



BOULDER COMMUNITY MUSCULOSKELETAL SURGERY CENTER, LLC

4740 Pearl Parkway, #100, Boulder, CO 80301

Pre-Registration/Reception: 303-938-5470

Pre-Surgery Testing: 303-938-5480

www.BoulderSurgeryCenter.com

Dear Surgical Guest,

Welcome to Boulder Surgery Center. Please read the following for important information regarding your surgical procedure.

- Registration personnel from Boulder Surgery Center will call to obtain your demographic and insurance information. You may call directly at (303)938-5470 if that is more convenient.
- As soon as your surgery is scheduled, please logon to www.bouldersurgerycenter.com and select the "Complete Your Medical History" tab on our home page. You will need a list of your current medications available for this process. Once you have completed the on-line medical history form, one of our nurses will contact you to follow-up and to provide information to you regarding your surgery.
- Based on your medications and history, diagnostic lab tests, X-rays and EKGs may need to be completed prior to your surgery. (These tests are not routinely performed on all surgical patients). After a review of your medical history by the nurse, you will be contacted with instructions regarding completing any identified tests.
- You will be going home the same day. **It is required that someone else drive you home.** If you are using public transportation to return home, you **must** have a responsible adult (18+ years old) to escort you home. It is **strongly suggested** that someone stay with you until the following day.
- Call your surgeon's office if you develop a cold, sore throat, fever or any other illness that occurs within 48 hours of your surgery.
- **DIETARY RESTRICTIONS:**
Do not eat or drink anything after midnight the night before your surgery, unless the Pre-Op Nurse has provided special eating or drinking instructions. This includes no gum, hard candy, cough drops, coffee, tea or water. This is very important for your safety. If you do not follow these instructions, your procedure may be cancelled or delayed.

WHAT TO BRING:

- The Boulder Surgery Center patient packet.
- Your insurance card, a photo ID, and payment (if applicable)
- A case for contacts, glasses and dentures.
- Crutches if having knee or foot surgery – to check for proper fit and receive instructions for use.
- Any icing devices, slings, braces that have been provided to you for surgery.
- Leave ALL jewelry and valuables at home. BSC is not responsible for valuables.
- Please do NOT wear makeup, deodorant, creams or lotions.
- Wear loose fitting comfortable clothes.



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LABORATORY SITES:

Boulder Community Health, 4747 Arapahoe Ave., Boulder - 303-415-7000

Boulder Medical Center, 2750 Broadway, Boulder - 303-440-3026

Community Medical Center, 1000 W. South Boulder Road, Lafayette - 303-604-5066

Boulder Surgery Center Mission Statement

PLAN

Physician providers will develop a plan of care for surgical or interventional treatment of acute corrective bone and joint disorders.

PROCESSION

Talented professionals will assess individual needs, implement the treatment of plan, educate patient and family, and evaluate the progression of care to achieve the safe discharge of the patient to home for continued recovery of their surgical intervention.

PURPOSE

Patients will be provided exceptional care through the cooperative efforts of team members. The commitment of the team is to achieve high patient satisfaction of those services provided by all involved in the individual patient's episode of care.

Boulder Surgery Center does not discriminate on the basis of race, color, national origin, age, or disability; in admission of, access to, treatment, or employment in, its programs and activities.

To obtain information about Advanced Medical Directives, please see our website at www.bouldersurgerycenter.com and click on the "Advanced Directive" icon or call Colorado Healthcare at 1-800-658-8898.

