



Patient Instruction Packet

**Please read the information in this packet at
least 5 DAYS prior to the time of your
scheduled appointment.**

**Please complete pages 4 thru 6 and page 15
and bring this entire patient packet with you
on the day of your appointment.**

Brooklyn Surgery Center
6010 Bay Parkway
Brooklyn, NY 11204-2569
Tel: 718 259-4272
Fax: 718 259-1582
www.brooklynsurgerycenter.com



Please complete the forms on Pages 4 thru 6 and page 15 and bring the entire packet with you on the day of your appointment.

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Welcome Notice

Welcome to Brooklyn Surgery Center (BSC). Our mission is to provide high-quality ambulatory surgical medical care and related services to our community, considerate of the specific needs of individual patients. It is the mission of the Center to serve all persons in need of medical/surgical care and related services, regardless of age, color, race, creed, national origin, religion, gender, marital status, disability, payer source, or any other personal characteristic or qualification, including the ability to pay.

BSC serves as a valuable health care resource, offering high-quality clinical care across several medical disciplines, including gastroenterology, female and male reproductive endocrinology and fertility and orthopedics.

The Center is licensed by New York State as an Article 28 free standing Ambulatory Surgery Center, is accredited by the Center for Medicare and Medicaid Services (CMS) and the Accreditation Association for Ambulatory Health Care (AAAHC).

Our community based physicians, surgeons and staff endeavor to achieve excellence in patient satisfaction. Brooklyn Surgery Center's physicians and staff take pride in serving the healthcare needs of our diverse and widespread community. Our patient's and their families have embraced the Center as an integral part of their community.

BSC is committed to maintaining and exceeding national quality standards and is recognized as an innovative leader in the future of ambulatory surgery services for our community.

Further information on BSC can be found on our website: www.brooklynsurgerycenter.com



Patient Registration

Today's Date _____ Date of Birth _____ Age _____ Social Security# _____

Patient Name _____ Gender M F Marital Status S M W D
(First Name) (MI) (Last Name)

Address _____
(Street) (Apt#) (City) (State) (Zip Code) (County)

Home Phone _____ Cell Phone _____ Alternate Phone _____ E-mail Address _____

Name of Spouse/ Partner _____ Cell Phone _____ Alternate Phone _____

Ethnicity - Do you consider yourself Hispanic/Latino? Y ___ N ___ Declined ___ Unavailable/Unknown ___ Primary Language _____

Race - Which category best describes your race? ___ American Indian/Alaskan Native ___ Asian Indian ___ Chinese ___ Filipino ___ Japanese
___ Korean ___ Vietnamese ___ Native Hawaiian/Pacific Islander ___ Guamanian/Chamorro ___ Samoan ___ Mexican/Mexican American/Chicano
___ Puerto Rican ___ Cuban ___ Black or African American ___ White ___ Multiracial ___ Declined ___ Unavailable/Unknown ___ Other

Emergency Contact _____ Telephone _____ Relationship _____

Name and Phone number of the person that will escort you upon discharge from the Center _____

Employer _____ Occupation _____ Work Phone _____

Address _____

Primary Provider _____ Address _____ Telephone _____ Fax _____

Referring Provider _____ Address _____ Telephone _____ Fax _____

Do you have any allergies? [] Yes [] No Allergies to Latex? [] Yes [] No Allergies to food? [Please list] _____

Allergies to medications? [] Yes [] No [Please list drug names] _____

Primary Insurance Company Name _____ [] Hosp [] Medical Ins Phone # _____

Address _____ Group # _____ ID # _____

Name of Insured _____ Date of Birth _____ SS # _____ Relationship _____

Secondary Ins. Company Name _____ [] Hosp [] Medical Ins Phone # _____

Address _____ Group # _____ ID # _____

Name of Insured _____ Relationship _____ Date of Birth _____ SSN# _____

I certify the information that I have provided is correct. I authorize the release of medical information necessary to process insurance claims to insurance companies or their agencies (including Medicare), for purpose of filing and payment of medical claims. I authorize payment of medical benefits to the provider. I ACKNOWLEDGE THAT INTEREST OR A FEE, AT THE PROVIDER'S CURRENT RATE, MAY BE CHARGED on all balances owing to the provider that are past due.

I permit a copy of this release to be used in place of the original.

Signature: _____ Date _____
(Signature of insured or authorized person, legal guardian if minor)

Do You Have A Health Care Proxy [] No [] Yes If Yes, Type: _____ Copy Provided? [] No [] Yes
Do You Have A Living Will? [] No [] Yes If yes, type: _____ Copy Provided? [] No [] Yes

If an interpreter is necessary, please sign below indicating the patient understands and agrees to the terms herein.

