

Patient Registration



Patient Information:

Today's Date: _____
Patient Name: _____
Date of Birth: _____ Sex: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Cell: _____ Marital Status: _____
SS#: _____
Employer: _____
Occupation: _____
Work Address: _____
Spouse: _____
Spouse Phone: _____
If Patient is a Minor: Parent Name/Legal Guardian: _____

Emergency Contact:

Name: _____
Relationship to Patient: _____
Phone: _____
Address: _____

Complete this section only if the patient is NOT the primary insurance holder.

Insured's Name: _____
Relationship to Patient: _____
Insured's Employer: _____
Occupation: _____
Employer's Address: _____
SS#: _____
Date of Birth: _____
Home Phone: _____
Work Phone: _____

Millenia
SURGERYCenter

Notice to Patient:

Based on legislation approved for the State of Florida Agency for Health Care Administration, our facility is required to provide various types of data to the State of Florida on a quarterly basis. This information provides the state with a database of ambulatory surgical procedures and permits assessment of variations in utilization, practice parameters, access to ambulatory care and estimates of cost trends for ambulatory procedures.

In order to comply with these regulations, please make sure that you have completed the patient registration form **IN ITS ENTIRETY** and check one of the following as it applies to the **PATIENT ONLY**.

___ American Indian ___ Asian Pacific ___ Black ___ White ___ White Hispanic ___ Black Hispanic ___ Other
Religion Preference _____ (if none, please indicate)



Acknowledgement of Receipt of Privacy Notice

I acknowledge that I have received the attached Privacy Notice.

Patient or Personal Representative Signature

Date

Patient Name

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient: _____



MILLENNIA SURGERY CENTER

MEDICATION/ALLERGY SHEET			
<input type="checkbox"/> No Known Allergies			
ALLERGIES/SENSITIVITIES			
Medications	Reaction	Foods/Other	Reaction
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
MEDICATIONS & DOSAGES			
Medication	Dosage	How many times a day you take	Stop date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

Millenia Surgery Center Pre-Anesthesia Assessment

Please answer the following	Yes	No	Please circle answers that apply
Are you Allergic to any medication?			Please list name(s) and reaction(s):
Have you ever had a problem with Anesthesia medications?			Fever Nausea/Vomiting Difficulty Waking Up
Have you had any surgeries?			Please list:
Do you have any Cardiovascular (Heart Problems)?			Heart Disease High Blood Pressure Low Blood Pressure Heart Attack – when Heart Surgery: High Cholesterol Pacemaker Stents Defibrillator
Do you have any Lung Problems?			Asthma COPD Sleep Apnea – do you use CPAP? Y N Do you smoke: No Yes - _____ppd Do you use Oxygen? Y N _____ l/min
Do you have any Neurological problems?			Stroke- when: TIA (Mini Stroke)- when: Seizures Epilepsy Paralysis Migraine Headaches
Do you have any Endocrine problems?			Diabetes – do you take: insulin oral medication both Thyroid problems
Do you have any Liver/Kidney Problems?			Hepatitis Anemia Sickle Cell Cirrhosis Kidney Disease Dialysis: Y N Frequency: Date of last dialysis:
Do you have any Stomach/Bowel Problems?			Acid Reflux (GERD) Ulcers Hiatal Hernia Recent unexplained weight loss
Any history of:			HIV/AIDS Hepatitis -
Do you take Blood Thinners? including: Aspirin, Plavix, Warfarin, Xarelto etc...?			What medication(s): Date you stopped:
Any other medical problems?			Please list:
Do you drink alcoholic beverages?			More than 2 drinks per day? Y N
Last Menstrual Period	Date:		() Hysterectomy () Menopause more than 1 year () Tubal Ligation/Ablation



It is our pleasure to welcome you to Millenia Surgery Center (MSC). We are grateful for the privilege of caring for and serving you. We hope you find this guide helpful in preparing for your time at our facility. **PLEASE FILL OUT PAGES 5-9 PRIOR TO YOUR ARRIVAL TO ENSURE A TIMELY CHECK-IN!**

Millenia Surgery Center (MSC) is a multi-specialty ambulatory surgery center (ASC) that provides patients with a safe, cost-effective alternative to a hospital environment for a variety of procedures. We are committed to providing you with the highest standard of care which is why our facility is both Medicare certified and AAAHC accredited. The facility is open at 6 a.m. and performs procedures daily (Monday through Saturday) until 5 p.m. Our outpatient facility has 2 Operating Rooms. We encourage all patients to participate in their care, ask questions, and alert their physician or another healthcare professional if they have any questions concerning their treatment.

