Your Guide To
Same Day Surgery
at Dearborn Surgery Center

(313) 253-2000
18100 Oakwood Blvd.
Suite 100
Dearborn, MI 48124
www.thedearbornsurgerycenter.com

It is your responsibility to read this literature as it contains important information.

YOU MUST PRESENT A PICTURE ID AND INSURANCE CARD AT CHECK IN ON THE DAY OF SURGERY. WITHOUT VERIFICATION, YOUR PROCEDURE WILL BE RESCHEDULED
WELCOME TO DEARBORN SURGERY CENTER

You and your doctor have discussed and decided that you require surgery. This booklet will help answer your questions and provide you with necessary information about your upcoming procedure. It will guide you through pre-op (before surgery) and post-op (after surgery) care. Knowing what to expect will help alleviate fear and make you more comfortable. This booklet also provides you with information we are required to make available to you as mandated by state and federal authorities.

We care about your questions and concerns. Please feel free to discuss them with the healthcare team at Dearborn Surgery Center.

What you Need to Know:

Welcome to Dearborn Surgery Center 1
Your Experience at Dearborn Surgery Center 2
Prior to Your Day of Surgery 2
Preparing for Surgery 3
Before and After Surgery 4
Discharge 4
Prevention of Surgical Site Infections 5
Your Rights 6
At Home After Surgery 6

Important Information:

Patient Rights & Responsibilities 7
Participation in Your Care 7
Respect, Dignity & Comfort 7
Service Excellence 7-8
Healthcare Directives 9-11
Financial Information 12
Reporting Grievances 13
Location 14
YOUR EXPERIENCE AT DEARBORN SURGERY CENTER

You are going to have same-day surgery (also called ambulatory or outpatient surgery). At Dearborn Surgery Center, we provide high quality patient focused care.

From the time you come through our doors until you leave, you will appreciate the quality and professionalism that our expertly trained team provides. We work hard to make each and every patient feel comfortable and at ease. If you have any questions, do not hesitate to contact us before your upcoming procedure.

PRIOR TO YOUR DAY OF SURGERY

You will receive a registration telephone call prior to the day of your scheduled surgery. At this time, a nurse will speak with you to complete a pre-surgery health assessment and answer any of your questions.

You may receive more than one call prior to surgery, but we make every effort to try and minimize any inconvenience.

If the doctor requires you to have lab tests, EKG, and/or x-rays before surgery, we encourage you to have the tests completed within one (1) week of your surgery date.

The Surgery Center reception desk is available for service between the hours of 5:00 A.M. - 5:00 P.M., Monday through Friday. The Surgery Center is closed on weekends and holidays.
PREPARING FOR SURGERY

1. If you take regular medications, ask your healthcare provider if you should take them before surgery. If instructed to, take the medications with a small sip of water.

2. A staff member will call you before your procedure with instructions and arrival time. Arrival time is when you are expected at Dearborn Surgery Center, not the start time of your procedure. We schedule your arrival time to provide adequate preparation for your surgery and we make every attempt to respect your valuable time. ***During your pre-procedure phone call, you will be provided any insurance co-pay or deductible payments that apply. These payments are due prior to your procedure. You may pay these by credit card during the call, or remit cash payment to the Dearborn Surgery Center no later than 48 hours prior to your scheduled procedure. If you are a 100% self-pay client, your procedure and anesthesia fees are due in full prior to your procedure.

3. Arrange for a responsible adult to drive you home after surgery and stay with you afterward, as needed. This person should also be prepared to stay at the facility during your procedure. Your identified responsible adult will be requested to sign discharge documents.

4. Do not eat and do not drink anything after midnight before your procedure, unless directed otherwise. This includes water, mints, and gum. You can brush your teeth or rinse your mouth, but don’t swallow any water. If you eat or drink after midnight, your surgery may be cancelled.

