: _____

Previous Surgery: _____

Anesthesia Problems or Family History of Anesthesia Problems: _____

HISTORY

Check Yes or No

General: _____

Glaucoma [] Yes [] No
 Serious Illness [] Yes [] No
 Dentures [] Yes [] No
 Bleeding Problems [] Yes [] No
 Hearing Loss [] Yes [] No
 Alcohol/Drug Abuse [] Yes [] No
 Smoke [] Yes _____ Packs [] No
 Anemia [] Yes [] No
 Arthritis [] Yes [] No

Cardiovascular: _____

Heart Attack [] Yes [] No
 High Blood Pressure [] Yes [] No
 Angina [] Yes [] No
 Congestive Heart Failure [] Yes [] No
 Poor Circulation [] Yes [] No
 Coronary Artery Disease [] Yes [] No
 Pacemaker [] Yes [] No
 Defibrillator [] Yes [] No

Respiration: _____

Pneumonia [] Yes [] No
 Asthma [] Yes [] No
 Emphysema [] Yes [] No
 Recent Upper Resp. Infection [] Yes [] No
 Shortness of Breath [] Yes [] No
 Tuberculosis [] Yes [] No
 Oxygen Use/CPAP [] Yes [] No

GI: _____

Liver Disease [] Yes [] No
 Hepatitis [] Yes [] No
 Stomach Problems [] Yes [] No

GU: _____

Frequent Kidney Infections [] Yes [] No
 Renal Failure [] Yes [] No
 Kidney Disease [] Yes [] No
 Dialysis [] Yes [] No

Claustrophobia (Circle): Yes No
Sleep Apnea/ CPAP (Circle): Yes No

Metabolic: _____

Diabetes [] Yes [] No
 Age of Onset: _____
 Rx Oral: _____
 Insulin: _____
 Control: _____

Neurology: _____

Epilepsy/Seizures [] Yes [] No
 Frequent Headaches [] Yes [] No
 Difficulty Walking [] Yes [] No
 Dizziness [] Yes [] No
 Back/Neck Disorder [] Yes [] No
 Stroke [] Yes [] No

Cancer History: _____

Current Medical Doctor: _____

Date of Last Physical Exam: _____

Staff Use Only Below This Line

**Prescription for Emend 40mg PO given to general anesthesia patients to take the morning of their surgery per anesthesia protocol [] Yes [] No [] NA

Nurse Signature: _____

Date: _____

Physicians Surgery Center

Patient Rights and Responsibilities

We are pleased you have chosen Physicians Surgery Center as your healthcare provider. We have a code of medical practice that all staff members and volunteers follow. We recognize the equal value of each individual we serve and our promise to you is that you will receive respectful and compassionate care. We promote trust, support, and care for each other by sharing the same mission, vision, and values.

Most of the center's physicians who render services at the Physicians Surgery Center have an ownership interest. You have the option to be treated at another facility, if you so desire.

Our Healthcare Goal: To insure that all patients receive the highest quality of care on a completely non-discriminating basis as to race, sex, color, creed, or national origin.

Patient Rights:

You, the patient, have the right:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To receive consideration and respectful care from competent personnel in a clean and safe environment. To be free from mental and physical abuse, free from exploitation, and free from use of unnecessary restraints. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.
- To understand the indications for the procedure. To receive all the information they need to give informed consent for any procedure, including the possible risks and benefits of the procedure.
- To receive complete information regarding diagnosis, planned treatment and prognosis, as well as alternative treatments/procedures and the possible risks/side effects associated with treatment. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or to a legally authorized individual.
- To participate in all discussions involving healthcare, except when such participation is contraindicated for medical reasons.
- To refuse treatment in accordance with laws and regulations and to be told what affects this may have on their health.
- To assure safe use of equipment by trained personnel.
- To be provided privacy, confidentiality, and the integrity of all information and records regarding their care.
- To be provided privacy, safety, and security of self and belongings during the delivery of patient care service.
- To have the right to access information contained in their medical record. To approve or refuse the release of their medical records except when it is required by law and to ask for an accounting of such.
- To be aware of fees for service and the billing process.
- To complain without fear of reprisals about the care and services that they are receiving.
- To be informed of any research or experimental projects and to refuse participation without compromise to the patient's usual care.
- To be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
- To continuity of healthcare. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements.

