

DIRECTIONS

From Route 46 East/West

By the Passaic river take Route 20 NORTH, Take to end. Will come to a “T” in the road. Make a LEFT at “T”. Make next RIGHT to go over bridge. Continue onto Lincoln Ave. Go through one light, make second LEFT onto Loretto Ave.

From Routes 4 East/West or 17 North/South

Take Route 4 WEST to Route 208 NORTH. Fourth exit past the Nabisco plant, exit on Lincoln Ave. Make RIGHT at stop sign onto Lincoln Ave. Go one mile. Make first RIGHT after the second light onto Loretto Ave.

From the Garden State Parkway

SOUTH: Take exit 163 to Route 17 SOUTH, follow above.

NORTH: take exit 160, make a LEFT onto Passaic Ave/Paramus Road, cross over Route 4, take ramp marked "Route 4 west, Route 208 north" . Follow above.

From Route 208

SOUTH: Take first Maple Ave exit marked Hawthorne/Paterson. Make RIGHT at stop sign onto Harristown Road. Take to end, make LEFT onto Lincoln Ave. Make RIGHT onto Loretto Ave.

NORTH: Fourth exit past the Nabisco plant, exit on Lincoln Ave. Make RIGHT at stop sign onto Lincoln Ave. Go one mile. Make first RIGHT after the second light onto Loretto Ave.

From Route 21 North

Take Route 21 NORTH to the end, you will be on Route 46 east. Stay to left and take Route 20 NORTH. Follow above.

From Route 80 East/West

Take exit 60, which is Route 20 NORTH. Follow above.

From William Paterson University

Take Ratzer Road, pass school on left. Continue on road which turns into Pompton Road and then Haledon Ave. Make LEFT onto North 7th Street in Haledon. Make slight LEFT at stop sign onto Wagaraw Road. Go through two lights, make LEFT at third light which is Lincoln Ave. Make LEFT onto Loretto Ave.

LOOK FOR “CSS 104” ON THE BUILDING

FURTHER QUESTIONS?

Our nursing department will contact you a day or two prior to your scheduled procedure. Visit our website at **www.TheCenterForSpecialSurgery.com** for directions, policies and more detailed information. Or call us at **973-427-6800** Monday to Friday, 9:00 am - 4:00 pm.

The Center for Special Surgery at Hawthorne

**104 Lincoln Avenue
Hawthorne, NJ 07506**

(973) 427-6800

www.TheCenterForSpecialSurgery.com

Preparation for your Colonoscopy or EGD

YOUR PROCEDURE IS ON (DATE): _____

YOU ARE SCHEDULED FOR A:

COLONOSCOPY

EGD

IF YOU HAVE A COLD AND/OR FEVER OR NEED TO CANCEL FOR ANY REASON PLEASE CALL THE CENTER AS SOON AS POSSIBLE TO RESCHEDULE. PLEASE LEAVE A MESSAGE IF CALLING AFTER HOURS.

IMPORTANT WHEN SCHEDULING

1. PLEASE TELL YOUR DOCTOR IF YOU ARE TAKING COUMADIN, ASPIRIN, HEART OR HIGH BLOOD PRESSURE MEDICATIONS.
2. STOP TAKING IRON PILLS, VITAMINS WITH IRON AND BLOOD-THINNING MEDICATIONS (SUCH AS COUMADIN, ASPIRIN, PLAVIX) AT LEAST THREE DAYS PRIOR TO YOUR PROCEDURE.
3. PLEASE TELL YOUR DOCTOR IF YOU HAVE A HEART MURMUR, RHEUMATOID HEART DISEASE, OR IF YOU HAVE HAD JOINT-REPLACEMENT SURGERY.

IF YOU DO NOT HEAR FROM US BY THE DAY BEFORE YOUR SCHEDULED PROCEDURE, PLEASE CONTACT THE CENTER AT 973-427-6800.