Interpreter's Signature: _____ Date _____



PRE PROCEDURE QUESTIONNAIRE/MEDICATION LIST

NAME: _____ HT: _____ WT: _____

CURRENT MEDICATIONS- Please list all current prescriptions, over-the-counter medications, including MAO's, vitamins and supplements.

Prescription Medications	Dosage/ Frequency	Date of Last Dose	Prescription Medications	Dosage/ Frequency	Date of Last Dose
			Over-the Counter Vitamins or Herbal Supplement	Dosage/ Frequency	Date of Last Dose

ALLERGIES No Allergies Penicillin Sulfa Aspirin Iodine Latex Soy Eggs Other _____

If you have allergies, describe reaction(s): _____

MEDICAL HISTORY- Please all that apply:

<input type="checkbox"/> Acid Reflux	<input type="checkbox"/> Chronic lung disease	<input type="checkbox"/> Gout	<input type="checkbox"/> Kidney Infection	<input type="checkbox"/> Sleep Apnea
<input type="checkbox"/> Anemia	<input type="checkbox"/> Chronic sinusitis	<input type="checkbox"/> Heart attack	<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Stroke/paralysis
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cirrhosis of liver	<input type="checkbox"/> Heart failure	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> (Tuberculosis)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Thyroid disease	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Lupus	<input type="checkbox"/> Ulcerative Colitis
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Colon cancer	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Blood clots	<input type="checkbox"/> Colon polyps	<input type="checkbox"/> Hiatal/Groin hernia	<input type="checkbox"/> Pancreatitis	_____
<input type="checkbox"/> Blood Transfusion	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Parkinson's disease	_____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV or AIDS	<input type="checkbox"/> Phlebitis	_____
<input type="checkbox"/> Chest pain/angina	<input type="checkbox"/> Diverticulitis	<input type="checkbox"/> Irregular heart beat	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Chronic anxiety	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Irritable bowel syndrome	<input type="checkbox"/> Radiation therapy	_____
<input type="checkbox"/> Chronic cough	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Kidney disease/failure	<input type="checkbox"/> Seizures	_____

SURGICAL HISTORY- Include all surgeries/procedures and dates. Please be specific. _____

Female Patients: When was your last menstrual cycle? ___/___/___ Could you be pregnant? No Yes

CURRENT MEDICAL CONDITIONS

Do you use oxygen? No Yes
 Are you taking any MAOIs? No Yes
 Have you taken any prednisone or other steroids
 for your breathing in the last 3 months? No Yes
 Have you had pneumonia or bronchitis
 in the past 6 months? No Yes
 Smoking history No Yes; _____ packs/day for _____ years
 Currently smoking? No Yes
 Alcohol No Yes; amount per day: _____
 Do you have: loose/chipped/capped teeth? No Yes
 Trouble opening mouth or jaw clicking? No Yes

ANESTHESIA HISTORY

Have you ever had anesthesia? No Yes
 Have you ever had a problem with anesthesia? No Yes
 Has any member of your family had a problem with anesthesia? No Yes
 No Pre-procedure testing required.
 Pre-procedure testing required _____



UNIFORM ASSIGNMENT AND RELEASE OF INFORMATION STATEMENT

Name: _____

Med. Rec. #: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct the above named medical facility, having treated me, to release governmental agencies, insurance carriers, or others who are financially liable for my medical care, all information needed to substantiate payment for such medical care and to permit representatives thereof to examine and make copies of all records related to such care and treatment. I also authorize Brooklyn Surgery Center, to release medical information in the event of any emergency transfer to an Acute Care Facility.

If I am transferred to or admitted to other institutions in relation to my procedure, I authorize the release of all my medical records pertaining to that transfer or admission to Brooklyn Surgery Center.

Signature of Patient or Authorized Representative

Date

ASSIGNMENT OF BENEFITS

I hereby assign, transfer and set over to the above named medical facility sufficient monies and/or benefits to which I may be entitled for government agencies, insurance carriers, or others who are financially liable for my medical care to cover the costs of the care and treatment rendered to myself or my dependent.

I, the undersigned, have insurance with _____ and assign benefits directly to the provider for all medical benefits, if any, otherwise payable to me for the services rendered. I understand that I am financially responsible for all charges whether or not paid by my insurance. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I authorize the use of this signature on all my insurance submissions.

Signature of Patient or Authorized Representative

Date

CONSENT FOR LABORATORY BILLING

During the course of your procedure, it may be necessary for your physician to obtain and send tissue samples, blood samples or request other laboratory testing. New York State requires clinical laboratories to directly bill patients for their testing services. In other words, they may not present a bill for its services to any person other than the person who is the recipient of the services, or that person's legal representative. Therefore, it is necessary for the Center to receive authorization from the Patient in order for us to allow the laboratory to bill your insurance company for you. If you do not want the laboratory to bill your insurance company, than billing services will go directly to you as the Patient.