Pre-Admission Instructions for Surgical Patients Receiving Anesthesia

- **Do not eat or drink anything**, including water, hard candy, chewing gum, breath mints or chewing tobacco **after midnight** the night before your surgery, unless otherwise directed.
- **It is okay to shower and brush your teeth** the morning of your surgery.
- **Wear loose, comfortable clothing**. If you are having a shoulder surgery, please wear or bring a large button down shirt for after surgery.
- **Leave all your valuables at home** – including wallet, money, jewelry, and laptops. We cannot be responsible for their safety.
- **Please remove all metal piercings and jewelry**.
- **Bring a case for your contacts, glasses and dentures**.
- **Bring your post op pain medication with you**, if possible.
- **Bring inhalers** with you if you have asthma or emphysema.
- **Bring your CPAP or mouth piece** if you use one at home for sleep apnea.
- **If you take insulin**, bring your insulin and syringes with you.
- **Do not wear any lotion or makeup** on your face or body the day of your surgery.
- If you have a **latex allergy** or if you think you **may be pregnant**, please call Boulder Surgery Center as soon as possible at 303-938-5475.
- **Do not take any medications containing aspirin, vitamin E, fish oils, omega fatty acids, herbs, or weight loss products** for at least seven (7) days prior to the procedure. If you have taken any of these, please inform your surgeon as soon as possible.
- **If you take blood thinning medications for your heart**, like Aspirin, Coumadin or Plavix, contact your cardiologist or primary care physician for guidance regarding when you should stop and restart your medication.
- **Bring a photo ID** (minors do not need ID, but primary insured party does need to bring theirs), **your insurance card** (if appropriate), and your **form of payment** (if required).
- **Bring your folder** if your surgeon gave you one in the office.
- **A responsible adult** must accompany you to Boulder Surgery Center and be available to both drive you home **and** stay with you through the night. Parents of children absolutely cannot leave while their child (minor) is at the facility - they must remain in the waiting area.

- **You may not take a taxi, bus or any form of public transportation** home by yourself – you may do so only if you have a responsible adult with you.
- **Boulder Surgery Center does not provide crutches.** If you are having leg, knee, ankle or foot surgery, your surgeon may require crutches. If so, please arrange to have them prior to your surgery and bring them with you so we may ensure proper fit and use. Some local stores offer crutches for purchase, such as King Soopers, Rite Aid, and Walgreens. You may also try your local community service organizations such as a Senior Center or Goodwill.
- **If your surgeon pre-arranged for any durable medical equipment** - such as an ice machine, brace, boot or sling – bring these with you.
- Call your surgeon's office **if you develop a cold, sore throat, fever or any other illnesses** that occur within a few days of your surgery.
- Feel free to bring reading material or your own digital music and headphones.
- **If you have any questions regarding your procedure, please contact your surgeon's office or Boulder Surgery Center at 303-938-5475.**

Pre-Admission Instructions for Surgical Patients Receiving NO Anesthesia

All the above guidelines remain the same, except for the following changes:

- **It is okay to eat and drink the day of your surgery.** Please do not have a heavy meal just prior to arrival.
- **You may drive yourself home after the procedure.** A responsible adult does not need to accompany you to Boulder Surgery Center.
- **You may take a taxi, bus or any form of public transportation** home by yourself.

Pre-Admission Instructions for Pain Patients

- **If you ARE having conscious sedation**, do not eat anything 6 hours prior to your arrival time, or drink anything (including water) 3 hours prior to your arrival time.
- **If you ARE having conscious sedation, a responsible adult must accompany** you to Boulder Surgery Center and be available to both drive you home and stay with you the rest of the day. You may not take a taxi, bus or any form of public transportation home by yourself – you may do so only if you have a responsible adult with you.
- **If you are NOT having conscious sedation**, there are no eating or drinking restrictions. You may drive yourself home.
- **If you are having a low back injection**, wear loose fitting elastic waist pants. Do not wear jeans or any pants with metal around your waist area. Remove belly piercings.
- **If you are having a neck injection**, do not wear any metal earrings or necklaces.
- If you have a **latex allergy** or if you think you **may be pregnant**, please call Boulder Surgery Center as soon as possible at 303-938-5475.
- **Do not take Metformin (Glucophage)** the day before, the day of, or the day after your procedure.
- **Do not take aspirin, vitamin E, Fish Oil or Omega Fatty Acids for 7 days** prior to your procedure. If you have taken any of these, please inform your physician as soon as possible
- **Do not take NSAIDS** (non-steroidal anti-inflammatory drugs) like Ibuprofen or Aleve **for 3 days** prior to your procedure. If you have taken any of these, please inform your physician as soon as possible.
- **If you take blood thinning medications for your heart**, like Aspirin, Coumadin or Plavix, contact your physician and cardiologist for guidance regarding how long you should stop your medication prior to your procedure.
- **Continue taking all your prescription medications**, even the morning of your procedure, unless otherwise directed. If you are still not sure what to do about any medications, refer to your packet or call the physician's office.
- **Bring a photo ID** (minors do not need ID, but primary insured party does need to bring theirs), **your insurance card** (if appropriate), and your **form of payment** (if required).