5. If you smoke or use other tobacco products, quit or cut down a few weeks before surgery. Your healthcare provider may give you specific instructions.*

6. For your safety, please shower/bathe the day of your surgery. This will assist in reducing the risk of infection.

7. Your surgeon may have to cancel your procedure if you do not remove your jewelry/piercings. Please remove and leave at home. If you have a new piercing, return to jeweler and request plastic inserts.

8. Follow any other instructions you are given.

9. To cancel your procedure, we ask that you notify us at least 24 hours in advance. 1-313-253-2000.

10. If you are scheduled for a colonoscopy, you must take the prep ordered/given to you by your physician. Failure to drink preparation on the day before your procedure will result in your procedure being rescheduled.

* Please note Dearborn Surgery Center, as well as the Dearborn Medical Park Facility, is a non-smoking facility for all visitors.
BEFORE AND AFTER SURGERY

• Your nurse will check your temperature, pulse, respiration, and blood pressure; and will verify your health history information given to the nurse over the phone. You will be asked to sign consent forms. You will be asked to change into a gown. Pre-operative medications may be given at this time.

• If your doctor has ordered tests that have not already been completed, they may be performed, provided that test is available at the Center.

• Your anesthesiologist will review your medical history and your test results (if applicable), and meet with you.

• You may choose to have your family join you upon completion of the nursing assessment.

• Parents will remain with children until time of surgery.

• Your private room is equipped with a telephone and TV/DVD. You may bring a favorite DVD to watch during your stay.

• When it is time for surgery, you will be taken to the operating suite by a surgical nurse and by an anesthesia care provider. The amount of time in surgery depends on your particular procedure.

• After surgery, you will return to your room. The nurses will monitor your recovery and care for you until your condition allows for your family/friends to join you.

DISCHARGE

• When your condition meets the discharge criteria for your physician and the Center, you will be prepared for discharge.

• Your nurse will review home care instructions with you and your family/friend.

• It is important to ask your physician to give you information about:

DIET ________________________________________________________________

ACTIVITY __________________________________________________________

MEDICATIONS ______________________________________________________

DRESSINGS _________________________________________________________

PAIN _______________________________________________________________

FOLLOW-UP VISITS _________________________________________________

RETURNING TO WORK ______________________________________________

SHOWER OR BATHING ______________________________________________

LIFTING ___________________________________________________________

*FOR YOUR SAFETY, A RESPONSIBLE FAMILY MEMBER OR ADULT FRIEND MUST DRIVE YOU HOME AND IF REQUIRED BY YOUR PHYSICIAN, REMAIN FOR 24 HOURS AFTER YOUR PROCEDURE
PREVENTION OF SURGICAL SITE INFECTIONS

A surgical site infection (SSI) is an infection that occurs after surgery at the incision site that was made for your procedure. Most patients who have surgery do not develop an infection. However, infections develop in 3% of patients who have surgery.

The physicians and staff at the Dearborn Surgery Center want you to be an informed patient and help us prevent surgical site infection. Please review the following information to help you become more knowledgeable about your care and recovery.

WHAT ARE SOME OF THE THINGS THAT THE DEARBORN SURGERY STAFF AND PHYSICIANS ARE DOING TO PREVENT SURGICAL SITE INFECTIONS?

- Hands and arms, up to elbows, are cleaned with an antiseptic agent just before surgery.
- Before and after the care of each patient, hands are cleaned with an alcohol-based hand rub or soap and water.
- Electric clippers, not razors, are used to remove hair in the operative area if needed.
- Hair covers, masks, gowns, and gloves are worn during surgery to keep area clean.
- Special soap that kills germs is used to clean the surgery site.
- If necessary, intravenous antibiotics prior to the start of surgery may be given.

WHAT CAN YOU DO TO HELP PREVENT SURGICAL SITE INFECTIONS?

BEFORE YOUR SURGERY:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit.
- Please shower or take a bath the day of surgery or night before.