- To be informed if the facility has authorized other healthcare and educational institutions to participate in the patient's treatment. The patient also shall have the right to know the identity and functions of this institution and to refuse to allow their participation in the patient's treatment.
- To be informed that all providers go through a thorough credentialing process prior to receiving privileges to perform procedures at Physicians Surgery Center.
- To be assured that in the event of needed long-term care; this organization will provide the mechanisms to help advance the development of continuing quality care for those patients who require it.
- To appropriate assessment and management of pain.

Patient Responsibilities:

To help keep our promises to you and to help us with your care, please:

- Provide accurate past and present medical history, present complaints, past illnesses, hospitalizations, surgeries, existence of advance directives, medications, and other pertinent data.
- Ask questions when something is not understood regarding care or treatment.
- Assure that the financial obligations for healthcare rendered are paid in a timely manner.
- Be responsible for actions should the patient refuse a treatment or procedure, or if they do not follow or understand the instructions given them by the physician or Center employee.
- Keep procedure appointment. If the patient anticipates a delay or must cancel, they will notify the Center as soon as possible.
- Be responsible for the disposition of valuables, as the Center does not assume this responsibility.
- Show respect and consideration to other people and property.

The Patient's Bill of Rights is emphasized at Physicians Surgery Center because we are dedicated to giving our patients the best care possible while protecting their dignity as human beings. If you feel you or your child are not being treated fairly or properly, you have the right to discuss this with your doctor or nurse.

You have the right to complain to a state agency if Physicians Surgery Center has been unwilling to address a problem. If you wish to do this, call The State of Tennessee Complaint Intake Line: (877)-287-0010 and/or notify the Office of the Medicare Beneficiary Ombudsman at www.cms.hhs.gov/center/ombudsman.asp-171c.

The Center regards the doctor-patient relationship to be sacred requiring trust, mutual respect, and confidentiality. To that end, if you have any comment, grievance, or complaint regarding the care you received by this facility or a physician or an employee of this facility, please voice your concern by letter or telephone call to:

Center Director
 Physicians Surgery Center
 207 Stonebridge Blvd Jackson, TN 38305
 731-661-6340

Advance Directives:

As noted in the patient rights listed on preceding pages, you have the right to be involved in your healthcare plan and make choices about your healthcare treatment. Sometimes, medical care cannot cure a deadly illness or injury. You have the right to stop or prevent treatment if you do not believe it is beneficial. These instructions are known as an Advance Directive. They should be written and discussed with your family and medical team. Your Advance Directive may include end-of-life treatment choices that provide direction to your family and medical team to assure that your care is provided with dignity, comfort and the support of your loved ones. This document explains how to give instructions to your doctors to help you avoid medical treatment that you may not want.

What is an Advance Directive?

Advance Directives are documents that express your wishes if you are very ill or unconscious and cannot speak for yourself. By completing an Advance Directive before you are very ill or injured, you let your doctor and family know what you want.

What does the law say about Advance Directives?

The Federal Patient Self-Determination Act of 1990 and the 2004 Tennessee Healthcare Decision Act describe your rights to accept and/or refuse treatment. These acts require all healthcare providers to give you written information like this, to ask you if you have advance directives and to write down your answers. If you have an advance directive, bring it with you when you check in to the hospital. Someone here must put a copy of it in your patient record. You can also ask someone questions about advance directives. Blank forms are available on request when your check into the hospital.

Why should I complete an Advance Directive?

Without an Advance Directive, your family or friends could have a hard time making decisions for you, and your doctors might not know who should make the decisions for you. Signing an Advance Directive is a gift for your loved ones, making it easier for them to carry out your wishes and helping them ensure you get treatment that is right for you.

Do I have to complete an Advance Directive?

No. No one can force you to complete an Advance Directive. You cannot be denied care because you do not have an Advance Directive.

Tennessee Advance Directives

In Tennessee, we have two kinds of Advance Directives. An Advance Care Plan (called a Living Will) lets you write down your choices. An Appointment of Healthcare Agent (Durable Power of Attorney for Healthcare or Healthcare Proxy) lets you assign a family member, friend, or other person to make decisions for you when you cannot. If you have an Advance Directive that is properly completed, Physicians Surgery Center will not honor this. If an emergency arises, you will be transferred to a facility that will. To obtain copies of these forms, ask your caregiver.