- **For Dr. Stilp's patients**, do not have any dental work, including teeth cleanings, 7 days prior to or 7 days following your procedure.
- **For Dr. Yurth's patients**, do not have any dental work, including teeth cleanings, 14 days prior to or 14 days following your procedure.
- **If you have any questions regarding your procedure, please contact your physician's office or Boulder Surgery Center at 303-938-5475.**

Instructions for After Surgery

Before you are discharged, your nurse will review your surgeon's home care instructions and any new prescriptions with you and your family. A copy of these instructions will be sent home with you.

If you received anesthesia or sedation, a responsible adult must accompany you home and stay with you for the first 24 hours.

Do not drive, operate heavy machinery or power tools, cook, drink alcoholic beverages or make legal decisions for at least 24 hours after your surgery.

It is natural to experience some discomfort in the area of the operation. You may also experience some drowsiness or dizziness depending on the type of anesthesia or sedation you receive or depending on the amount of pain medication you are taking at home.

The day after surgery, a member of the Surgery Center staff will call to see how you are feeling.

Contact your physician if you feel you are having problems after surgery.

If you cannot contact your doctor but feel your concerns warrant a doctor's attention, call or go to the emergency room closest to you.



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Frequently Asked Questions

General Questions

Where can I find directions to Boulder Surgery Center?

Follow this link to our [Maps and Directions](#) page to obtain driving directions.

What are the hours of operation for BSC?

Our clinical hours of operation are 6:30 am to 6 pm. Business hours are 9 am and 5 pm.

Does BSC have a parking lot?

Yes, we provide free parking to our visitors. The parking lot is located directly south of the building. You may also use the parking garage directly east of the building.

Do you have a cafeteria at BSC?

We do **not** have a cafeteria at our facility. There is a coffee machine in the waiting area for families.

What does NPO mean?

NPO stands for "nothing by mouth". This includes water, gum (gum increases natural saliva production), and hard candy, chewing tobacco, food and drink.

What should I wear the day of my procedure?

You will be provided a surgical gown during your procedure. Please wear loose, simple, comfortable clothing and comfortable walking shoes. Leave all jewelry at home. Please keep in mind what procedure is being performed and bring clothes that are appropriate for your return home. For example, for shoulder surgeries, loose button-up shirts are best. For leg surgeries, loose shorts or pants are recommended. Whichever site you are having worked on, wear something that will facilitate a bandage, cast or other type of dressing. If you are having a pain injection, wear elastic loose fitting pants and avoid wearing jeans or pants with metal around the waist area, such as zippers, grommets or buttons. Please remember to leave all valuables at home.



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Why do I have to arrive so early before my surgery?

There are many things we need to do to prepare for your surgery. Our registered nurses will take your vital signs, wash and remove hair from your surgical area, review your medical history and medications, and start your IV. We will take the time you need to discuss your surgery, answer any questions you may have and review instructions for return home. You will also visit with your surgeon and anesthesiologist prior to your surgery.

Will I have my surgery at the time I am scheduled?

Your scheduled surgery time is an estimated time. Surgeries may take a shorter or longer amount of time than planned; therefore, we cannot give an exact scheduled time. We will make every effort to meet your expected surgery time and will keep you and your family informed of any delays.

Pre-Procedure

Why can't I have anything to eat or drink before surgery?

There are several reasons for this rule. First, if there are contents remaining in your stomach, you are more likely to get nauseated and possibly vomit after surgery. Second, during sedation or anesthesia, when anything is present in your stomach, including water, excess saliva, food or drink, these contents can be regurgitated and inhaled into the lungs. This may cause complications, including severe pneumonia.

Why should I fill prescriptions that my physician has given me before I have my surgery?

After your procedure, you may be tired and groggy and may not be up to a trip to the pharmacy. Filling your prescriptions beforehand will be easier on you and you will have pain medications on hand when you need them. Please bring them with you when you have surgery.

Do I need crutches?

If you are having any surgery on your lower extremities, ask your physician if you will need crutches. If possible, please bring the crutches with you.



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What should I wear/bring?