AFTER YOUR SURGERY:

- Make sure your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand cleaner.
- Family and friends who visit you should not touch the surgical wound or dressing.
- Family and friends should clean their hands before and after visiting you. If you do not see them, cleaning their hands ask them to do this.

WHAT DO YOU NEED WHEN YOU GO HOME FROM THE SURGERY CENTER?

- Before you go home, your doctor or nurse will explain everything you need to know about taking care of your wound before you leave the Center. Be sure to read your discharge instructions.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage of cloudy fluid from the site, or a fever, call your doctor immediately.

If you have any additional questions, please call us at the Center – 313-253-2030
**YOUR RIGHTS**

In the event you have the need to contact us after hours and it is an emergency, please go to your nearest Emergency Room (ER) or call 911. If it is not an emergency call 1-313-253-2000 during normal business hours 7 am - 4 pm.

**AT HOME AFTER YOUR SURGERY**

It is very important that you follow your home care instructions. Call your doctor for any questions or problems.

If you received general anesthesia, regional block, or IV sedation, you will need someone to drive you home and stay with you. If you prefer, your ride may be called when you are ready for discharge. Please give the nurse in the pre-operative area the name and phone number of your ride.

Due to the effects of anesthesia, you should not drive a car, operate machinery, make important decisions or drink any alcoholic beverages for 24 hours following surgery.

**Be sure to schedule a post-operative appointment with your surgeon.**

A nurse from the Center will contact you after your surgery to see how you are feeling and to address any questions or concerns. We want to make sure that your recovery progresses well, and that you were totally satisfied with our services.

**Thank you for choosing Dearborn Surgery Center.**

If you need to direct any comments or concerns regarding your visit please contact:

**Executive Director**

**1-313-253-2000**
PATIENT RIGHTS & RESPONSIBILITIES
The Dearborn Surgery Center is a state-of-the-art surgical facility designed to meet and exceed your health care expectations. Our staff works in a collaborative manner with you and your physician to achieve the highest standards of care and strive for optimal outcomes. The facility is designed to promote privacy and provide comfortable surroundings for you and your family. Please inform our staff of any special needs or requests that you may have while at the facility.

In an effort to maintain our commitment to service excellence, the following information is provided to assist you regarding your rights and responsibilities as a patient to the Dearborn Surgery Center. It is our hope that you will actively participate in your care. Please ask questions of your physician, nurse, or any other staff regarding your care while at the Center.

PARTICIPATION IN YOUR CARE
Understanding your healthcare needs will assist in meeting anticipated outcomes. On arrival to our facility, you will be asked to assist in the completion of a comprehensive medical history by explaining your current medications and illness history. If at any time during your stay you need additional information about your care, treatment options, or a referral to another service or care provider, please do not hesitate to ask a member of the staff. All Dearborn Surgery Center physicians have privileges at a surrounding area hospital and are credentialed utilizing national standards.

You may refuse treatment at any time during your care. You will be informed of and responsible for the outcomes of your decision to refuse treatment. You can refuse experimental research if applicable.

Your medical record shall be maintained in a secure and confidential manner at all times. If you have questions about the contents of the medical record, we will ask your physician to discuss these with you.

RESPECT, DIGNITY & COMFORT
It is our goal and objective to strive for your stay to be comfortable and exceed your expectations. We work hard to respect your privacy. Information about your stay is maintained in a confidential manner. As part of our commitment to excellence, accrediting and licensing agencies as well as your insurance carrier can potentially review your information. Your information will not be provided to friends or family unless specifically authorized by you.

The nursing staff is committed to providing comfort for all patients. Please let your nurses know how we can assist and reduce or eliminate your pain or anxiety.

SERVICE EXCELLENCE
The Dearborn Surgery Center strives to provide a professional environment that promotes health, recovery, and peace of mind. Our goal is to exceed your care expectations. You are encouraged to complete a survey regarding our facility and your experience.