IF YOU ARE SCHEDULED FOR A COLONOSCOPY

IT IS CRITICAL THAT YOU FOLLOW THESE INSTRUCTIONS SO THAT YOUR DOCTOR HAS A CLEAR VIEW OF YOUR COLON. ONE DAY OF INCONVENIENCE ON YOUR PART CAN GREATLY IMPROVE THE ODDS OF FINDING ANY IRREGULARITIES THAT MAY BE IN YOUR BODY.

8:00 AM THE DAY BEFORE YOUR PROCEDURE

STOP EATING ALL SOLID FOODS!

- YOU MAY DRINK AS MUCH LIQUID AS YOU NEED: CHICKEN / BEEF BROTH, WATER, WHITE GRAPE JUICE, SODA, BLACK COFFEE OR PLAIN TEA.
- YOU MAY ALSO EAT PLAIN JELL-O.

DO NOT:

- HAVE ANY FOOD OR DRINK WITH RED DYE OR ANY DAIRY PRODUCTS.

BOWEL PREPARATION

- IF YOU HAVE A PROBLEM BEGINNING OR COMPLETING THE COLON PREPARATION, PLEASE CALL YOUR DOCTOR'S OFFICE AS SOON AS POSSIBLE.
- YOU MAY FEEL SLIGHTLY BLOATED UNTIL YOU START MOVING YOUR BOWELS. DIARRHEA WILL CONTINUE FOR ABOUT 1 HOUR AFTER YOU FINISH THE PREP.

[] **SUPREP** AT PM:

POUR ONE 6-OZ BOTTLE OF SUPREP INTO MIXING CONTAINER. ADD COOL DRINKING WATER TO 16-OZ LINE ON THE CONTAINER AND MIX. DRINK ALL FLUID IN CONTAINER. YOU MUST DRINK TWO MORE 16-OZ CONTAINERS OF WATER OVER THE NEXT ONE HOUR.

AT PM:

POUR THE SECOND 6-OZ BOTTLE OF SUPREP INTO MIXING CONTAINER. ADD COOL DRINKING WATER TO 16-OZ LINE ON THE CONTAINER AND MIX. DRINK ALL FLUID IN CONTAINER. YOU MUST DRINK TWO MORE 16-OZ CONTAINERS OF WATER OVER THE NEXT ONE HOUR.

[] **HALFLYTELY** AT PM:

MIX THE CONTENTS WITH COLD SPRING WATER AND REFRIGERATE. TAKE THE BISCACODYL TABLET WITH WATER.

TWO HOURS AFTER TAKING THE PILL

START DRINKING YOUR BOWEL PREP 8 oz EVERY 10 – 15 MINUTES. IT IS VERY IMPORTANT THAT YOU DRINK THE ENTIRE CONTENTS BEFORE MIDNIGHT.

[] **NULYTELY** AT 8:00 AM

MIX THE CONTENTS WITH COLD SPRING WATER AND REFRIGERATE.

AT PM:

START DRINKING YOUR BOWEL PREP 8 oz EVERY 10 – 15 MINUTES. IT IS VERY IMPORTANT THAT YOU DRINK THE ENTIRE CONTENTS BEFORE MIDNIGHT.

MIDNIGHT:

STOP ALL EATING AND DRINKING!

See back inside page for more instructions...

IF YOU ARE SCHEDULED FOR AN EGD

THE DAY BEFORE YOUR PROCEDURE

STOP ALL EATING AND DRINKING AT MIDNIGHT. WE MAY HAVE TO CANCEL YOUR PROCEDURE IF YOU EAT OR DRINK AFTER MIDNIGHT.

FOR EITHER A COLONOSCOPY OR EGD

THE DAY OF YOUR PROCEDURE

WE ASK THAT YOU ARRIVE AT THE CENTER ONE HALF HOUR PRIOR TO YOUR APPOINTMENT TIME UNLESS OTHERWISE SPECIFIED. YOU WILL BE RECEIVING IV SEDATION SO YOU WILL BE SLEEPING AND COMFORTABLE THROUGHOUT YOUR PROCEDURE.