Bring a case for your glasses, contacts and dentures. Bring reading glasses if needed. Bring your folder if you were given one at the doctor's office. Bring crutches, ice machine, brace, boot or sling if needed. Bring your inhaler, CPAP, and insulin if discussed. Bring a photo ID, your insurance card and a form of payment if you have been notified of a co-pay, deductible and/or co-insurance amount due on the day of your procedure. All jewelry and piercings needs to be removed. It is best to leave all valuables at home or with your family.

Will my family be able to stay with me while I am being prepared for my surgery?

Yes, you may have a friend or family member with you during the preparation for surgery. We prefer that you limit visitors to one friend or family member as the rooms are small. If possible, make arrangements for someone to care for your children the day of the surgery. We do our best to provide a calm, quiet area for our patients while they recover.

Post-Procedure

Will I be able to see my family after my surgery?

There is a period of time that you will be in the recovery room. One friend or family member may join you in the post-operative recovery room depending on your nursing needs.

How will I feel after my procedure?

You may feel groggy and tired. You may feel cold or have some chills. Warm blankets are available. Noises may seem louder than usual. Your vision may be blurred and you may have a dry mouth. You may feel some discomfort. Your recovery room nurse can give you pain and nausea medications that your anesthesiologist and surgeon have ordered for you.

What can I do to minimize pain after surgery?

If you are having a surgical procedure, it is normal to experience pain afterwards. If you have been given a prescription for pain medications, get them filled as soon as possible, preferably before surgery and bring them with you to the surgery center. Stay on top of your pain by taking the pain medication when you first become aware of pain sensations. Remember to always eat before taking pain medications to avoid nausea. To minimize pain after an orthopedic procedure, ice and elevation of the affected extremity will help minimize swelling, therefore reducing pain. Detailed discharge instructions will be provided based on your specific surgery.



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When will I be allowed to go home?

Everyone reacts differently to surgery and anesthesia, so recovery time depends upon the individual. When you are awake, doing well and feel ready to go home, your nurse will review your post-operative instructions with your responsible party, then allow you to go home. If you receive anesthesia or sedation, you will need to have a responsible adult with you for the first 24 hours to help you with your care. Your safety is our primary concern.

Why are cuts and abrasions around my surgical site important?

If there is a break in the skin around your surgical site, the chance of infection is increased. If you notice any break in the skin anywhere close to the surgical site, please notify your surgeon immediately.

Do I need someone to drive me home and stay with me after my procedure?

Yes, you will need to have a responsible adult take you home after any procedure requiring sedation or anesthesia. This is for your safety. You will need someone available to assist you at home. Patients cannot drive for 24 hours after having sedation or anesthesia.

When can I resume my usual activities? Go back to work? Drive a car?

With regard to driving a car, going back to work or resuming exercises, etc., ask your surgeon, who will explain any limitation(s) you may have.

What danger signs should I watch for when I go home?

Notify your physician immediately if you experience any excessive bleeding, signs of infection (redness, swelling, heat, increased pain, red streaks, drainage from the wound, fever of 100.6 degrees or higher), difficulty breathing, excessive pain, excessive nausea and vomiting, inability to urinate, if you feel short of breath or if you have any new pain in either calf area. For any other concerns or problems, contact your physician or the Boulder Surgery Center at 303-938-5475. In case of an emergency, call 911.



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Contacting BSC

Who do I contact for questions regarding payment or insurance coverage for an upcoming procedure?

Please contact the Boulder Surgery Center Business Office at 303-938-5363.

Who do I contact for questions regarding my bill?

Please contact Specialty Billing Solutions at 720-359-2104. Please identify Boulder Surgery Center as your surgical facility to ensure that you are connected to the correct representative.

Who do I contact for questions regarding preoperative clinical questions?

Please call 303-938-5480 and ask to speak to a pre-surgery testing nurse. If it goes to voice mail, please leave a message as we check it frequently throughout the day.

Who do I contact for questions regarding lab or pathology results?

Please contact your physician's office as they receive these results and can pass them on to you.

Who do I contact for questions regarding medical records?

Please contact the Business Office at 303-938-3290. A release authorization will be required.

Who do I contact if I have a grievance?

Please call the Boulder Surgery Center at 303-938-5470 and ask to speak to a Management Representative to file a formal grievance.