We strive to answer all of your questions or concerns. If for any reason you have service related concerns, please seek the assistance of a staff member so that we may address and resolve your concerns.
Dearborn Surgery Center has met the high standards of quality-measurement organizations. It is credentialed by the Accreditation Association for Ambulatory Health Care (AAAHC); a member of Ambulatory Surgery Center Association (ASCA); and licensed by the State of Michigan Department of Community Health, and re-certified by Centers for Medicare Services (CMS).

**About our staff**

- 100% board certified or board eligible physicians
- Full-time Medical Director
- Anesthesiologists work with CRNAs of the highest caliber and experience
- More than 11 different medical specialties represented
- Registered Nursing staff assigned to patient care
- Registered Nurses have an average of over 15 years of experience
- All staff receives in-service training for new technology and treatments
- All licensed clinical staff are ACLS and PALS certified
- Executive Director on site

![Nursing station for patient rooms](image)
HEALTHCARE DIRECTIVES

The Dearborn Surgery Center recognizes the need for patients to make decisions regarding the healthcare they receive. The following healthcare directives shall be honored: Appointment of a Health Care Representative and Durable Power of Attorney.*

Dearborn Surgery Center’s policy states that if you have an Advance Directive, you must inform us. We will place a copy of it in your medical record and we will notify all members of your healthcare team.

Michigan Notice to Patients REQUIRED BY THE PATIENT SELF DETERMINATION ACT (“PSDA”).

Distributed by the MDCH YOUR RIGHTS TO MAKE MEDICAL TREATMENT DECISIONS.

We are giving you this material to tell you about your right to make your own decisions about your medical treatment. As a competent adult, you have the right to accept or refuse any medical treatment.

“Competent” means you have the ability to understand your medical condition and the medical treatments for it, to weigh the possible benefits and risks of each such treatment and then to decide whether you want to accept treatment or not.

The following information is intended as educational. It is an opportunity to provide detailed information for any future healthcare decisions.

WHO DECIDES WHAT TREATMENT I WILL GET?

As long as you are competent, you are the only person who can decided what medical treatment you want to accept or reject. You will be given information about the pros and cons of different kinds of treatment and you can ask questions about your options. But only you can say “yes” or “no” to any treatment offered. You can say “no” even if the treatment you refuse might keep you alive longer and even if others want you to have it.

WHAT IF I AM IN NO CONDITION TO DECIDE?

If you become unable to make your own decisions about medical care, decisions will have to be made for you. If you have not given prior instructions, no one will know what you would want. There may be difficult questions: for instance, would you refuse treatment if you were unconscious and likely to wake up? Would you refuse treatment if you were going to die soon no matter what? Would you want to receive any treatment your caregivers recommend? When your wishes are not known, your family or the courts may have to decide what to do.

* During your visit at Dearborn Surgery Center any DNR (Do Not Resuscitate) will be suspended. Upon transfer or discharge from DSC, your DNR would be reinstated.
WHAT CAN I DO NOW TO SEE THAT MY WISHES ARE HONORED IN THE FUTURE?

While you are competent, you can name someone to make medical treatment decisions for you should you ever be unable to make them for yourself. To be certain that the person you name has the legal right to make those decisions, you must fill out a form called either a Durable Power of Attorney for Health Care or Patient Advocate Designation. The person named in the form to make or carry out your decisions about treatment is called a Patient Advocate. You have the right to give your Patient Advocate, your caregivers and your family and friends written or spoken instructions about what medical treatment you want and do not want to receive.

WHO CAN BE MY PATIENT ADVOCATE?

You can choose anyone to be your Patient Advocate as long as the person is at least 18 years old. You can pick a family member or a friend or any other person you trust, but you should make sure that person is willing to serve by signing an acceptance form. It is a good idea to name a second choice, too, just in case the first person is unwilling or unable to act if the time comes.

WHERE CAN I GET A PATIENT ADVOCATE DESIGNATION FORM?