DO NOT:

- WEAR JEWELRY OR BRING VALUABLES.
- EAT OR DRINK ANYTHING INCLUDING PILLS / MEDICATIONS, UNLESS OTHERWISE INSTRUCTED.
- WEAR ANY MAKE-UP.

WEAR:

- LOOSE FITTING COMFORTABLE CLOTHING.

PLEASE BRING WITH YOU:

1. ALL INSURANCE CARDS.
2. A PHOTO ID.
3. A LIST OF ALL MEDICATIONS YOU TAKE.

AFTER YOUR PROCEDURE

1. YOU CANNOT DRIVE YOURSELF HOME AFTER YOUR PROCEDURE.
2. PLAN ON NOT DRIVING FOR THE REST OF THE DAY AFTER YOUR PROCEDURE BECAUSE YOU MAY BE SLEEPY FROM THE ANESTHESIA.
3. YOU MAY RESUME NORMAL DIET AS SOON AS YOU FEEL ABLE, UNLESS OTHERWISE INSTRUCTED BY YOUR DOCTOR.

ADDITIONAL INSTRUCTIONS FROM YOUR DOCTOR:

2. **DISASTER RELIEF**- Share medical information with public or private organization(s) or person(s) who can legally assist in disaster relief efforts.
3. **RESEARCH IN LIMITED CIRCUMSTANCES**- Medical information that can assist research will be shared, but nonessential patient information such as name, address and insurance information will be withheld.
4. **COURT ORDERS, JUDICIAL AND ADMINISTRATIVE PROCEEDINGS**- If served, we may disclose medical information in response to a court order, subpoena, discovery request, or other lawful process. Under limited circumstances such as a court order, warrant, or grand jury subpoena, we may disclose medical information with law enforcement officials.
5. **PUBLIC HEALTHCARE ACTIVITIES**- As required by law, we may disclose medical information to public health or legal authorities charged with preventing or controlling diseases, injury or disability, including child abuse or neglect. We may also contact the FDA for the purposes of reporting an adverse reaction to a product.
6. **VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE**- We will disclose medical information to the appropriate authorities if we reasonably believe there is a crime of this type being committed.
7. **WORKERS COMPENSATION**- We may disclose health information when authorized by the patient and necessary to comply with laws relating to workers compensation or other similar programs.
8. **HEALTH OVERSIGHT ACTIVITIES**- We may disclose medical information to agencies providing health oversight as required by law.
9. **LAW ENFORCEMENT**- We may disclose limited information to law enforcement officials concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person.

PATIENT RIGHTS CONCERNING PRIVACY:

- A. Patients have the right to look at or get copies of their medical information. Any request for copies must be made in writing and be included in the patients chart for future reference.
- B. As per NJAC 8:43G-15.3(d) health care providers must furnish patients and their representatives with copies of their medical records and may charge a \$10 search fee, \$1.00 per page for the first 100 pages, \$.25 per page for pages 101-400 and the actual cost of any postage required.
- C. Patients have the right to receive a list of all the times we shared medical information for purposes other than treatment, payment and health care operations and other specified exceptions.
- D. Patients may request that we place additional restrictions on use or disclosure of their medical information. We will notify the patient if we are unable to comply with their request.
- E. Patients may request that we change their medical information. We may deny that request if we did not create the information that is in dispute. If we deny the request, we must provide the patient a written explanation. The patient may then provide a written explanation that will be included with the disputed information.
- F. If the patient reads these policies via the internet or via a posted copy and wishes to have a copy, the Center will provide a hard copy.
- G. The patient has the right to have a designated person to write to or ask questions concerning these policies. The person designated at our facility is:

John Tauber, Executive Director 973-427-6800 CSSNJ@aol.com

- H. If a patient believes we have violated their privacy rights and does not wish to contact the person listed above, they may submit a written complaint to the US Department of Health and Human Services. We will not retaliate in any way if the patient files a complaint.
- I. Effective March 26, 2013, the patient has the right to restrict certain disclosures of Protected Health Information to a Health Plan when the individual pays out of pocket in full for the healthcare item or service.