We work hard to maintain our surgical schedule and appreciate your patience if there is an unavoidable delay.

At Millenia Surgery Center, you will have your procedure and be driven home to recover the same day. You will be asked to bring a responsible adult who will take you home and make arrangements for a responsible adult to stay with you for the first 24 hours of your recovery.

Lower prices, Medicare certified and AAHC accredited.

We have compiled the following forms to expedite your registration at our facility. We ask that you please completely fill out the enclosed forms and bring them with you on the day of your scheduled procedure.

MSC charges a facility fee for each procedure. It does not include fees for your surgeon, consulting physician, anesthesiologist or pathologist.

After your visit...

After your procedure, you will be moved to our comforting Recovery Area.

The length of your stay post-operatively varies accordingly to the type of procedure and your surgeon's instructions. While in our Recovery Area, your surgeon will speak to both you and your family members for important discharge information and care. After careful monitoring for the appropriate time, you will be discharged to a responsible adult to accompany you home.

Before your visit...

You will receive 1-2 phone calls from us detailing the following:

- * Notification of any financial responsibility due at time of service
- * Arrival time for your procedure.
- * Pre-operative interview.

During your visit...

Efficient Care

You will be cared for by our exceptional team of nurses, anesthesiologists and support staff. We will make every effort to ensure your utmost comfort during your time at our facility. Our goal is to keep you informed and reassured throughout the duration of your procedure.



"Our mission at Millenia Surgery Center is to provide comforting, quality, cost-effective healthcare services that exceed your expectations. Our goal is to create a positive healing environment for our patients that focuses on individualized care."

Millenia Surgery Center
4901 Vineland Road Suite 150
Orlando, FL 32811
Phone: 407.370.3272 * Fax: 407.370.3028
www.millenasurgerycenter.com



Millenia Surgery Center is located in the Millenia Park Plaza office building. The facility is located in Suite 150 near the east entrance (nearest to and facing I-4), so parking should be utilized near that entrance for convenience.

IMPORTANT BUILDING INFORMATION:

- Building entrances are locked from the outside until 7:00 a.m. Patients arriving prior to 7:00 a.m. should call the facility at **407.370.3272** upon arrival and someone will come out and promptly open the door.
- Please note that on Saturdays, there is no re-entry unless someone lets you in and then entrances cannot be propped open.
- Restrooms are located in the main lobby, through the tall wooden door near Suite 120, right past the elevators.
- After your procedure, a nurse will escort you to your vehicle via wheelchair (facility policy) through the rear of the building near the parking garage (under the covered awning).
- Each patient must be accompanied by a **RESPONSIBLE ADULT**, who will remain on premises during the patient's *entire* visit. Due to our limited seating, we kindly request that you bring only **ONE** companion.
- No strollers are allowed in the building.
- Please do not bring children to the facility unless they are the patient.
- Please no eating, drinking, or sleeping in the lobby.
- Smoking is prohibited.

BILLING AND INSURANCE INFORMATION:

Millenia Surgery Center collects any co-payments, un-met deductibles and co-insurance amounts on the day of your procedure. If you have any questions or concerns, please feel free to call or contact Medical Billing Solutions (MBS) at 1-866-631-7890. We encourage you to also contact your surgeon, anesthesia group and your insurance company if you have any questions about your financial obligations. You may be receiving a separate bill (other than from MSC) from the following:

- Anesthesia Professional Services (APS)
- Pathology
- Durable Medical Equipment



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Compassion



Care



Expertise

- WHAT WE ARE:** an outpatient surgical and procedure facility licensed by the State of Florida
- WHO WE ARE:** owned by physicians who developed the surgery center to provide a safe and comfortable medical facility that would provide efficient and effective service to patients
- WHY WE WERE OPENED:** outpatient care has been proven to increase patient comfort through personalized care while delivering quality services. Physicians joined together to open a facility to provide this personalized attention and quality services to their patients.
- YOUR RIGHTS AS A PATIENT:** you have the right to choose the provider and the facility for your health care services. You will not be treated differently by your physician if you choose to obtain health care services at another facility
- YOUR CHOICE:** please discuss with your physician your questions or concerns if you may want to have your procedure at an alternative health facility.
- CREDENTIALS:** all physicians have been credentialed according to AAAHC standards. Information is available upon request.
- PATIENT GRIEVANCES:** if patients have complaints or concerns in regard to their care at MSC, they are encouraged to fill out a grievance form, which is available upon request at the front desk. The Clinical Administrator or designee will be available to speak to you upon request.
- MALPRACTICE INSURANCE:** your physician may or may not have malpractice insurance but has satisfied the state requirements for this election.
- ADVANCE DIRECTIVES:** if you have an advance directive or living will, the surgery center will still transfer you to the closest hospital whom will make decisions about following any advance directive or living will. You have a right to have your living will present in your medical record at the Center and you have a right to the Center's policy prior to your date of surgery. Please go to www.millenasurgerycenter.com to view your Patient Rights and Advance Directive Policy. AHCA Advance Directive form can be found at: http://www.fdhc.state.fl.us/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/index.shtml

AHCA Consumer Complaint, Publication and Information Call Center

The agency provides a toll-free telephone system for consumers to call in order to file complaints, receive publications, information and referral numbers. This system can be accessed by calling the number below between the hours of 8:00 A.M. and 6:00 P.M. Eastern Time Monday thru Friday. **Complaints about health care facilities are taken during regular business hours, 8:00 A.M. to 5:00 P.M., Eastern Standard Time (EST) (888) 419-3456. Complaints in regard to Medicare are addressed on the Office of the Medicare Beneficiary Ombudsman Web site: www.cms.hhs.gov/center/ombudsman.asp.**

THANK YOU FOR CONSIDERING RECEIVING HEALTH CARE SERVICES AT MILLENIA SURGERY CENTER.

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La compasion



El cuidado



La experiencia

QUE SOMOS:

un centro licenciado por El Estado de la Florida para cirugias y procedimientos ambulatorios.

QUIENES SOMOS:

los duenos son un grupo de medicos que desarrollaron el centro de cirugias para proveer una instalacion medica segura y comoda que proveeria un servicio eficiente y eficaz al paciente

POR QUE FUIMOS ABIERTOS:

el cuidado en los centros medicos ambulatorios ha probado aumentar la comodidad del paciente por el cuidado personalizado entregando a su vez servicios de calidad. Los medicos se unieron para proveer atencion personal y servicios de calidad a sus pacientes.

SUS DERECHOS COMO PACIENTE:

usted tiene el derecho de elegir al medico y la instalacion para sus servicios y cuidados medicos. Usted no sera tratado diferente por su medico si usted decide recibir servicios medicos en otra instalacion

SU OPCION:

por favor discuta con su medico sus preguntas o preocupaciones si usted desea tener su procedimiento en otra instalacion.

CARTAS CREDENCIALES:

todos los medicos tienen sus credenciales al dia segun las regulaciones de AAAHC. La informacion esta disponible si usted la desea.

AGRAVIOS DEL PACIENTE:

si los pacientes tienen quejas o preocupaciones en cuanto a su cuidado en nuestro centro, Millenia Surgery Center, ellos pueden obtener un formulario de agravios el cual esta disponible en la recepcion. La administradora o la persona designada estaran disponibles para responder cualquier inquietud.

SEGURO DE NEGLIGENCIA:

su medico puede o puede que no tenga el seguro de negligencia, pero tiene satisfecho las exigencias estatales para esta eleccion

DIRECTIVAS DE AVANCE:

si usted tiene una directiva de avance o un testamento de vida, el centro de cirugia todavia tendra que transferirlo al hospital mas cercano, el cual tomara decisiones sobre cualquier directiva de avance o testamento de vida. Usted tiene el derecho de tener su testamento de vida presente en su registro medico en el centro y tambien tiene derecho a la poliza del centro antes de la fecha de admision. En la pagina www.millenasurgerycenter.com puede encontrar los Derechos del Paciente y la poliza de las Directivas de Avance. El formulario de Directivas De Avance de AHCA lo puede encontrar en: www.fdhc.state.fl.us

Queja del Consumidor, Publicacion y Centro Telefonico de Informacion de AHCA

La agencia proporciona un sistema telefonico gratuito para que los consumidores puedan llamar y dar sus quejas, recibir publicaciones, informacion y numeros de referencias. Pueden tener acceso a este sistema llamando al (888) 419-3456 entre las horas de 8:00 A.M. y las 6:00 P.M. hora del Este de Lunes a Viernes. Las quejas sobre instalaciones medicas son tomadas durante horas de ofician, 8:00 A.M. hasta las 5:00 P.M., www.cms.hhs.gov/center/ombudsman.asp.