PATIENT NAME: _____
 PATIENT DOB: _____

CONSENT AND REQUEST FOR SURGERY/PROCEDURE

Operation or Procedure: I, _____ (patient or authorized representative), authorize Dr. _____ and First Assistant _____ to perform operation/procedure:

for a diagnosis of: _____

Alternatives: _____

Consequences of no treatment include, but are not limited to: _____

Risks: This authorization is given with the understanding that any operation or procedure involves some risks and hazards. The more common risks include infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions, and pneumonia. These risks can be serious and possibly fatal. Some significant and substantial risks of this particular operation include, but are not limited to:

Benefits: _____

Pregnancy: I understand that medications and anesthesia given to me during my surgery may cause damage to an unborn child. If there is any chance I may be pregnant, I understand I need to notify my surgeon and anesthesiologist immediately. As a woman of childbearing age, I also consent to a pregnancy test being performed prior to my procedure. *I may refuse the pregnancy test by initialing at the end of this paragraph.* By doing so, I understand I also assume all risk for any damage related to this surgery or anesthesia that may occur to any unborn child I may be carrying. _____.

Additional Procedures: If my physician discovers a different, unsuspected condition at the time of surgery that may prove to be life-threatening if not taken care of immediately, I authorize him/her to perform such treatments as deemed necessary.

TISSUE: Any tissue, foreign body or prosthesis surgically removed may be retained for examination and disposed of by Boulder Surgery Center in accordance with accustomed practice and as required by regulation.

Cross out and initial all paragraphs to which you do NOT consent:

- I consent to visiting medical personnel observing my procedure at the discretion of my surgeon.
- I consent to visiting company representatives being present during my surgery for the sole purpose of consulting on the use of equipment/instruments.
- I consent to photographs or video taping of my procedure which may be done at the request of my physician.

I understand that no guarantee or assurance has been made as to the results of the procedure and that it may not cure the conditions. My physician has also discussed with me the probability of success of this procedure as well as the probability of serious side effects.

Recuperative Period: My physician has discussed with me the probable length of the recuperative period and problems I may encounter during my recovery.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM

If you have questions as to the risks or hazards of the proposed surgery or treatment, or if any questions concerning the proposed surgery or treatment, ask your surgeon now BEFORE SIGNING THE CONSENT FORM. You have the right to withdraw consent for this procedure at any time before it is performed.

PATIENT'S CONSENT: I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. By my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications which may result.

Patient or Authorized Representative _____ Witness _____

Date _____ Time _____ Relationship (if other than Patient) _____

PHYSICIAN'S AFFIRMATION: I have explained the procedure indicated above and its attendant risks and consequences to the patient who had indicated understanding thereof and has consented to its performance.

Physician _____ Date _____ Time _____



LABEL

**FACILITY ACKNOWLEDGEMENT
PAIN**

1. I consent to having procedure at Boulder Surgery Center.
2. I have read and will comply with the Instructions for Pain Management.
3. I certify that I have had no solid food since midnight. Water and medications as instructed by nurse or physician.
4. I have made arrangements for a responsible adult to accompany me the day of the procedure, drive me home and to provide my procedure home care.
5. I will contact my doctor if any unusual bleeding, swelling, extreme pain or respiratory problems occur after my discharge.
6. I understand that for 24 hours following conscious sedation I must not drive, operate equipment, or make any legally binding decisions (legally binding documents are null and void if you are under the influence of anesthesia).
7. I understand that if a condition arises during my procedure or recovery and the doctor feels that admission to the hospital is required, I will be admitted to Boulder Community Hospital.
8. I understand that my physician may have a financial interest in this Surgery Center.
9. For the purpose of medical advancement, I consent to having observers in the procedure room, under the supervision of the physician and pain center staff.
10. I have read and understand my rights and responsibilities as a patient of the Boulder Surgery Center.
11. I hereby acknowledge that I received the Boulder Surgery Center's notice of privacy practices.
12. In case of emergency, I wish _____ to be contacted at _____.

Patient Signature or Legal Guardian

Date

Witness

BOULDER SURGERY CENTER

HIPAA Notice of Privacy Practices

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. This notice describes our privacy practices, legal duties and your rights concerning your Protected Health Information (PHI) and includes provisions outlined in the 2013 HIPAA Final Omnibus Rule.

Your Protected Health Information

We may collect, use and share your PHI for the following reasons:

For payment: We use and share PHI to manage your account or benefits and to obtain reimbursement for the health care services we provide.

For health care operations: We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you receive.