Many Michigan hospitals, health maintenance organizations, nursing homes, homes for the aged, hospice and home health care agencies make forms available to people free of charge. Many senior citizens’ groups, churches, and civic groups do, too. You can also get a free form from various members of the Michigan legislature. Many lawyers also prepare Patient Advocate Designations for their clients. The forms are not all alike. You should choose the one which best meets your situation.

HOW DO I SIGN A PATIENT ADVOCATE DESIGNATION FORM SO THAT IT IS VALID?

All you have to do is fill in the name of the advocate and sign the form in front of two witnesses. But that is not as simple as it sounds, because under this law, some people cannot be your witnesses.

Your spouse, parents, grandchildren, children, and brothers or sisters, for example, cannot witness your signature. Neither can anyone else who could be your heir or who is named to receive something in your will, or who is an employee of a company that insures your life or health. Finally, the law disqualifies the person you name as your Patient Advocate, your doctors and all employees of the facility or agency providing health care to you from being a witness to your signature. It is easier to make a Patient Advocate Designation before you become a patient or resident of a healthcare facility or agency. Friends or co-workers are often good people to ask to be witnesses, since
they see you often and can, if necessary, swear that you acted voluntarily and were of sound mind when you made out the form.

**DO I HAVE TO GIVE MY PATIENT ADVOCATE INSTRUCTIONS?**

No. A Patient Advocate Designation can be used just to name your Patient Advocate, the person you want to make the decisions for you.

But written instructions are generally helpful to everybody involved. Any other instructions you have you can either write down or just tell your Patient Advocate. Either way, the Patient Advocate’s job is to follow your instructions.

**DO I HAVE TO MAKE A DECISION NOW ABOUT MY FUTURE MEDICAL TREATMENT?**

No. You do not have to fill out a Patient Advocate Designation and you do not have to tell anybody your wishes about medical treatment. You will still get the medical treatment you choose now, while you are competent. If you become unable to make decisions, but you have made sure that your family and friends know what you would want, they will be able to follow your wishes. Without instructions from you, your family or friends and caregivers may still be able to agree how to proceed. If they do not, however, a court may have to name a guardian to make decisions for you.

**IF I MAKE DECISIONS NOW, CAN I CHANGE MY MIND LATER?**

Yes. You can give new instructions in writing or orally. You can also change your mind about naming a Patient Advocate at all and cancel a Patient Advocate Designation at any time. You should review your Patient Advocate Designation or Living Will at least once a year to make sure it still accurately states how you want to be treated and/or names the person you want to make decisions for you.

**What Else Should I Think About?**

Treatment decisions are difficult. We encourage you to think about them in advance and discuss them with your family, friends, advisors, and caregivers. You can and should ask any healthcare facility about their treatment policies and procedures to be sure you understand them and how they work. Many facilities and agencies have staff available who can answer your questions. Additional materials may be available from your State Representative or Senator.
FINANCIAL INFORMATION

PROCEDURE BILLING

We want to make payment of your account convenient for you by billing your insurance carrier on your behalf. To make this possible, it is necessary for you to supply us with your current insurance information. Depending on your insurance carrier benefits, coverage will be verified with the carrier prior to your procedure. You will be responsible upfront for any applicable co-pays and/or deductibles. Outstanding balances over 90 days will be turned over to a collection agency. In an effort to protect your identity, a copy of your photo I.D. and insurance card will be placed in your medical record at the time of registration.