Please complete and sign below so that we may direct this issue in the proper manner. Thank you for your cooperation.

Yes, I am giving the laboratory permission to bill my insurance company

No, I do not give the laboratory permission to bill my insurance company. I am aware that I am responsible for the payment of services directly to the laboratory.

Signature of Patient or Authorized Representative

Date

FOR PATIENTS ENTITLED TO MEDICARE BENEFITS

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN APPLYING FOR PAYMENT UNDER Title XVIII of The Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services or authorize such physician organization to submit a claim to Medicare for payment to me.

Signature of Patient or Authorized Representative

Date

*The signature of the patient must be obtained unless the patient is an un-emancipated minor under the age of 18 or is otherwise incompetent to sign.



Financial Policy

Your physician has chosen to perform your surgery(s) or procedure(s) at the Brooklyn Surgery Center [BSC]. BSC is a freestanding Ambulatory Surgical Center [ASC] subject to New York State regulations. It is not associated with your doctor's office and has separate financial and billing policies and procedures.

BSC will charge you for its facility services. **Please understand that you are responsible for paying your bill(s) in connection with your treatment at the time of registration.** You will also receive a separate bill from your physician for your surgical procedure, a separate bill from the anesthesiologist and a separate bill for applicable laboratory services. Your physician's, anesthesiologist's and laboratory charges are independent of the BSC charge.

The following is a statement of our Financial Policy that we require you read and sign prior to your treatment at BSC.

While your physician may participate in your insurance plan, BSC may or may not participate with your insurance plan. Prior to the date of your procedure, please verify the details of your insurance coverage with your insurance carrier. To further understand BSC's policy, please review the following:

- 1) **If BSC participates with your insurance plan**, the fees for your services will be billed to your insurance plan. However, you are responsible for the payment of your in-network deductible, co-payments and/or co-insurance at the time of your procedure. These fees are mandated by your insurance carrier and cannot be waived. Please be prepared to pay these fees at the time of your procedure. We accept cash, checks, Visa, MasterCard, Discover, AMEX, or DEBIT cards with a Visa or MasterCard logo.
- 2) **If BSC does not participate with your insurance plan**, BSC will bill your insurance plan. If you have "out-of-network" coverage, your insurance plan may cover a part of this charge. You are responsible for the payment of your deductible and co-insurance as well as any unpaid balance and BSC will bill you accordingly. If you have no "out-of-network" coverage, you will receive a bill from BSC for the facility fee and anesthesia fee. You are required to make payment arrangements prior to your procedure.
- 3) **BSC participates with the Medicare program.** If you have Medicare coverage, you will be responsible for payment of the unmet deductible and the remaining 20 percent of the approved charge. Please be prepared to pay these fees at the time of your procedure. We accept cash, checks, Visa, MasterCard, Discover, AMEX, or DEBIT cards with a Visa or MasterCard logo.
- 4) **Some insurance plans will send BSC's facility payment directly to you.** If you receive the payment for the services you received at BSC, you are responsible for forwarding the check directly to BSC. It is your responsibility to ensure the Center is paid the amount that has been sent to you plus any remaining balance. Be advised that not remitting the payments to BSC constitutes a breach of contract and BSC will pursue all legal remedies available to it to obtain such payments.
- 5) **Return Check Fee.** If you make payment to the Center by check and it is returned by the bank for any reason, you will incur a fee of \$30.00.



PATIENT SELF-DETERMINATION ACT/ADVANCE DIRECTIVES

Brooklyn Surgery Center supports each patient's right to develop an advance directive; the Center will not condition the provision of care or discriminate against an individual based on whether or not an advance directive has been executed; and will provide education for its staff, patients and the community, as applicable, related to the patient self-determination act/advance directives.

NOTICE OF LIMITATION - Brooklyn Surgery Center will always attempt to resuscitate a patient and transfer that patient to a hospital in the event of deterioration.

If you are interested you may request resource information regarding self-determination. The information includes:

- The description of state law prepared by the Department of Health entitled, "Planning In Advance For Your Medical Treatment".
- The pamphlet prepared by the department of health entitled, "Appointing Your Health Care Agent New York State's Proxy Law".
- A model "New York Living Will".
- The fact sheet entitled, "Deciding About CPR Do Not Resuscitate Orders (DNR)".
- A handout entitled, "Ten Basic Questions And Answers For Consumers On The Patient Self-Determination Act".
- A handout entitled, "Definitions For A Health Care Proxy".

Our staff will inquire and document your present status concerning advance directives during the pre-procedure assessment in the medical record.

If you have executed an advance directive and have brought a copy, this copy will be filed in your medical record.

