

RE: Medicare Conditions for Coverage

Dear Patient:

Enclosed you will find notice entitled Medicare Conditions for Coverage. As a Medicare accredited certified ambulatory surgery center we are mandated to share this information with *all patients*, regardless of your insurance coverage, **PRIOR TO YOUR SURGERY**. When you arrive at Algonquin Road Surgery Center, **you will be asked to sign a form indicating you have received and reviewed the enclosed information. *If you choose to not sign this form, your procedure will be cancelled.***

If you have any questions, please contact the surgery center at 847-458-1246.

Thank you and we look forward to seeing you soon.

Please review all information thoroughly.

MEDICARE CONDITION FOR COVERAGE

All rights will be given to each patient and exercised without regard to sex, culture, economic, educational, or religious background or the source of payment for his/her care. Each patient has the right to:

Patient Rights

- Respectful and considerate care.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians who will see them.
- Receive information from his/her physician about his/her illness; his/her course of treatment and his/her prospects for recovery in terminology that is understandable to each patient on an individual basis.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved and knowledge of the name of the person who will carry out the procedure or treatment.
- Participate actively in decisions regarding his/her medical care. To the extent permitted by law, including the right to refuse treatment.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to know the reason for the presence of any individual.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the organization. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Reasonable responses to reasonable requests he/she may make for service.
- Leave the organization against the advice of his/her physician.
- Reasonable continuity of care, and to know in advance, the time, location of appointment, and the physician providing the care.
- Be advised if the organization or physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in any such research projects.
- Be informed by his/her physician or a delegate of his/her physician of his/her continuing health care requirements following his/her discharge from the organization.
- Be free of harassment.

If you have any question or concern about your medical care, or safety issues, you may alert a staff member or call/ contact the surgery center Administrator at 847-458-1246. The Acting Deputy Director, The Health Facilities Division of the Illinois Department of Health Care Regulations, 525 W Jefferson St. 5th Floor, Springfield, IL 62761 (800-252-4343) www.medicare.gov/ombudsman. The Joint Commission on Accreditation of Health Care Organizations at 1-800-994-6610, or www.jointcommission.org/generalpublic/complaint
You may also report health care concerns by writing:
Community Senior Services Associates, Inc. 101 S. Grove Ave. Elgin, IL 60120.

Patients Responsibilities

- The organization expects that a patient will provide accurate and complete information about matters relating to his/her health history in order for the patient to receive effective medical treatment.
- A patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of them.
- The organization expects that a patient will cooperate with personnel and ask questions if directions and/or procedures are not clearly understood.
- A patient is expected to be considerate of other patients and the organization's personnel, and to observe the smoking policy of the organization. A patient is also expected to be respectful of the property of other persons and the property of the organization.
- A patient is expected to help the physicians, nurses, and allied health personnel in their efforts to care for the patient by following their instructions and medical orders both in the organization, and if applicable, outside the organization (i.e. at their home).
- It is understood that a patient assumes the financial responsibility of paying for all services rendered whether through third party payers (his/her insurance company) or being personally responsible for payment for any services that are not covered by his/her insurance policies.
- It is expected that the patient will not take any drugs which have not been prescribed by his/her attending physician and/or prescribed or administered by the organization's staff and shall fully disclose any drugs and/or other substances which the patient may have ingested and which could affect the current course of treatment contemplated at the organization.

It is the responsibility of each patient to know if services are covered by their insurance. Pre-certification is also the responsibility of the patient. If insurance requires a co-payment or deductible, our Business Office representative will provide you an estimate of that amount prior to surgery. Please be prepared to pay co-payments and/or an estimate of your coinsurance on the day of surgery. If you do not have insurance or your insurance does not cover the surgical procedure to be performed, you must make arrangements to pay for your surgery on or before the day it takes place. For your convenience, we accept VISA, MasterCard, Discover, and Care Credit as well as cash and personal checks. The Business Office staff at the surgery center will be happy to answer any questions you have regarding insurance coverage or billing procedures. Feel free to contact the Billing Department at (847) 458-1246.

Advanced Directives

Advanced Directives are discussed during your pre-admission phone call. For your convenience, a link to the Illinois Department of Aging Living Will template is provided below:

https://www.illinois.gov/aging/ProtectionAdvocacy/Documents/POA_LivingWill.pdf

Note: The surgery center Will NOT initiate or honor the Do Not Resuscitate portion of a prepared/signed Advanced Directive/Living Will for the duration of your admission to the surgery center.

