



250 Cetronia Road Suite 300 Allentown, Pa. 18104  
Phone: (484) 223-2880 Fax: (484) 223-3469

## **PATIENT INFORMATION**

As a patient, it is your right to have certain information provided to you prior to your surgical procedure in writing and verbally.

In an ongoing effort to educate our patients, Surgery Center of Allentown offers the following information to you:

**Advance Directive**

**Grievance Process**

**Patient Rights and Responsibilities**

**Notice of Non-Discrimination**

**Notice of Privacy Practices**

**Ownership Disclosure**

Please read through this document before your procedure. During your preoperative phone call from our Center's nurse, you will verbally be given the information in this brochure and you will be asked if you have received a written copy of this information.

Contact us directly at 484-223-2880 or speak with your physician about any questions you may have.



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## **ADVANCE DIRECTIVE**

An advance directive speaks for you if you are unable to and helps to assure your religious and personal beliefs will be respected. It is a useful document for an adult of any age to plan for future health care needs.

Although the Surgery Center of Allentown does not honor advance directives, we recommend that you bring one with you in the unlikely event you need to be transferred to another facility for a higher level of care. Upon request we will provide you with contact information and forms to assist in writing an advance directive.

**Information can be obtained at:**

[www.health.state.pa.us](http://www.health.state.pa.us)



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## **GRIEVANCES AND GRIEVANCE PROCEDURES**

We strive to maintain a professional and compliant atmosphere, however issues can arise. The Grievance procedure is a means for patients and related parties to inquire into issues raised and identify whether action needs to be taken to resolve identified issues and prevent recurrence.

Any patient and/or related party may lodge a grievance using the Center's procedure to voice complaints, resolve disputes, or to bring attention to possible violations of patient rights.

No person shall be punished or retaliated against for using the Grievance Procedure.

Any grievances, comments and complaints are addressed to the Center Administrator who will conduct an investigation. Complete details, a copy of the Center's Grievance Policy, as well as the appropriate forms may be obtained by contacting the Administrator, Jennifer Hunara, at (484) 223-2880.

To file an additional complaint, please contact either:

**The Pennsylvania Department of Health:**

Joanne Salsgiver  
Division of Acute Ambulatory Care  
PA Department of Health  
625 Forster Street  
Room 532 Health Welfare Building  
Harrisburg, PA 17120  
1-800-254-5164

OR:

**The Office of the Medicare Ombudsman:**

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

1-800-MEDICARE (633-4227)



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## **PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES**

This document describes your rights and responsibilities as a patient at the Surgery Center of Allentown.  
Please review it carefully.

### **Patient's Rights include but are not limited to, the right to:**

Be informed of his/her rights as a patient in advance of the procedure/surgery. The patient may appoint a representative to receive this information should he/she so desire.

Exercise these rights without regard to age, race, sex, national origin, religion, culture, disability, economic status, or source of payment for care.

- Surgery Center of Allentown cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

- Surgery Center of Allentown respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

-Surgery Center of Allentown  
遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Considerate, respectful and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment or reprisal.

Knowledge of identity and professional status of individuals providing services and to know the name of the physician who is primarily responsible for coordination of his/her care.

Receive information in a manner that he/she understands.

Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment.

Provision of privacy and security of self and belongings during the delivery of the patient care service.

Participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his/her medical care. The patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health and the reason shall be reported to the physician and documented in the medical record.

Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discretely.



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Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.

Leave the facility even against the advice of his/her physician.

Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the facility.

To change providers is other qualified providers are available.

Be advised if facility/personal physician proposes to engage in or perform human experimentation, research, clinical trials, or medical education affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.

Examine and receive an explanation of his/her bill regardless of source of payment.  
Appropriate assessment and management of pain.

Be informed of the facility's policy and state regulations regarding advance directives and be provided advance directive forms if requested.

Access protective and advocacy services or have these services accessed on the patient's behalf.

Be advised if the physician has a financial interest in the surgery center.

Access information contained in his or her medical record within a reasonable time frame.

Be advised of the facility's grievance process, should the patient or patient's representative or surrogate wish to communicate a concern regarding the quality of the care he or she receives.

To be provided an interpreter or be allowed to provide an interpreter to translate medical and financial information.

All of the above patient's rights will apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

**Patient's Responsibilities Include:**

The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary supplements), allergies and sensitivities and other matters relating to his/her health.

The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.

The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.



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The patient is responsible for keeping appointments and for notifying the facility and physician when he/she is unable to do so.

The patient and/or family member/patient representative is responsible for disposition of the patient valuables.

Provide a responsible adult to transport him/her to the facility, remain with him/her at the facility for the duration of the procedure, take the patient home from the facility, and remain with them for 24 hours after the procedure if required by the provider.

The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.

The patient is responsible to inform the facility whether the patient has advance directives.

The patient is responsible for being considerate of the rights of other patients, visitors and facility personnel.



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## **NOTICE OF NONDISCRIMINATION**

Surgery Center of Allentown complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Surgery Center of Allentown does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **The Surgery Center of Allentown:**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Jennifer Hunara, Section 1557 Coordinator.