If copies are not immediately available, the types of advance directives and the name and address of the healthcare agent are obtained and documented in your medical record.

If you request additional information or wish to make an advance directive, the Center will supply you with appropriate information and direction.

The Center will comply with the health care decisions made in good faith by a health care agent to the same extent as decisions made by a competent adult.



PATIENT RIGHTS

THE PATIENT HAS A RIGHT TO:

- RECEIVE SERVICE(S) WITHOUT REGARD TO AGE, RACE, COLOR, SEXUAL ORIENTATION, RELIGION, MARITAL STATUS, SEX, NATIONAL ORIGIN OR SPONSOR
- BE TREATED WITH CONSIDERATION, RESPECT AND DIGNITY INCLUDING PRIVACY IN TREATMENT;
- BE INFORMED OF THE SERVICES AVAILABLE AT THE CENTER;
- BE INFORMED OF THE PROVISIONS FOR OFF-HOUR EMERGENCY COVERAGE;
- BE INFORMED OF THE CHARGES FOR SERVICES, ELIGIBILITY FOR THIRD-PARTY REIMBURSEMENTS AND, WHEN APPLICABLE, THE AVAILABILITY OF FREE OR REDUCED COST CARE;
- RECEIVE AN ITEMIZED COPY OF HIS/HER ACCOUNT STATEMENT, UPON REQUEST;
- OBTAIN FROM HIS/HER HEALTH CARE PRACTITIONER, OR THE HEALTH CARE PRACTITIONER'S DELEGATE, COMPLETE AND CURRENT INFORMATION CONCERNING HIS/HER DIAGNOSIS, TREATMENT AND PROGNOSIS IN TERMS THE PATIENT CAN BE REASONABLY EXPECTED TO UNDERSTAND;
- RECEIVE FROM HIS/HER PHYSICIAN INFORMATION NECESSARY TO GIVE INFORMED CONSENT PRIOR TO THE START OF ANY NONEMERGENCY PROCEDURE OR TREATMENT OR BOTH. AN INFORMED CONSENT SHALL INCLUDE, AS A MINIMUM, THE PROVISION OF INFORMATION CONCERNING THE SPECIFIC PROCEDURE OR TREATMENT OR BOTH, THE REASONABLY FORESEEABLE RISKS INVOLVED, AND ALTERNATIVES FOR CARE OR TREATMENT, IF ANY, AS A REASONABLE MEDICAL PRACTITIONER UNDER SIMILAR CIRCUMSTANCES WOULD DISCLOSE IN A MANNER PERMITTING THE PATIENT TO MAKE A KNOWLEDGEABLE DECISION;
- REFUSE TREATMENT TO THE EXTENT PERMITTED BY LAW AND TO BE FULLY INFORMED OF THE MEDICAL CONSEQUENCES OF HIS/HER ACTION;
- REFUSE TO PARTICIPATE IN EXPERIMENTAL RESEARCH;
- VOICE GRIEVANCES AND RECOMMEND CHANGES IN POLICIES AND SERVICES TO THE CENTER'S STAFF, THE OPERATOR AND THE NEW YORK STATE DEPARTMENT OF HEALTH WITHOUT FEAR OF REPRISAL;
- EXPRESS COMPLAINTS ABOUT THE CARE AND SERVICES PROVIDED AND TO HAVE THE CENTER INVESTIGATE SUCH COMPLAINTS. THE CENTER IS RESPONSIBLE FOR PROVIDING THE PATIENT OR HIS/HER DESIGNEE WITH A WRITTEN RESPONSE WITHIN 30 DAYS IF REQUESTED BY THE PATIENT INDICATING THE FINDINGS OF THE INVESTIGATION. THE CENTER IS ALSO RESPONSIBLE FOR NOTIFYING THE PATIENT OR HIS/HER DESIGNEE THAT IF THE PATIENT IS NOT SATISFIED BY THE CENTER RESPONSE, THE PATIENT MAY COMPLAIN TO THE NEW YORK STATE DEPARTMENT OF HEALTH'S OFFICE OF HEALTH SYSTEMS MANAGEMENT;
- PRIVACY AND CONFIDENTIALITY OF ALL INFORMATION AND RECORDS PERTAINING TO THE PATIENT'S TREATMENT;
- APPROVE OR REFUSE THE RELEASE OR DISCLOSURE OF THE CONTENTS OF HIS/HER MEDICAL RECORD TO ANY HEALTH-CARE PRACTITIONER AND/OR HEALTH-CARE FACILITY EXCEPT AS REQUIRED BY LAW OR THIRD-PARTY PAYMENT CONTRACT;
- ACCESS HIS/HER MEDICAL RECORD PURSUANT TO THE PROVISIONS OF SECTION 18 OF THE PUBLIC HEALTH LAW, AND SUBPART 50-3 OF THIS TITLE;
- AUTHORIZE THOSE FAMILY MEMBERS AND OTHER ADULTS WHO WILL BE GIVEN PRIORITY TO VISIT CONSISTENT WITH YOUR ABILITY TO RECEIVE VISITORS; AND
- MAKE KNOWN YOUR WISHES IN REGARD TO ANATOMICAL GIFTS. YOU MAY DOCUMENT YOUR WISHES IN YOUR HEALTH CARE PROXY OR ON A DONOR CARD, AVAILABLE FROM THE CENTER.