Physician financial interest/ownership in Algonquin Road Surgery Center, LLC:

Joshua Alpert, MD
Safwan Barakat, MD
Emo Bonaminio, DPM
Raja Chatterji, MD
John Daniels, MD
Jennifer Dorfmeister, MD
Gregory Gambla, DO
Sonia Godambe, MD
Timothy Havenhill, MD

Kelly Holtkamp, MD
Rolando Izquierdo, MD
Sunil Joseph, MD
Deepak Khurana, MD
Sihun Kim, MD
Michael Kogan, MD
Lawrence Kosinski, MD
Humberto Lamoutte, MD
William Levis, MD

Joseph Losurdo, MD
Peter Lovato, DPM
Patrick McEneaney, DPM
Kenneth Melchionna, DO
Josephine Mo, MD
Priyesh Patel, MD
Rajesh Pillai, MD
Steven Rochell, MD
James Seeds, MD

George Stankevych, MD
Tom Stanley, MD
James Stinneford, MD
Wei Sun, MD
Geoffrey Van Thiel, MD
Centegra Woodstock Hospital
United Anesthesia Group
Illinois Gastroenterology Investments
Sherman Hospital

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

I. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Your health record is the physical property of Algonquin Road Surgery Center. The information contained in the record, however, belongs to you. You have the right to:

- A. Request a restriction or limitation on the medical information we use or disclose about you for your treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.. We are not required to agree to your requested restrictions. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- B. Obtain a copy of this Notice by requesting one from the administrator of the surgery center.
- C. Inspect and obtain a copy of your health care record by submitting a request in writing to the administrator of the surgery center.
- D. Amend your healthcare record if you feel that medical information that we have about you is incorrect or incomplete by requesting, in writing, that an amendment be made. You must provide a reason that supports your request.
- E. Obtain a report of all of the disclosures of your health information that we have made.
- F. Request that we communicate with you about your medical information in a certain way at a certain location within reasonable limits.
- G. Revoke your authorization to use and disclose medical information about you, except to the extent that we have already used or disclosed your medical information.

II. OUR RESPONSIBILITIES REGARDING YOUR MEDICAL INFORMATION

We are required by law to:

- A. Maintain the privacy of your health information.
- B. Provide you with this Notice, which describes our legal duties and privacy practice with respect to information we collect about you.
- C. Abide by the terms of this Notice.
- D. Notify you if we are unable to agree to a requested restriction.
- E. Accommodate reasonable requests that you have made to have us communicate your health information to you in a certain way or certain location.

WE RESERVE THE RIGHT TO CHANGE THIS NOTICE. We reserve the right to make the revised and changed notice effective for medical information that we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in the surgery center. The notice will contain the effective date on the first page. Each time you register at the surgery center for health care services, we will offer you a copy of the current notice in effect.

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Each time you visit us, a record of your visit is made. We may use or disclose the health information contained in this record if you have signed a consent allowing us to do so. The following categories describe the different ways that we may use and disclose your medical information.

- A. Treatment. We may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, or other surgery center personnel who are involved in taking care of you at the surgery center.

For example, information obtained by a nurse, physician, or other member of your health care team will be recorded in your medical record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health team. Members of your healthcare team will then record the actions that they took and their observations. By reading your medical record, the physician will know how you are responding to treatment.

- B. Payment. We may use and disclose medical information about you so that the treatment and services you receive at the surgery center may be billed to and payment may be collected from you, an insurance company, or third party.

For example, we may need to give your insurance company information about surgery you received at the surgery center so that the insurance company will pay us or reimburse you for the surgery.

- C. Health Care Operations. We may use and disclose medical information about you for the operations of the surgery center.
For example, members of the medical staff, the risk manager or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will be used in a way to improve the quality and effectiveness of the healthcare and services that we provide.
- D. Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the surgery center.
- E. Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- F. Health-Related Benefits and Services. We may use and disclose medical information to inform you about health-related benefits or services that may be of interest to you.
- G. Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care.
- H. As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law.
- I. Emergency. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. The surgery center, however, would only disclose the information to someone able to help prevent the threat.
- J. Organ and Tissue Donation. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- K. Business Associates. Some of the services provided at the surgery center are provided by business associates. For example, we contract with certain laboratories to perform lab tests. When we contract for these services, we may disclose your health information to our business associates so that they can perform the job we have hired them to do. To protect your health information, we require our business associates to appropriately safeguard your information.
- L. Workers' Compensation. We may release medical information about you to the extent authorized by and to the extent necessary to comply with the laws relating to workers' compensation or other similar programs established by law.
- M. Public Health Risks. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- N. Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- O. Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- P. Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- Q. Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. We may also disclose health information to funeral directors consistent with applicable law to carry out their duties.
- R. Food and Drug Administration. We may disclose to the FDA health information related to adverse events with respect to food, supplement, products and products defects, or post marketing surveillance information to enable product recalls, repair, or replacement.
- S. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

IV. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only upon a specific written authorization you provide to us that is different from the consent you have signed which allows the surgery center to use your medical information for the purposes listed in A-S above. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. The revocation, however, will not have any effect on any action the surgery center took before it received the revocation.

V. QUESTION OR COMPLAINTS

If you have questions and would like additional information you may contact Lori Callahan, Director, 847/458-1246 at the surgery center.

If you believe your privacy rights have been violated, you can submit a written complaint describing the circumstances surrounding the violation to Lori Callahan, Director, 847-458-1246 at the surgery center or to the Secretary of Health and Human Services in Washington, D.C. You will not be penalized for filing any complaint. To contact the Illinois Department of Health regarding a complaint, call: 1-800-252-4343.