**GRACIAS POR CONSIDERAR
RECIBIR SUS SERVICIOS MEDICOS
EN MILLENIA SURGERY CENTER.**

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Patient's Statement of Rights and Responsibilities



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

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

- Receive information about rights, patient conduct and responsibilities in a language and manner the patient, patient representative or surrogate can understand.
- Be treated with respect, consideration and dignity.
- Be provided appropriate personal privacy.
- Have disclosures and records treated confidentially and be given the opportunity to approve or refuse record release except when release is required by law.
- Be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Receive care in a safe setting.
- Be free from all forms of abuse, neglect or harassment.
- Exercise his or her rights without being subject to discrimination or reprisal with impatient access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- Voice complaints and grievances, without reprisal.
- Be provided, to the degree known, complete information concerning diagnosis, evaluation, treatment and know who is providing services and who is responsible for the care. When the patient's medical condition makes it inadvisable or impossible, the information is provided to a person designated by the patient or to a legally authorized person.
- Exercise of rights and respect for property and persons, including the right to:
 - Voice grievances regarding treatment or care that is (or fails to be) furnished.
 - Be fully informed about a treatment or procedure and the expected outcome before it is performed.
 - Have a person appointed under State law to act on the patient's behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
- Refuse treatment to extent permitted by law and be informed of medical consequences of this action.
- Know if medical treatment is for purposes of experimental research and to give his consent or refusal to participate in such experimental research.
- Have the right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- A prompt and reasonable response to questions and requests.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care and know, upon request and prior to treatment, whether the facility accepts the Medicare assignment rate.
- Receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have charges explained.
- Formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his/her medical record.
- Know the facility policy on advance directives.
- Be informed of the names of physicians who have ownership in the facility.
- Have properly credentialed and qualified healthcare professionals providing patient care.
- Keeping appointments.

Patient's Statement of Rights and Responsibilities



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

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

COMPLAINTS:

Please contact us if you have a question or concern about your rights or responsibilities. You can ask any of our staff to help you contact the Administrative Director at the surgery center. Or, you can call 407-370-3272.

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

You may also choose to contact the licensing agency of the state:
Agency for Health Care Administration
2727 Mahan Drive, Tallahassee, FL 32308
1-888-419-3456

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

Declaración de los derechos y las responsabilidades del paciente



El personal de esta instalación médica reconoce que usted tiene derechos mientras recibe cuidados de salud en nuestra instalación. A cambio, esta instalación espera ciertas normas de conducta de su parte como el paciente. Estos derechos y responsabilidades incluyen:

Un paciente tiene el derecho a:

- que se la trate con respeto y cortesía, reconociendo su dignidad individual y protegiendo su necesidad a la privacidad.
- que se la contesten sus preguntas y se responda a sus deseos rápida y razonablemente.
- saber quien le provee servicios médicos y quien se responsabiliza por su cuidado.
- saber que servicios de apoyo existen para el paciente, incluso el saber si hay un intérprete a su disposición si no habla inglés.
- saber que reglas y reglamentos conciernen su conducta.
- que su proveedor de cuidados de salud le de información respecto al diagnóstico, planes de curso de tratamiento, alternativas, riesgos y pronósticos.
- rehusarse a recibir tratamiento, excepto en casos prescritos por la ley.
- recibir, si lo pide, información completa y el asesoramiento necesario sobre la existencia de recursos financieros conocidos para ayudar con su cuidado.
- saber, si lo solicita y, antes de recibir tratamiento, si su proveedor de cuidados de salud o la instalación de cuidados de salud aceptan la tasa de pagos establecida por Medicare.
- recibir una copia razonablemente clara y comprensible de una cuenta detallada y, si lo solicita, una explicación de los cobros.
- tener acceso a tratamiento médico o a instalaciones para recibirlo de forma imparcial sin que se considere raza, origen nacional, religión, impedimento físico o procedencia del pago.
- que se la de tratamiento de emergencia para cualquier estado de salud que puede deteriorarse si no se la da el tratamiento.
- saber si el tratamiento que se la ofrece tiene como propósito llevar a cabo investigaciones experimentales y consentir o rehusarse a participar en dicho tratamiento.
- expresar sus quejas sobre cualquier violación de sus derechos, tal como aparece en las leyes de la Florida, a través del proceso de quejas del proveedor de cuidados de salud o del lugar que provee esos cuidados y con la agencia del estado que expide las licencias apropiadas.
- cambiar su médico primario, especialista, o dentistas si otros médicos calificados o dentistas están disponibles.