Office of the Medicare Beneficiary Ombudsman

Visit www.medicare.gov or call 1.800.MEDICARE (1.800.633.4227) or use www.cms.hhs.gov/center/ombudsman

New York State Department of Health's Metropolitan Area Regional Office (MARO) at 800 804-5447

Grievances or safety concerns about our outpatient facility should be referred to our

Medical Director or Administrator, 718.295.4272



OWNERSHIP DISCLOSURE

Due to concerns that there may be a conflict of interest when a physician refers a patient to a health care facility in which the physician has a financial interest, New York State passed a law, prohibiting the physician, with certain exceptions, from referring you for clinical laboratory, pharmacy or imaging services to a facility in which the physician or his/her immediate family members have a financial interest. If any of the exceptions in the law apply, or if he/she is referring you for other than clinical laboratory, pharmacy, or imaging services, he/she can make the referral under one condition. The condition is that he/she disclose this financial interest and tell you about alternative places to obtain these services. This disclosure is intended to help you make a fully informed decision about your health care.

For more information about alternative providers, please ask your physician, or his/her staff. They will provide you with names and addresses of places best suited to your individual needs that are nearest to your home or place of work.

Statutory authority; *Public health law, §238 a (10)*

The Following Physicians Are The Owners Of The Center:

Richard Fazio, MD	1102 Bay Ridge Pkwy, Brooklyn, N.Y. 11228
Elliott Fuhrer, MD	1332 44 th Street Brooklyn, N.Y. 11219
Kadirawel Iswara, MD	2511 Ocean Avenue Brooklyn, N.Y. 11229
Robert Kodsi, MD	925 48 th Street Brooklyn, N.Y. 11219
Seth Lapin, DO	1523 45 th Street Brooklyn, N.Y. 11219
Jian Jun Li, MD	730 58 th Street Brooklyn, N.Y. 11220
Ira Mayer, MD	575 Kings Highway Brooklyn, N.Y. 11223
Sam Moskowitz, MD	2035 Ralph Avenue #A2 Brooklyn, N.Y. 11234
Eliot Zimbalist, MD	452 77 th Street Brooklyn, N.Y. 11209
Richard Grazi, MD	1355 84 th Street Brooklyn, N.Y. 11228
David Seifer, MD	1355 84 th Street Brooklyn, N.Y. 11228



Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.



Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide on accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any actions.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hippa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, to others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead to share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.



Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Examples: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and researcher. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' comprehension, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as a military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us you can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp/html.

Changes to the Terms of Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Other Instructions for Notice

- Effect date: September 23, 2013
- Privacy Official Phil Marino, email pmarino@brooklynsurgerycenter.com, 718-259-4272 ext. 401.
- Brooklyn Surgery Center "We never market or sell personal information."



PATIENT ESCORT POLICY

As a matter of patient safety, the Brooklyn Surgery Center enforces the New York State Ambulatory Surgical Center **requirement that all patients having a procedure in our facility have an escort**, that is, a companion, family member or friend, to accompany you home following your procedure.

If you do not have someone to escort you after the procedure, please contact the Visiting Nurse Services of New York (888 943-8435) to arrange for a care partner to accompany you home from your procedure.

For additional information and to make arrangements for a care partner, you can visit the following website: www.partnersincareny.org. Or e-mail: par_intake@vnsny.org.

Please Note That Your Procedure Cannot Be Performed Unless Your Escort Is Verified.

Thank you for your cooperation.

PERSONAL POSSESSIONS POLICY

Brooklyn Surgery Center will provide you with a bag to store your possessions and this bag will remain with you through your stay at the Center. Surgery Patients will be assigned a private locker to safely store their personal belongings during the surgery.

Please **DO NOT** wear jewelry, **DO NOT** bring laptops, **DO NOT** bring iPods or any other valuables when you come to the Center.

Please note that Brooklyn Surgery Center assumes no responsibility for lost, stolen, or misplaced items.

Thank you for your cooperation.



Patient Acknowledgment of Advance Notices

I hereby acknowledge receipt of the Center’s **HIPAA Notices of Privacy Practices** and acknowledge that the Center may use and disclose my health information for the purposes of treating me, obtaining payment for services rendered to me and performing routine healthcare operations and services in the Center.