For treatment activities: We use and share PHI to ensure you receive the treatment you need.

To you: We must give you access to your own PHI. We may send you reminders about required follow-up care.

To others: You may tell us in writing that it is okay for us to give your PHI to someone else for any reason. Also, if you are present and tell us it is okay, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is okay, we may give your PHI to a family member, friend or

other person if sharing your PHI is in your best interest.

As allowed or required by law: We may also share your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and with coroners, funeral directors or medical examiners (about decedents). PHI can also be shared with organ donation groups for certain reasons, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for Workers' Compensation, to respond to requests from the U.S. Department of Health and Human Services, and to alert proper authorities if we reasonably believe you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be used to report certain information to the U.S. Food & Drug Administration about medical devices that break or malfunction.

Authorization: We will obtain permission from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may withdraw your authorization, in writing, at any time. We will then stop using your PHI for that purpose. If we have already used or shared your PHI based on your authorization, we cannot undo any actions we took before you told us to stop.

How We Protect Information

We are dedicated to protecting your PHI and have set up a number of policies and practices to make sure your PHI is kept secure.

We keep your oral, written and electronic PHI safe using physical, electronic and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include securing offices that hold PHI, password-protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These policies limit access to PHI to only those employees who need the data to perform their job. Employees are also required to wear ID badges to help keep people who do not belong out of areas where sensitive data is kept.

Your Rights: You may:

- Receive a copy of this Notice of Privacy Practices
- Request limits on disclosure of your PHI
- Receive access to view some or all of your medical record
- Receive a paper or electronic copy of your medical record within 30 days of your documented request
- Request an amendment to your PHI
- Expect your record to be amended within 60 days of your request
- Restrict disclosure of PHI to a health plan when you pay in full at the time of service
- Receive a record of how we have used and/or shared your health information
- Receive information on how to file a complaint if you feel your privacy has been violated
- Opt out of fundraising efforts (when applicable)

We will:

- Not sell your PHI
- Notify you in the event of a breach of your PHI

Contact for further information concerning our privacy practices: You may contact the Privacy Officer at (303) 938-5470.

Complaints: If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health & Human Services. We will not take action against you for filing a complaint.



PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS

Decision Making

You or your representative(s) have the right to:

- Be informed before care is given or discontinued whenever possible.
- Receive accurate and current information regarding your health status in terms you can understand, allowing you to make informed decisions.
- Participate in planning for your treatment, care and discharge recommendations. A surrogate of your choice may represent you if you cannot make your own decisions according to state law.
- Receive an explanation of proposed procedure or treatment, including risks, serious side effects and treatment alternatives, including request for second opinion or specific treatment.
- Participate in managing your pain effectively.
- Refuse or discontinue a treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- Receive emergency care or transfer to higher level of care (hospital) should this be necessary, providing full explanation of the need based on your medical condition & without needing to wait for authorization and without any financial penalty.
- Have persons of your choice promptly notified of hospital admission.
- Write a Living Will, Medical Power of Attorney, and/or a CPR Directive.
- Accept, refuse or withdraw from clinical research.
- Choose or change your healthcare provider.

Quality of Care

You have the right to:

- Respectful treatment, which recognizes and maintains your dignity and personal values without discrimination.
- Accurate information about facility where services are received and credentials of health care personnel involved in your care.
- Interpreters and/or special equipment to assist language needs.
- Information about continuing healthcare requirements following discharge, including how to access care after hours.

Confidentiality and Privacy

You have the right to:

- Personal privacy and care in a safe setting free from abuse, harassment, discrimination or reprisal.
- Personal information being shared only with those who are involved in your care.
- Confidentiality of your medical and billing records.
- Notification of breach of unsecured personal health information.

Grievance Process

You or your representative has the right to:

- Fair, fast, and objective review of any complaint you have against your health plan, physician or healthcare personnel without fear of reprisal.
- Submit a formal complaint either verbally or in writing as shown below. You will receive a written notice of decision within 15 business days from when the complaint was made known.