Un paciente es responsable de:

- tener disponible a un adulto que lo transporte de nuestra instalación a la casa y quedarse con él/ella por un periodo de 24 horas, a menos que el proveedor de cuidados de salud especifique lo contrario.
- proporcionar al proveedor de cuidados de salud, al límite de sus mejores conocimientos, información completa y correcta sobre sus quejas presentes, enfermedades pasadas, estancias en el hospital, medicamentos y otras cuestiones relacionadas con su salud.
- informar al proveedor de cuidados de salud de cambios inesperados en su condición física.
- informar al proveedor de cuidados de salud si comprende la manera en que se procederá y lo que se espera que él o ella haga.
- seguir el plan de tratamiento recomendado por el proveedor de cuidados de salud.
- ir a sus citas y, si no puede ir por cualquier razón, notificar al proveedor de cuidados de salud o a la instalación de cuidados de salud.
- aceptar los resultados de sus acciones si rehusa tratamiento o si no sigue las instrucciones del proveedor de cuidados de salud.
- respetar a todos los proveedores de salud y personal, al igual que a los otros pacientes.
- asegurarse de que las obligaciones financieras relacionadas con sus cuidados de salud se cumplan tan pronto como sea posible.
- proporcionar información sobre algún poder legal permanente para el cuidado de la salud, subrogado del cuidado de la salud u otras directivas de avance de las cuales usted desee informarnos.

QUEJAS

Por favor comuníquese con nosotros si tiene alguna pregunta o inquietud sobre sus derechos y responsabilidades. Usted puede preguntarle a cualquier persona de nuestro personal que lo ayude a contactar a nuestro(a) Director(a) Administrativo(a). Usted también puede llamar al 407.370.3272.

Nosotros deseamos ofrecerle un servicio excelente, el cual incluye responder todas sus preguntas e inquietudes.

Usted también puede comunicarse con la agencia de estado AHCA.

Agency for Health Care Administration
2727 Mahan Drive, Tallahassee, FL 32308
1-888-419-3456



Si tiene seguro médico a través de Medicare, usted puede comunicarse con Medicare Ombudsman al 1-800-MEDICARE (1-800-633-4227) o por la de internet www.Medicare.gov/ombudsman/resources.asp.

Privacy Notice



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

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or further physical or mental health or condition.

I. Uses and Disclosures of Protected Health Information

The ENTITY may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the ENTITY has obtained your authorization or the use of disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

A. **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to physicians who may be treating you or consulting with the ENTITY with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

B. **Payment:** Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the procedure that we have scheduled. For example, we may need to disclose information to your health insurance company to get prior approval for the surgery. We may also disclose protected health information to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for the services we provide to you, we may also need to disclose your protected health information to your health insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to anesthesia care providers for payment of their services.

C. **Operations:** We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate the function of all or a portion of the ENTITY and to provide quality care to all patients. Health care operations include such activities as: quality assessment and improvement activities; employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities. In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

D. **Other Uses and Disclosures:** As part of treatment, payment and health care operations, we may also disclose your protected health information for the following purposes:

1. To remind you of your surgery date.
2. We may, from time to time, contact you to provide information about treatment alternatives or other health-related benefits and services that we provide and that may be of interest to you.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. **When Legally Required or Permitted:** We will disclose your protected health information when we are required or permitted to do so by any federal, state, or local law. One situation in which we may disclose your protected health information is in the instance of a breach involving your protected health information, to notify you, law enforcement and regulatory authorities, as necessary, of the situation, and others as appropriate to resolve the situation.

Privacy Notice (continued...)



B. When There Are Risks to Public Health: We may disclose your protected health information for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as birth or death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

C. To Report Suspected Abuse, Neglect or Domestic Violence: We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities including audits, civil, administrative, or criminal investigations, proceedings, or actions, inspections, licensure or disciplinary actions, or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information under this authority if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In Connection with Judicial and Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, we may disclose your protected health information in response to a subpoena to the extent authorized by state law if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

F. For Law Enforcement Purposes: We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physician injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the ENTITY has a suspicion that your health condition was the result of criminal conduct.
- In an emergency to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Once you have been dead for 50 years (or such other period as specified by law), we may use and disclose your health information without regard to the restrictions set forth in this notice. Protected health information may be used and disclosed for cadaveric organ eye or tissue donation purposes.