By signing below, I hereby acknowledge that I received written notice of the **Patient’s Bill of Rights and Responsibilities** prior to the start of my procedure;

I hereby acknowledge that I received a written **Ownership Disclosure** listing the physicians who have financial interest or ownership in the ASC facility;

I hereby acknowledge that I was offered written information concerning **Advance Directives**;

I understand that I am **required** to bring an **Escort** to take me home on the day of the procedure;

I have received a copy of the **Financial Policy** and I understand that I may be financially responsible for any outpatient facility charges, as outlined in my insurance coverage for copayments, coinsurance and deductibles.

First Name

M.I.

Last Name

Signature

Date

Witness

Date

Interpreter

Date



Frequently Asked Questions (FAQ's)

The following list of questions and answers may assist you in preparing for your procedure:

Q) Will my procedure be painful?

A) *No. The Center is fully staffed with Board-certified anesthesiologists to ensure that your procedure is comfortable.*

Q) How long will I be at the Center?

A) *Your stay at the Center is determined by the procedure/surgery. You will spend less time at the center by making certain you are punctual for your appointment. Arriving earlier than your appointment time won't necessarily get you through faster, while arriving late will probably cause you to lose your scheduled time slot and create substantial delays for you. Completing the required paperwork (available on-line or by mail) prior to your arrival, will expedite the process.*

Q) Do I have to bring an escort with me?

A) *Yes. The Center requires that you have an escort to take you home.*

Q) May I drive home?

A) *No. Patients will not be allowed to drive after a procedure and must make necessary transportation arrangements. If you plan to walk or take public transportation from our facility after a procedure, please make sure you are accompanied by a responsible adult.*

Q) Should I continue my usual medications after surgery?

A) *Most patients should continue their usual medications after surgery. Patients who have diabetes and those patients on blood thinners may require some adjustment of their medications. These instructions will be clarified with you before you leave the facility. If you have any questions, please call your surgeon or primary care physician.*

Q) How long will I stay after my surgery?

A) *The amount of recovery time varies from patient to patient. After your procedure, a nurse will monitor your vital signs and make sure you are alert and stable. You will be sent home as soon as your health care team feels it is safe to discharge you from the facility.*

Q) What if I am not feeling well once I get home?

A) *If you are in serious pain, or exhibit warning symptoms described in your discharge instructions, please call your physician, go to the nearest emergency room or call 911.*

Q) My doctor has all my insurance information. Do I need to bring my insurance card and billing information?

A) *Yes. BSC is an independent entity and has no connection to your doctor's office.*

Q) Should I take my routine medications on the day of surgery?

A) *You will be given instructions regarding medications by your physician or a staff member. Also, as noted above, please be prepared to list all medications (including name and dose) you are taking and to bring any with you that may be needed during your stay (e.g., inhaler or insulin).*



FAQ's (continued): Special Medical Considerations

Q) I am breast feeding my baby. Is the procedure safe for my baby?

A) In general, women who are breast feeding may safely undergo gastrointestinal endoscopy – the administered anesthetic is not excreted in significant quantities in breast milk. Some mothers elect to store milk via a breast pump and feed the child with the pumped milk on the day of the procedure. Normal breast feeding may resume the following day.

Q) Will I receive a bill?

*A) Yes. We will bill your insurance company or HMO directly first. Please contact your insurance carrier to obtain information regarding what **your** responsibility is. You will be billed for your co-payment, deductible and co-insurance once we receive payment from your insurance carrier.*



Directions

Brooklyn Surgery Center

6010 Bay Parkway
Brooklyn, NY 11204
718.259.4272

By Subway:

N train to Bay Parkway, use Bay Parkway exit or F train to Bay Parkway

By Bus:

B6 or B9 to Bay Parkway/60th Street

By Car:

There is valet parking available for patient escorts or their family members.

From Manhattan

Via Brooklyn Bridge: Take the exit towards Bklyn-Qns Expy. [BQE] Merge onto Camden Plaza W/Old Fulton St. Turn left onto Vine St. Take the Interstate 278 W/BQE ramp. Merge onto I-278 W to exit 24 on the left for NY-27 E/Prospect Expy. Merge onto Prospect Expy. Continue onto Ocean Pkwy. Turn right onto Bay Pkwy. Look for 6010 right after 60th St, on the right side.

Via Manhattan Bridge: Take ramp to Interstate 278/Bklyn-Qns Expy. [BQE] Merge onto Jay St. Turn right onto Sands St. Merge onto I-278 W via the ramp to BQE/Staten Is. to exit 24 on the left for NY-27 E/Prospect Expy. Merge onto Prospect Expy. Continue onto Ocean Pkwy. Turn right onto Bay Pkwy. Look for 6010 right after 60th St, on the right side.