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PATIENT RIGHTS AND RESPONSIBILITIES

Administrator of ASC: 4740 Pearl Parkway, #100, Suite 115, Boulder, CO 80301, 303-938-5470

Colorado Department of Health 303-692-2904 or email: hfdintake@cdphe.state.co.us

CMS Ombudsman <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

CMS 1-800-MEDICARE (1-800-633-4227)

Office of Inspector General <https://www.oig.hhs.gov/hotlineoperations>

OIG 800-447-8477 or US Department of Health & Human Services, Attn: OIG Hotline Operations, P.O.BOX 23489, Washington D.C. 20026

The Joint Commission for Accreditation <http://www.jointcommission.org>

Access to Medical Records

You have the right to:

- Speak privately with health care providers knowing your health care information is secure.
- Review and receive a copy of your Medical Records (including electronic format) upon written request and received within 30 days by secure transmission.

Seclusion and Restraints

You have the right to:

- Be free from seclusion or restraint for behavioral management unless medically necessary to protect your physical safety or the safety of others.

Billing

You have the right to:

- Information specific to fees for services and payment policies prior to date of services.
- Payment privacy when you choose to opt out of insurance coverage, in accordance with federal regulations.

PATIENT RESPONSIBILITIES

Providing Information

You have the responsibility to:

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, current use of prescribed or OTC medications, and nutritional supplemental products and other health-related matters.
- Report perceived risks in your care and unexpected changes in your condition.
- Provide an Advanced Directive if you have one.
- Provide accurate and updated demographic and contact information for insurance and billing.

Involvement

You have the responsibility to:

- Participate in your plan of care and follow the recommended treatment plan.
- Ensure you have a designated responsible adult to provide transportation and assist with your care for 24 hours.

Respect and Consideration

You have the responsibility to:

- Act in a respectful and considerate manner toward healthcare providers, other patients, and visitors; physical or verbal threats or conduct which is disruptive to business operations will not be tolerated.
- Be respectful of the possessions or property of others.
- Be mindful of noise levels.



BOULDER COMMUNITY MUSCULOSKELETAL SURGERY CENTER, LLC

4740 Pearl Parkway, #100, Boulder, CO 80301

Pre-Registration/Reception: 303-938-5470

Pre-Surgery Testing: 303-938-5480

www.BoulderSurgeryCenter.com

PATIENT RIGHTS AND RESPONSIBILITIES

Insurance Billing

You have the responsibility to:

- Know the extent of your insurance coverage.
- Know your insurance requirements such as pre-authorization, deductibles and co-payments.
- Call the billing office with questions or concerns regarding your bill.
- Fulfill your financial obligations as promptly as possible.

This ASC is a Joint Venture with Boulder Community Health

The following physicians may have a financial interest in the Boulder Surgery Center:

**Dr. David Conyers
Dr. Dirk Dolbear
Dr. Lori Fulkerson
Dr. John Jachimiak
Dr. Robert Leland
Dr. Daniel Master
Dr. Stephen Paul
Dr. James Rector**

**Dr. Khemarin Seng
Dr. Thomas Shonka
Dr. Sonja Stilp
Dr. Lynn Voss
Dr. Drigan Wieder
Dr. Elizabeth Yurth
University Physicians, Inc.**

Revised 02.2015

Revised 07.2015

The Patient Self-Determination Act



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Advance Directives

The Patient Self-Determination Act

The Patient Self-determination Act is a federal law that requires hospitals to “provide written information” to adult inpatients concerning “an individual’s right under state law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.” To help patients make these choices, Colorado law provides for advance directives. This brochure outlines what advance directives are and what Colorado statutes require.

Advance directives are papers that state a patient’s choices for treatment. This includes decisions like refusing treatment, being placed on life support, and stopping treatment at a point the patient chooses. It also includes requesting specific life sustaining treatments.

There are several kinds of advance directives. The three that are most common are the living will; durable power of attorney for healthcare and the pre-hospital do not resuscitate order.

The Living Will

A form that states that life sustaining procedures should be withheld or withdrawn. This only goes into effect when the patient can no longer make decisions. Medical procedures which are necessary to provide comfort or pain relief are not considered life-sustaining procedures. For the Living Will to be effective, two physicians must personally examine the patient and determine that the patient has a terminal illness. The physicians must agree that death will occur with or without intervention. The living will must be notarized or signed by two witnesses. These witnesses must be two adults that are not involved with the patient’s care or financially responsible for the patient.