H. For Research Purposes: We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information. Under certain circumstances, your information may also be disclosed without your authorization to researchers preparing to conduct a research project or for research on decedents or to researchers pursuant to a written data user agreement.

I. In the Event of a Serious Threat to Health or Safety: We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

J. For Specified Government Functions: In certain circumstances, federal regulations authorize the ENTITY to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical stability determinations, correctional institutions, and law enforcement custodial situations.

K. For Worker's Compensation: The ENTITY may release your health information to comply with worker's compensation laws or similar programs.

L. Business Associates: We may contract with one or more business associates through the course of our operations. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. We require that our business associates sign a business associate agreement and agree to safeguard the privacy and security of your health information.

Privacy Notice (continued...)



III. Use and Disclosures Permitted without Authorization but with Opportunity to Object

We may disclose your protected health information to your family member, or a close personal friend, if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures, or we can infer from the circumstances that you do not object, or we determine in the exercise of our professional judgement, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

IV. Uses and Disclosures which you Authorize:

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization, in writing, at any time except to the extent that we have taken action in reliance upon the authorization. Examples of disclosures that require your authorization are:

A. **Marketing:** Except as otherwise permitted by law, we will not use or disclose your health information for marketing purposes without your written authorization. However, in order to better serve you, we may communicate with you about refill reminders and alternative products. Should you inquire about a particular product-specific good or service, we may also provide you with information materials. We may also, at times, send you informational materials about a particular product or service that may be helpful for your treatment.

B. **No Sale of Your Health Information:** We will not sell your health information to a third party without your prior written authorization.

V. Your Rights

You have the following rights regarding your health information:

A. **The right to inspect and copy your protected health information:** You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your surgeon and the ENTITY use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for the use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your protected health information if, in our professional judgement, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record.

B. **The right to request a restriction on uses and disclosures of your protected health information:** You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

If you request that the ENTITY not disclose your protected health information to your health plan for the purposes of payment or healthcare operations (but not treatment), and if you are paying for your treatment out-of-pocket in full, then the ENTITY must honor your requested restriction. Otherwise, the ENTITY is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the ENTITY does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

Privacy Notice (continued...)



C. The right to request to receive confidential communications from us by alternative means or at an alternative location: You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specifications of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

D. The right to request amendments to your protected health information: You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Request for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendment.

E. The right to receive an accounting: You have the right to request an accounting of certain disclosures of your protected health information made by the ENTITY. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for an ENTITY directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. After January 1, 2014 (or a later date as permitted by HIPAA), the list of disclosures will include disclosures made for treatment, payment or health care operations using our electronic health record (if we have one for you). We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. The right to obtain a paper copy of this notice: Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

VI. Our Duties

The ENTITY is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future protected health information that we maintain. If the ENTITY changes its Notice, we will provide a copy of the revised Notice by sending a copy of the revised Notice via regular mail or through in-person contact at your next visit. In the event there has been a breach of your secured protected health information, we will notify you.

VII. Complaints

You have the right to express complaints to the ENTITY and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the ENTITY by contacting the ENTITY's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be related against in any way for filing a complaint.

VIII. Contact Person

The ENTITY's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by the ENTITY you may submit a complaint to our Privacy Officer by sending it to:

Privacy Officer
Millenia Surgery Center
4901 Vineland Rd., Ste. 150
Orlando, FL 32811

The Privacy Officer can be contacted by telephone at 407-370-3272.

IX. Effective Date

This Notice is effective April 14, 2003, with revisions effective February 17, 2010 and September 2013.

Important Information



Before your procedure...

If you have not been contacted 24 hours before your procedure, please call the facility for specific instructions.

Please notify your surgeon and the facility if there is any change in your physical condition such as cold and/or fever.

The night before your procedure...

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.

Refrain from the use of mints, chewing gum or cigarettes. Failure to follow these instructions may result in the cancellation of your procedure.

Please do not take any medications after midnight unless instructed by your physician or our office.

You must arrange for a responsible adult to drive you home and to remain with you for the first 24 hours after your procedure.