From Queens & Long Island

Take I-495 W to exit 17 toward Brooklyn. Merge onto I-278 W to exit 24 on the left for NY-27 E/Prospect Expy. Merge onto Prospect Expy. Continue onto Ocean Pkwy. Turn right onto Bay Pkwy. Look for 6010 right after 60th St, on the right side.

Or

Take the Belt Parkway West towards Brooklyn to Exit 5. Turn right onto Bay Parkway. Look for 6010 Bay Parkway on the left between 60th and 61st Streets.

From Westchester & the Bronx

Take I-278 W toward Brooklyn/Staten Island to exit 24 on the left for NY-27 E/Prospect Expy. Merge onto Prospect Expy. Continue onto Ocean Pkwy. Turn right onto Bay Pkwy. Look for 6010 right after 60th St, on the right side.

From Staten Island

Take I-278 E to the exit toward Belt Parkway E/Kennedy Airport. Merge onto Belt Pkwy to exit 5. Make the first left onto Bay Parkway. Look for 6010 left after 61st St.



PROCEDURE INFORMATION SHEET **GASTROENTEROLOGY**

An upper endoscopy or **EGD (EsophagoGastroDuodenoscopy)** involves the insertion of a lighted flexible tube, called an upper endoscope, into the mouth. The tube is guided by direct vision into the esophagus, stomach, and duodenum so that the lining of the upper gastrointestinal tract is visualized. Any area of the lining that appears abnormal may be biopsied; that is, a piece of tissue may be removed for analysis. Areas that are bleeding may be cauterized to stop active bleeding or to prevent future bleeding. An EGD is a generally safe procedure but carries several risks that include, but are not limited to, perforation and bleeding. Serious complications of EGD, such as perforation or bleeding, are rare, but may require hospitalization, blood transfusions, or surgery.

A **colonoscopy** involves the insertion of a lighted flexible tube, called a colonoscope, into the rectum. The tube is inserted so that the lining of the entire colon is visualized. Any area of the lining that appears abnormal may be biopsied; that is, a piece of tissue may be removed for analysis. In addition, growths of the colon, called polyps, may be removed (polypectomy) by the use of an electrified wire, called a snare. A colonoscopy is generally a safe procedure but carries several risks that include, but are not limited to, the following: bleeding from biopsy or polypectomy; perforation or puncture of the colon which would likely require a surgical operation to repair; and, contact colitis; that is, irritation of the lining of the colon from contact with the colonoscope. Serious complications of colonoscopy, such as perforation or bleeding, are rare, but may require hospitalization, blood transfusions, or surgery.

Endoscopic Ultrasound, also known as EUS or Endosonography, is a specialized endoscopic study that enables your doctor to examine your stomach lining and the walls of your upper and lower gastrointestinal tract. EUS is also used to study internal organs next to the intestinal tract such as the Gall Bladder and Pancreas. The procedure is similar to routine endoscopy (EGD) or colonoscopy. A flexible tube is guided visually into the mouth or rectum. Then the EUS is used to scan and obtain ultrasound images. It is also possible to obtain tissue sampling via a fine needle aspirate (FNA) using real time ultrasound guidance. EUS is generally a safe procedure, but carries several risks that include, but are not limited to, infection, perforation and bleeding. Serious complications of EUS, such as perforation or bleeding, are rare, but may require hospitalization, blood transfusions, or surgery.

Risks of the sedative medications include, but are not limited to, allergic reactions and respiratory depression. In addition to the risks described above about this procedure there are risks that may occur with any surgical or medical procedure.

There can be no guarantees regarding the results of this procedure. Although endoscopic procedures are sensitive for the presence of gastrointestinal abnormalities, there is a risk that significant abnormalities of the gastrointestinal tract may not be detected by this procedure; this is especially true if the preparation of the gastrointestinal tract is not ideal.



PROCEDURE INFORMATION SHEET

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY [REI]

Egg Retrieval is scheduled when the eggs are appropriately mature. The eggs are retrieved using ultrasonographic guidance by placing a needle through the vaginal wall and into the ovaries. All retrievals are performed by one of our physicians in our operating room and are done under anesthesia. Rarely, the ovaries are inaccessible through the vagina, in which case the retrieval can be performed via laparoscopy. Upon retrieval, the eggs are immediately given to the embryologist in the adjacent laboratory. After each egg is identified, it is placed into a culture dish containing special nutrient medium and maintained under carefully controlled conditions. Meanwhile, the husband produces a semen sample that is processed to separate out the most highly motile sperm. Later that day, the eggs are incubated together with the specially prepared sperm.