The Durable Power of Attorney for Health Care

A form in which a person gives someone else the right to make decisions about their health care. This person is called an “agent.” An agent cannot be a physician or other health care provider, unless the health care provider is related by blood or marriage to the person signing the document. This document must also be notarized or signed by two witnesses. These witnesses must follow the same criteria as the Living Will.

The Pre-Hospital “Do Not Resuscitate Request”

A form that lets the patient prohibit medical procedures outside the hospital. The form must be signed by a doctor and given to emergency personnel if they are called.

Boulder Surgery Center’s Policy is if an adverse event occurs during your treatment at our facility we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital along with a copy of your advance directive. If you have an advance directive, please bring a copy with you to the surgery center.

For further information please visit the website at: www.caringinfo.org/stateadownload or call 1-800-658-8898

or visit: www.healthfacilites.info



Billing and Payment Policies

The insurance and billing process can be confusing. Each person's plan can vary from one patient to the next with each plan having its own benefits or exclusions.

It is your responsibility to contact your insurance company to verify your participating provider network. You should also be aware of the specific benefits or exclusions that pertain to your plan. The customer service number for your insurance carrier can be found on your ID card.

After we receive your scheduling and insurance information from your physician's office, Boulder Surgery Center will contact your insurance carrier and verify eligibility and medical benefits for services at our ambulatory surgery center. If a co-pay or deductible payment is required you will be contacted by our office. This payment is due on or before the date of service. Failure to resolve payment issues prior to your date of surgery could result in the postponement of your surgery. We accept cash, VISA, MasterCard, and Discover payments. A check is accepted if the amount is \$500 or less. Amounts over \$500 must be in the form of a cashier's check or money order.

If Boulder Surgery Center does not participate in your insurance plan, you can still receive services here. However, your insurance company will consider our services as "out of network," and you may be responsible for paying more of the bill.

Preparing for Your Visit

Please bring these items with you to the ambulatory surgery center:

- insurance cards;
- valid driver's license or state identification card;
- payment for your co-pay, deductible, and any services that are not covered by your health insurance plan

Self-Pay

Self-pay patients are expected to pay in full prior to any scheduled service. Where possible, we will estimate the required payment when you schedule your service. Please contact our business office directly at 303-938-3290 for price estimates.

Physician Bills

You will receive separate bills from the physicians (surgeons, anesthesiologists, etc.) involved in your care. If you have questions or concerns about those bills, call the physician's office or the customer service telephone number on your insurance card.

Keeping Records

It's your responsibility to ensure that your health benefit plan meets its obligations to you and pays everything it should. An important step in doing that is to keep every healthcare (and physician) bill you receive. Likewise, keep all the documentation sent by your health insurance plan. In this way, you can compare the payments made by your insurance company against your health benefit plan.



Questions About Your Bill?

If you have questions **prior** to your date of surgery or procedure, please contact the business office at 303-938-5470.

If your questions pertain to a visit which has already taken place, please contact our billing service (PINNACLE III's Specialty Billing Solutions) directly at 877-852-7552. Please specify your surgery center as Boulder Surgery Center to ensure you are connected to the correct representative.



Information About Your Bill

Thank you for choosing The Boulder Surgery Center for your healthcare services. We appreciate the opportunity to serve you.

Our billing services are provided by **PINNACLE III's Specialty Billing Solutions**, a centralized billing office located in Denver, Colorado. They are responsible for filing claims with your insurance carrier as well as collecting any balances attributed to your responsibility by your insurance carrier.

Specialty Billing Solutions employees may contact you regarding your insurance coverage related to Boulder Surgery Center in an effort to get your account paid appropriately. **If your insurance provides 100% coverage and there are no other balances due, you may not receive a statement or bill.**

The bill for any balances due will be sent to you by **Specialty Billing Solutions**. ***Payment of any balance due is expected within 3 months.*** If you are unable to pay your balance in full, please contact **Specialty Billing Solutions** to establish payment arrangements. You can also set up a payment plan on Boulder Surgery Center's website: www.bouldersurgerycenter.com and click on the "Pay Bill Online" button.

If you have questions regarding a bill or statement received, please contact **Specialty Billing Solutions** at the number listed below. They will have the information necessary to answer your questions and will be happy to assist you.

For billing questions:

Specialty Billing Solutions
PINNACLE III
(877) 852-7552 toll free

Please send payments to:

Boulder Surgery Center
P.O. Box 5662
Denver, CO 80217-5662