ANESTHESIA BILLING

Your anesthesia was administered by an anesthesia care team: a certified registered nurse anesthetist (CRNA) and a board certified physician anesthesiologist, who medically directs the CRNA. As such, depending on your insurance provider, you may receive two separate bills for the anesthesia services - one for the nurse anesthetist (CRNA) and one for the physician anesthesiologist. Please note: if you received two separate bills, the total amount would be the same if you had only received one bill. The determining factor for the number of bills you may receive is based upon your insurance carriers requirements. Your insurance carrier recognizes professional anesthesia services and may require separating nurse anesthesia (CRNA) billing from anesthesiologist billing. Both professionals delivered care during your visit. Furthermore, the total amount is the same whether the anesthesia is administered by a care team or by a single provider. Please direct any anesthesia billing inquiries to Medical Revenue & Practice Management  734-212-3128

ADDITIONAL BILLING

You may receive additional bills from Pathology/Laboratory services only if your surgical procedure required a biopsy or diagnostic evaluation.

ADDITIONAL INFORMATION

✓ Yes    ____ No  Your physician is an investor, owns shares, and performs surgery at Dearborn Surgery Center. He/she has a financial interest in the Surgery Center.
If you wish to report a grievance to the Health Department or Medicare, please reference the address / numbers / websites below. You will not be penalized if you file a complaint.

Michigan Department of Health
Ottawa Building, 1st floor
611 West Ottawa Street
P.O. Box 30664
Lansing, MI 48909
1-800-882-6006

Medicare Ombudsman
800-MEDICARE (800-633-4227)
http://www.medicare.gov

www.michigan.gov or to go directly to the form to complete:
www6.dleg.state.mi.us/parsers/complaints/onlineform.asp

If you feel you are a victim of Medicare Fraud, please refer to the following information to report your claim:

Phone: 1-800-HHS-TIPS (1-800-447-8477)  
Fax: 1-800-223-8164 (no more than 10 pages)
Email: HHSTips@oig.hhs.gov

If you would like to confirm license status, verify if there are any open formal complaints or disciplinary actions placed on the licensed personnel/business, please refer to the following website directions:

- http://www.michigan.gov
- On left hand side, click on “Health” section
- Click “Online services”
- Scroll down and click on “verify health professional license”
- You will need at least the license professional/business name to begin search

If you need assistance with Advance Directives, you should talk with your personal lawyer or representative for advice and assistance in this matter. The Michigan State Department of Health attorneys or the Center’s personnel cannot give you legal advice concerning living wills or advance directives.
We Are Conveniently Located At
18100 Oakwood Blvd.
Suite 100
Dearborn, MI 48124
Phone: 313-253-2000

OUR LOCATION

Dearborn Surgery Center is a joint venture between Physicians and Beaumont Hospital - Deaborn. This multi-specialty outpatient surgical facility is conveniently located off the Southfield Freeway on Oakwood Boulevard in Dearborn Michigan. Our facility is well positioned in the heart of Wayne County. We are large enough to practice depth of care yet small enough to make you feel at home.

APEX Quality Award
Awarded Top 20 in the Nation for Excellence in Overall Patient Satisfaction
DEARBORN SURGERY CENTER LLC
PRIVACY NOTICE
Effective date: September 23, 2013

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Private Information
When you come to Dearborn Surgery Center, or visit with a physician or other health care provider, a record is made. These records contain “demographic information” (name, address, telephone number, social security number, birth date and health insurance information). They also contain other information including how you say you feel, what health problems you have, treatments you may have been given, observations by health care providers, diagnosis and plans of care. This information is used for a number of purposes, which are explained in more detail in this document.

This Privacy Notice provides you with information about the privacy practices of Dearborn Surgery Center LLC facility and services. Independent health care providers that serve patients within this facility are also included. Independent providers specifically covered by this Notice include:

- Mainwaring Pathology Group, P.C.
- Anesthesia Surgical Associates, P.L.L.C.
- Fairview Pathology Group, P.C.

Patient Privacy Protectors
Dearborn Surgery Center employees know how important it is to protect the privacy of our patients. Every physician, employee and volunteer serves as a Patient Privacy Protector.

For years, Dearborn Surgery Center has upheld strict privacy and confidentiality policies consistent with State law affecting licensed health professionals and the provider-patient privilege. On April 14, 2003, a new federal law went into effect – protecting patients from having their health information revealed or used without their permission. The new law makes Dearborn Surgery Center’s efforts to protect your privacy more important than ever.