The day of your procedure...

Wear loose, comfortable clothing that is big enough to accommodate any bandages after your procedure. Wear comfortable shoes such as slip-ons (no heels).

Do not wear any makeup or jewelry.

Do not bring any valuables with you.

Wearing contact lenses is not advised.

We provide containers for removable dentures and bridgework.

Females of child-bearing age will need to give a urine sample for pregnancy testing.

Do bring: your driver's license, insurance card(s), and any co-payment that may be due. Visa and Mastercard are accepted. Please no personal checks over \$300.00

Please limit the number of family/friends who come with you. Seating at MSC is limited.

After your procedure...

Before you leave the facility, you will be given written instructions and pain prescriptions (if necessary) for your care at home.

If you are driving more than 30 minutes, put one or two pillows in your car so you can elevate the operative extremity.

Plan to rest the remainder of the day and expect to be drowsy for several hours after surgery.

A nurse from Millenia Surgery Center (MSC) will phone you the day after your procedure to see how you are recovering and answer any questions/concerns that you may have.

Please do not hesitate to call us at 407-370-3272 with any questions or concerns.



REMINDER CARD

DATE OF PROCEDURE: _____

ARRIVAL TIME: _____

Millenia Surgery Center

4901 Vineland Rd.

Suite 150

Orlando, FL 32811

Phone: 407.370.3272 • Fax: 407.370.3028

www.millenasurgerycenter.com

Frequently Asked Questions



Q. Why do I have to pay my deductible and co-insurance at the time of registration on the day of my procedure?

A. The policy of this facility, as with many health care facilities across the nation, is that patients pay their portion of co-insurance and any remaining deductible at the time of the procedure. This helps to keep the collection prices down; thus, the cost of doing business at a minimum. Ambulatory Surgery Centers are paid an average of 46% less than hospitals, on average for procedures; and thus, efficiency of care including collections, is extremely important.

Q. Why is the charge on the Explanation of Benefits (EOB) so high?

A. Historically, insurances that are contracted pay at a contracted rate—some pay a percentage of charges and self pay patients are billed at a minimum percentage of charges. The total amount is elevated because it is the norm and no one pays 100% of charges. Insurances, third party payers, Medicare and self-pay patients all pay at a negotiated rate. Traditionally, all payors/insurances and self-pay patients pay less to an Ambulatory Surgery Center than they pay to hospitals. Ambulatory Surgery Centers are well known for cost-efficient care.

Q. Why should I choose an ASC over a hospital?

A. Ambulatory Surgery Centers (ASCs), including Millenia Surgery Center, are known for their quality, value and convenience. ASCs are highly regulated to ensure quality care and patient safety. Choosing an ASC can save some patients up to 50% in out-of-pocket expenses. Since we only perform scheduled, non-emergent, outpatient procedures, ASCs operate extremely efficient.

Q. How long will I have to stay at the facility after my procedure (recovery period)?

A. Recovery periods vary from person to person and from procedure to procedure. A rule of thumb is that you can usually expect that longer procedures will require longer recovery periods and shorter procedures require shorter ones. The average recovery for patients at our facility is between thirty minutes to an hour and a half.

What happens behind the scenes of my procedure?

A. There are many people behind the scenes that perform various essential tasks that allow your time at our facility to be as efficient as possible. There are instrument technicians processing equipment, OR technicians pulling supplies and prepping your procedure room and front office staff that collects pertinent information necessary to process your insurance claim. Your medical chart is being reviewed by nurses and anesthesia providers to best prep for your care. The entire team at Millenia Surgery Center works towards the same goal—we want to EXCEED your expectations.

Why do I have to arrive at the facility one hour or more before my scheduled procedure?

A. There are two important reasons for this policy:

1. Sometimes physicians get ahead of schedule and it is important that the next patient be available and ready for their procedure.
2. Patients go through an assessment phase by nurses and anesthesiologists in preparation for their procedure. This takes time; and so that no patient feels rushed, it is important that all involved have time to make their contribution to your care.

**THANK YOU FOR CONSIDERING
RECEIVING HEALTH CARE
SERVICES AT MILLENIA SURGERY
CENTER.**



Millenia Surgery Center

4901 Vineland Rd.

Suite 150

Orlando, FL 32811

Phone: 407.370.3272 * Fax: 407.370.3028

www.milleniasurgerycenter.com