Embryo Transfer The embryos grow and divide in the IVF laboratory for three days, at which time they are transferred back into the woman's body. In most cases, a physician transfers embryos directly into the uterus using a soft, thin plastic catheter that is passed through the cervix. The embryo transfer is a nonsurgical procedure that generally is no more uncomfortable than a Pap smear or insemination.

Laparoscopy is done through a thin, illuminated telescope that is placed through the abdominal wall. It may be simply diagnostic, as when it is used to confirm the normality of the pelvic structures, or therapeutic, as when it is used to correct internal pelvic problems. Certain corrective procedures such as removing scar tissue or cyst, or opening a blocked tube may be performed. Advances in instrumentation such as endoscopic video cameras and lasers enable experienced surgeons to perform even complicated reconstructive procedures on an outpatient basis.

Hysteroscopy is a procedure in which a thin telescope is placed, without incision, through the cervix in order to visualize the inside of the uterus. As with laparoscopy, hysteroscopy may be therapeutic as well as diagnostic. Procedures such as removal of fibroids or polyps, resection of scar tissue or a septum and opening of blocked tubes may be performed at the time of hysteroscopy.

Sperm Retrieval A small percentage of men produce no sperm in the ejaculate, a condition known as azoospermia. Specially trained urologists can retrieve sperm from some of these men using microsurgical epididymal sperm aspiration (MESA) if the problem is a blockage in, or absence of, the vas deferens. Testicular biopsy (TESE) is used when a patient produces only a few sperm in the testicle. In many cases a single procedure will yield sufficient sperm to be used for the current IVF procedure and also to be frozen for future use.

Microsurgery Although telescopic surgery, or endoscopy, has largely replaced the need for open abdominal surgery, occasionally the need does arise for such surgery, called laparotomy. Microsurgical reconstruction of the pelvis, in particular, always requires laparotomy. In such cases, surgery is done through a specialized microscope that allows for magnification and meticulous dissection of the involved structures.

Risks with surgeries include, but not limited to, infection, hemorrhage, adverse reactions to drugs and anesthesia, injury to other organs, neurologic reactions and other complications that may require hospitalization.



PROCEDURE INFORMATION SHEET

ORTHOPEDICS

Arthroscopic Surgery is performed under general or regional anesthesia. After the anesthesia has taken effect, the patient's surgical site (i.e., arm or leg) will be cleaned with sterile technique to perform the surgery in a sterile fashion. A fiber optic camera is inserted through a small incision or portal around the joint. The camera lens magnifies and projects the small structures in the joint onto a television monitor, allowing the surgeon to accurately diagnose the condition. Several other small portals are used to allow the surgeon to place the camera in different positions to see different structures inside the joint as well as to place various small instruments into the joint to help treat various problems. Sometimes arthroscopy is combined with open procedures. Once the procedure is completed, the instruments will be removed and a sterile bandage/splint will be placed.

Dupuytren's – this is usually done for bands of thickened tissue, which starts to pull the finger down towards the palm. The aim of the operation is to remove as much of the Dupuytren's tissue as possible and gain as much straightening of the finger or finger's as possible. Often full correction is not possible and your surgeon will discuss other options with you.

Carpal tunnel syndrome – this is where a nerve is trapped in the hand. This can cause tingling and numbness in the fingers. The aim of the operation (decompression) is to ease the tingling and numbness. If you have had your symptoms for a long time or you have had a lot of wasting of the thumb muscles and loss of strength and certain thumb movements this may take a long time to recover.

Removal of ganglion – is a collection of fluid in a sack that can involve the nerves. The aim of the operation is to try to remove the entire ganglion sometimes this is not possible because the nerves or a blood vessel is involved. It is possible for the ganglion to come back.

Removal of a lipoma – a lipoma is a fatty lump. These can sometimes come back.

Removal of a cyst – a cyst is a collection of fluid. These can sometimes come back.

Trigger finger release surgery - The surgery is usually done with local anesthetic or a nerve block. The surgeon will make a small cut into the skin to expose the flexor tendon sheath. The sheath is then released and the hand is bandaged. The bandage is removed within a few days and the finger can then begin to be used once again. The trigger finger release surgeon will often advise patients to exercise the finger to help prevent scar tissue from forming.

As with any surgery, orthopedic surgeries have risks. These include infection and potential damage to nerves and arteries, bleeding, infection, deep vein thrombosis (blood clots), incomplete relief of pain, need for further surgery, less motion (stiffness), heart attack, medical problems and anesthetic risks. Stiffness may need to be addressed through post-operative rehabilitation. Preoperative sickness (such as diabetes, kidney disease or decreased blood flow) raises the chances of complications. Smoking is one of the biggest reasons for problems after surgery, and increases the possibility of bone and tissues not healing appropriately.