Our Privacy Pledge
We understand that your health information is personal. We care about your privacy and pledge to guard your information with care. We will not sell information about you. We will take steps to protect your information from people who do not have the need and/or legal right to see it. This pledge is an important part of our relationship with you. It supports the complete and honest communication necessary to providing quality patient care.
need and/or legal right to see it. This pledge is an important part of our relationship with you. It supports the complete and honest communication necessary to providing quality patient care.

We are required to maintain your privacy and provide you with this Privacy Notice. It tells you about ways health information is used. It describes your rights and our obligations regarding use and disclosure of health information.

We may find it necessary to revise or update this Privacy Notice in the future. We are required to inform you of these changes by making a revised Privacy Notice available. Any revised notice can be obtained at our ambulatory surgery center and on our website at www.thedearbornsurgerycenter.com.

We will also ask you to sign or initial a form that states you have received this Privacy Notice from us.

How We May Use and Disclose Your Health Information
Your health information is used and disclosed (given out) in a number of very common ways that benefit you. We must have your written permission (called an "authorization") to use and disclose your health information, except for the uses and disclosures described below. Additionally, Michigan law may require that we obtain your specific prior authorization to use and disclose certain health information, such as behavioral health, substance abuse and HIV/AIDS information.

Treatment
Information is provided to doctors, nurses, pharmacists, technicians and other health care workers who are involved in your care. For example, nurses caring for you will have access to your health information to follow doctor’s orders, coordinate care and document your progress. Another example is communication with your doctor(s) about a surgery/procedure you received so that appropriate action can be taken.

Payment
To help you receive benefits under your health insurance plan, we give information about the care you received to your health insurer(s). For example, your health insurer may require details of a surgery you had at Dearborn Surgery Center before it will pay us for the care. Your health insurer may also require information about care you need before approval for the service.

Health Care Operations
Information about you may be used to maintain or improve our quality of services. For example, we may conduct a study of people who received treatment for a particular surgery to determine if our existing service is meeting community needs. You may also be contacted or sent a survey to get your comments on how well we served your needs.

You and Your Personal Representative
We may disclose your health information to you or your personal representative (an individual who has the legal right to act on your behalf).
Others Involved In Your Care
We may share your health information with family members or friends who are professionals will exercise their professional judgment in determining when friends and family members may receive health information (e.g., a family member picking up a prescription from the pharmacy for a sick individual)

Other uses and disclosure
Appointment Reminders
We may send you a reminder about an appointment for medical care.

Education
Many healthcare professionals, such as physicians receive training at Dearborn Surgery Center. These physicians/medical students/therapists may review health information as part of their training in order to learn more about certain illnesses and treatments.

Sale and Marketing
We do not sell your medical information or disclose it to companies that wish to sell you their products. We may engage in face-to-face communication with you about alternative treatment options available to you, or communicate to you our health related services. We may also give you promotional gifts of nominal value as a method of marketing our services. Before we can use medical information for other marketing purposes or receive payment for sending marketing communications, we must first obtain your written authorization.

Business Associates
We may disclose your health information to our business associates, such as a computer consultant or copy service, so that they can perform the job we have asked them to do. To protect your health information, we require all business associates to appropriately safeguard your information.

To Avert a Serious Threat to Health or Safety
We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
SPECIAL SITUATIONS

Organ and Tissue Donation. We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers’ Compensation. We may release medical information about you for workers’ compensation or similar programs. These programs provide benefits for work related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:
- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify 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 medical 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.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 protesting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:
- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
- About a death we believe may be the result of criminal conduct.
- About criminal conduct at the surgery center.
- In emergency circumstances 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 verbally release medical information to a coroner, medical examiner or funeral director for the purpose of reporting a death, identifying the deceased person or other duties. We may also release your medical records to a coroner or medical examiner for the purpose of determining the cause of death, but we will only do so with proper authorization or pursuant to a court ordered subpoena.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you 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) for the safety and security of the correctional institution.