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

Jennifer Hunara, Section 1557 Coordinator  
250 Cetronia Road, Suite 300  
Allentown, PA 18104-9168  
484-223-2880  
Fax: 484-223-3469  
Email: Jennifer.Hunara@amsurg.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Jennifer Hunara, Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F,  
HHH Building, Washington, DC 20201  
1-800-868-1019, 800-537-7697 (TDD).

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

Source: HHS Office for Civil Rights



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### LANGUAGE ASSISTANCE SERVICES

Are available to you at Surgery Center of Allentown free of charge. To obtain services, call 484-223-2880.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 484-223-2880

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 484-223-2880

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 484-223-2880

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 484-223-2880

**Pennsylvania Dutch:** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 484-223-2880

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 484-223-2880

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 484-223-2880

**Arabic:** نودت ركذا اللغة، نإف ت امدخ قدعا سملاق وغلار رف اوت ت كل ن اجملاب. ل صد تامقرب 484-223-2880 مقر  
تظو دم: اذ ا ت نك

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 484-223-2880

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 484-223-2880

**Gujarati:** યુના: જો તમે જરતી બોલતા હો, તો િન:લુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન  
કરો 484-223-2880

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 484-223-2880

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 484-223-2880

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 484-223-2880





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**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。484-223-2880



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## NOTICE OF PRIVACY PRACTICES

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

### **Patient Health Information**

Under federal law, your 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. Your information may be stored electronically and if so is subject to electronic disclosure.

### **How We Use & Disclose Your Patient Health Information**

*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 or disclose your information to payors to determine whether you are enrolled or eligible for benefits. 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, arranging for legal services and to assess the care and outcomes of your case and others like it.

### **Special Uses and Disclosures**

Following a procedure, we will disclose your discharge instructions and information related to your care to the individual who is driving you home from the center or who is otherwise identified as assisting in your post-procedure care. We may also disclose relevant health information to a family member, friend or others involved in your care or payment for your care and disclose information to those assisting in disaster relief efforts.

### **Other Uses and Disclosures**

We may be required or permitted to use or disclose the information even without your permission as described below:

*Required by Law:* We may be required by law to disclose your information, such as to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.



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

*Public Health Activities:* We may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.

*Health Oversight:* We may 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, discovery request or court order.

*Law Enforcement Purposes:* We may disclose information needed or requested by law enforcement officials or to report a crime on our premises.

*Deaths:* We may disclose information regarding deaths to coroners, medical examiners, funeral directors, and organ donation 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 you for workers compensation or similar programs providing benefits for work related injuries or illness.

*Business Associates:* We may disclose your health information to business associates (individuals or entities that perform functions on our behalf) provided they agree to safeguard the information.

*Messages:* We may contact you to provide appointment reminders or for billing or collections and may leave messages on your answering machine, voice mail or through other methods. In any other situation, we will ask for your written authorization before using or disclosing 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. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes or sell your health information, unless you have signed an authorization.

## **Individual Rights**

You have the following rights with regard to your health information.

- You may request restrictions on certain uses and disclosures. We are not required to agree to a requested restriction, except for requests to limit disclosures to your health plan for purposes of



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payment or health care operations when you have paid in full, out-of-pocket for the item or service covered by the request and when the uses or disclosures are not required by law.

- 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.
- 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 copies.
- You have the right to request that we amend your information
- You may request a list of disclosures of information about you for reasons other than treatment, payment, or health care operations and except for other exceptions.
- You have the right to obtain a paper copy of the current version of this Notice upon request, even if you have previously agreed to receive it electronically.

#### **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 the terms of the Notice currently in effect. We are required to notify affected individuals in the event of a breach involving unsecured protected health information.

#### **Changes in Privacy Practices**

We may change this Notice at any time and make the new terms effective for all health information we hold. The effective date of this Notice is listed at the bottom of the page. If we change our Notice, we will post the new Notice in the waiting area. For more information about our privacy practices, contact the person listed below.

#### **Complaints**

If you are concerned that we have violated your privacy rights, 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:

Jennifer Hunara MHA/MBA  
Administrator, Surgery Center of Allentown  
(484) 223-2880



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## **OWNERSHIP DISCLOSURE**

We are the physician owners of the Surgery Center of Allentown, and we would like to take this opportunity to thank you. We recognize that you have the right to choose the provider of your healthcare services and we are pleased that you have chosen the Surgery Center of Allentown.

Houman Ahdieh, MD  
Richard Battista, MD  
Kenneth Brislin, MD  
Robert Corba, DO  
Robert Dedio, MD  
Gregor Hawk, MD  
Christopher Hawkins, MD  
Indru Khubchandani, MD  
Hilary Koprowski II, MD  
Mark Krakauer, MD  
Paul Lemberg, MD  
Jeffrey McConnell, MD  
Patrick McDaid, MD  
Mark Moran, DO  
Robert Palumbo, MD  
Niketu Patel, MD  
Andrew Pestcoe, DO  
Paul Pollice, MD  
Daniel Ross, MD  
John Stasik, MD  
Jay Talsania, MD  
Edward Tomkin, DO  
James Weis, MD  
Lawrence Weiss, MD  
Robert Wertz, MD