Living Will/Advance Care Plan:

What is a Living Will/Advance Care Plan?

This is a legal form that lets you say you don't want to be kept alive in certain situations or that you do wish to be kept alive if at all possible. Unlike a normal will, a Living Will/Advance Care Plan says nothing about who gets your money when you pass away. It does allow you to avoid certain treatments, if that is your wish, and to make decisions about your medical care.

What treatments can I refuse?

You can choose to refuse many medical and surgical treatments, including food and water. In the Tennessee Advance Care Plan form we provided in this booklet, you can choose to avoid: (please see form for details)

- CPR (Cardiopulmonary Resuscitation)
- Life Support/Other Artificial Support
- Treatment of New Conditions
- Tube Feeding/IV Fluids

If you want, you can add other choices to the form. Talk with your doctor about other treatments you might want to refuse.

Durable Power of Attorney for Healthcare/ Appointment of Healthcare Agent:

What is a Durable Power of Attorney for Healthcare/Appointment of Healthcare Agent?

Here's how it works: You name a person to make healthcare decisions for you in the event you cannot speak for yourself. This person is called your agent. Your agent should be someone you trust and know well. Talk with your agent. Explain in detail what care you would want if you were sick or hurt. A healthcare agent can agree to refuse or take away any kind treatment. Make sure they understand your choices and are prepared to carry out your wishes. That way, your agent can make the right choices for you.

Please note: *A Durable Power of Attorney for Healthcare or Appointment of Healthcare Agent doesn't allow someone to make financial decisions for you.*

How can I make sure that people know about my Advance Directives?

The simplest way is to make copies. Give copies to your doctor, your family and close friends and to your healthcare agent. Bring a copy whenever you go into the hospital, a nursing facility or to a new doctor.

What else should I know about Advance Directives?

When executing a written advance care plan in Tennessee:

- Advance Directives may be witnessed by two witnesses or notarized
- Healthcare center employees may act as one of the witnesses
- Witnesses may not be the agent (attorney-in-fact) and at least one may not be related to the patient in any manner nor entitled to any portion of the principal's (patient's) estate upon his/her death.
- Anyone wishing to complete an Advance Directive must be at least 18 years of age.

Organ Donation:

Can I use these forms to become an organ donor?

The Tennessee Advance Care Plan lets you decide in advance to become an organ and tissue donor. Indicate your choice in the section on the form. Make sure your family understands your decision. This is important because without a clear expression of your decision, your gift could be lost.

For complete information about organ and tissue donation, please contact Tennessee Donor Services at (423) 756-5736.

Thank you for reading this information. You don't need a lawyer to complete these forms, but if you need legal advice, please contact an attorney.

Sign: _____

Date: _____

Witness: _____

Date: _____

NOTICE OF PRIVACY PRACTICES

Physicians Surgery Center- This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. You have the right to obtain a paper copy of this Notice upon request.

Patient Health Information

Under federal law, patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

How We Use Your Patient Health Information

We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

Examples of Treatment, Payment and Health Care Operations

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.

Special Uses

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Uses and Disclosures

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 your health information without your permission for the following purposes:

Required by Law: We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.

Research: We may use or disclose information for approved medical research.

Public Health Activities: As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.

Health Oversight: We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.

Judicial and Administrative Proceedings: We may disclose information in response to an appropriate subpoena or court order.

Law Enforcement Purposes: Subject to certain restrictions, we may disclose information required by law enforcement officials.

Deaths: We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donations agencies.

Serious Threat to Health or Safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Special Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

Workers Compensation: We may release information about your for workers compensation or similar programs providing benefits for work-related injuries or illness.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Individual Rights

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. We are not required in agree to such restriction, but if we do agree, we must abide by those restrictions.

Confidential Communication: You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

Amend Information: If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

Accounting of Disclosures: You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment or health care operations.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by terms of the Notice currently in effect.

Changes in Privacy Practices

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area and each examination room. You can also request a copy of our Notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Contact Person

If you have any questions, requests, or complaints, please contact:

Neal Rager
Administrator

I, _____, hereby acknowledge receipt of the Notice of Privacy Practices given to me.

Signed: _____

Date: _____

If not signed, reason why acknowledgement was not obtained: _____

Staff Witness seeking acknowledgement: _____

_____ Date: _____