PATIENT DISCLOSURE CONSENT

POLICY: HIPAA privacy rules give individuals the right to request a restriction of uses and disclosures of their protected health information. The individual is also provided the right to request confidential communications or that communications be made via alternative means such as sending information to the individuals place of employment instead of their home. The center shall address and respect patients concerns.

PROCEDURE:

- A. The center has developed a patient disclosure consent form (included at the end of this section). This form requests where and how each patient wishes to be contacted.
- B. Every staff physician's office will be given a copy of our patient disclosure consent form and will be requested to have the patient fill the form out in their office and forward the form to the center at the time the case is being scheduled.
- C. The completed form will be included in the patients chart and will be referred to for any off site patient contact.
- D. Should a staff physician's office fail to forward a completed patient disclosure consent form :
1. The initial contact via phone will be a guarded conversation until direct patient conversation is made.
 2. The staff member will ask for a verbal response to the form questions and will include the form in the chart to be signed by the patient the day of their procedure.
- E. The form shall remain in the chart and will be referred to for all post-procedure calls made.

Everything in this pamphlet can also be found on our website:
www.TheCenterForSpecialSurgery.com/disclosures.htm

The Federal government requires us to notify you of the following policies at the Center

Si tiene dificultad en entender este documento por favor comuníquese con nosotros al 973-427-6800 para ayudarlo.

Jezeli masz problem w zrozumieniu tego dokumentu proszę zadzwonić do nas na numer tel 973-427-6800 a my postaramy się Tobie pomóc.

PATIENT RIGHTS

The patient has the right to:

1. Treatment without regard to race; creed; color; ethnic origin; nationality; sex; handicap; age; affiliation with fraternal or religious organizations; cultural, economic, or educational background; or the source of payment for care.
2. Considerate and respectful care.
3. The knowledge of the name of the surgeon who has primary responsibility for coordination, his care, and the names and professional relationships of other practitioners who will see him.
4. Receive information from his surgeon about his illness, his course of treatment, and his prospects for recovery in terms he can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
5. Receive the necessary information about any proposed treatment or procedure in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of all the procedure(s) or treatment(s), the medically significant risk(s) involved in this treatment, an alternate course of treatment or non-treatment, and the risk(s) involved in each, and the name of the person who would carry out the treatment(s) or procedure(s).
6. Participate actively in decision(s) regarding his medical/surgical care. To the extent it is permitted by law, includes the right to refuse treatment.
7. Full consideration of privacy concerning his medical/surgical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to his care. His written permission shall be obtained before his medical records are made available to anyone not concerned with his care.
9. Reasonable responses to any reasonable request he makes for services.
10. Reasonable continuity of care and to know in advance the time and location of appointment(s), as well as, the practitioner providing the care.
11. Be advised if the surgeon proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
12. Be informed by his surgeon, or designee, of his continuing health care requirements.
13. Examine and receive an explanation of his bill regardless of the source of payment.
14. Have all patient rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
15. Express any grievances or suggestions verbally or in writing.
16. Have in effect advanced medical directives concerning such issues as living wills and durable powers of attorney that will be identified to the Center and followed as appropriate under State and Federal Regulations.

AS A PATIENT AT THIS CENTER, YOU CAN EXPECT:

- ☐ Your reports of pain will be believed.
- ☐ Information about pain and pain relief measures.
- ☐ A concerned staff committed to pain relief measures.
- ☐ Health professionals who respond quickly to reports of pain.
- ☐ Effective pain management.