Privacy Rights

Right to Request Restrictions
You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations except when specifically authorized by you, when required by law, or emergency circumstances.

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your medical 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 do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

In your request, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure or both (3) to whom you want the limits to apply.

You do have the right to request a limit on the medical information we disclose about you to those involved in your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had to your spouse. You will be given the opportunity to request such a restriction at admission. To request a restriction, you may contact our local privacy officer(s) at Dearborn Surgery Center.

Right to Request Alternate Methods of Communication
You may request an alternate method of receiving confidential mailings and other communications of your health information. For instance, you may request that your health information be sent to your office or to a post office box rather than to your home address. You may also request that calls be made to a certain telephone number. We do not require that you state a reason for your request. To request alternate communication, you may contact our local privacy officer(s) at Dearborn Surgery Center.
Right to Review and Copy
You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may exclude records such as psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our local privacy officer. The contact number for our local privacy officers can be found under the section of the document titled “Local Privacy Officers”.

Someone from this department will contact you within 30 days about your request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

If your medical 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 medical information in the form or format you request, if it is readily producible in such form or format. If the medical 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.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may, under certain circumstances, request that the denial be reviewed. Another licensed health care professional chosen by the surgery center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request an Amendment
If you feel that medical information we have about you 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 the Dearborn Surgery Center.

To request an amendment, your request must be made in writing and submitted to our Local Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for the surgery center.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.
Right to an Accounting of Disclosures
You have the right to request a periodic accounting of the disclosures of your health information so that you will be aware of who has had access to your information. Your request may specify a time period up to six years. We are not required to provide an accounting for disclosures prior to April 14, 2003. Not every disclosure made is included in the accounting. Disclosures you authorized in writing, routine internal disclosures such as those made to Dearborn Surgery Center personnel in the course of providing your treatment, and/or disclosures made in connection with payment are all examples of things not included in the accounting. The accounting will state the time of the disclosure, the purpose for which it was disclosed and a description of the information disclosed. If there is any fee for the accounting, we will let you know what it is before the accounting is done. To request an accounting, you may contact our local privacy officer(s) at Dearborn Surgery Center.

Right to Receive a Copy
Copies of this Privacy Notice will be available upon request at Dearborn Surgery Center and is also available on our website at www.thedearbornsurgerycenter.com.

Right to Receive Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured medical information

Uses Requiring Patient Authorization
Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE
We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the Dearborn Surgery Center and on our website. The notice will contain on the first page, at the top, the effective date.

Privacy Officers and patient Concerns
You may believe that your information has not been handled in a way that respects your privacy. You may also seek to appeal a denial of your request to review or amend your health information. Please feel free to express your concerns to our Executive Director at Dearborn Surgery Center. Our Executive Director is very helpful and experienced in responding to questions about or facility and services.
Local Privacy Officer
You can make an issue or complaint known by calling:
Executive Director
Dearborn Surgery Center LLC
313-253-2069

Another way you can express your concern is to contact the Secretary of Health and Human Services at 201 Independence Avenue SW, Washington DC, 20201, or by calling 202-619-0257 or 1-877-696-6775.

Please note that services we provide will not be affected by you raising a privacy issue.

The Privacy Protectors
Dearborn Surgery Center employees and physicians are here to provide excellent healthcare and world-class customer service. We're also here to protect your privacy. We thank you for choosing Dearborn Surgery Center.

In accordance with section 1557 of the Affordable Care Act – Final Rule 7-19-2016, the DSC will not discriminate based on race, color, national origin, sex, age or disability in certain health programs and activities. The Center will make every effort to resolve any complaint/grievance that a patient/patient representative presents. All grievances must be in writing within 15 days of incident. (Additional information in booklet under “Reporting Grievances”).
Notes