WE EXPECT THAT YOU WILL:

- ☐ Ask your doctor or nurse what to expect regarding pain and pain management.
- ☐ Discuss pain relief options with your providers and nurses.
- ☐ Work with your provider and nurse to develop a pain management plan.
- ☐ Ask for pain relief when pain first begins.
- ☐ Help your provider and nurses assess your pain.
- ☐ Tell your provider or nurse if your pain is not resolved.
- ☐ Tell your provider or nurse about any other worries you have taking pain medication

SUBMISSION AND INVESTIGATION OF GRIEVANCES.

Policy: The Center has established a procedure for documenting the existence, submission, investigation, and disposition of a patient's written or verbal grievance to the Center.

- A. All alleged violations/grievances relating, but not limited to, mistreatment, neglect, abuse (verbal, mental, sexual, or physical), must be fully documented.
- B. All allegations must be immediately reported to a person of authority in the Center.
- C. Only substantiated allegations must be reported to the State authority or the local authority, or both.

D. The initial review of the grievance and a written response will take place within a 30 day period of the complaint being received.

E. The Center, in responding to the grievance, will investigate all grievances made by a patient or the patient's representative regarding treatment or care that is (or fails to be) furnished.

F. The Center will document how the grievance was addressed, as well as provide the patient with written notice of its decision. The decision will contain the name of the Center's contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed.

G. The person lodging the complaint will also be forwarded the following information as to where they can lodge a formal complaint should they not be satisfied with the decision of the investigation.

5.

DIVISION OF HEALTH FACILITIES EVALUATION AND LICENSING

NJ STATE DEPT. OF HEALTH

CN 367

TRENTON, NJ 08625-0367

800-792-9770

STATE OF NJ

OFFICE OF OMBUDSMAN FOR THE INSTITUTIONALIZED ELDERLY

CN 808

TRENTON, NJ 08625

800-624-4262 www.cms.hhs.gov/center/ombudsman.asp

JOINT COMMISSION on ACCREDITATION of HEALTHCARE ORGANIZATIONS

ONE RENAISSANCE BLVD

OAKBROOK TERRACE, IL 60181

630-792-5000

CHARGES FOR YOUR PROCEDURE

Pre-certification: Your Insurance company will be called to pre-certify your procedure and verify your benefits. Please make sure we have the correct insurance information.

Professional Fees: This is the fee billed by your doctor for his/her services. These fees are within the range considered usual and customary for this area.

Facility Fees: This is the fee billed by the facility. These fees are within the range considered usual and customary for this area.

Anesthesia Fees: For both your comfort and the highest level of safety a Board certified Anesthesiologist will administer anesthesia. These fees are within the range considered usual and customary for this area.

Pathology Fees: During your procedure should your doctor determine that a tissue sample be taken to be examined by a pathologist, it will be sent to a lab. During our pre-certification call we will ask your insurance company if they request a certain lab to be used.

In- Network Deductibles: Should Medicare or your insurance company require an in-network deductible you will receive a bill for that amount.

FINANCIAL INTEREST

Our facility is approved to perform procedures and charge facility fees under several state and federal laws. Those laws require that a single room surgical facility can only grant staff privileges to physicians that have an ownership interest in the facility. As such your physician is a part owner in this facility. Your doctor also has staff privileges at a local hospital. You have the right to ask your doctor to have your procedure to be performed at that hospital.

ADVANCE DIRECTIVES - LIVING WILL

On January 11, 1992, a New Jersey law took effect which mandates that all health care facilities ask patients whether they have an Advance Directive or Living Will. At the Center For Special Surgery we have made this part of our admitting process. Your doctor should have inquired about this issue at his/her office and instructed you to bring a copy of your Advance Directive or Living Will the day of your procedure. During our pre op call our staff member will also speak to you on this matter.

An Advance Directive or Living Will is used by an individual to indicate their voluntary, informed choice of accepting, rejecting, or choosing among alternative courses of medical treatment. An Advance Directive or Living Will is a document which allows you to give written instruction to those caring for you indicating the type of health care you would wish to receive or reject in the event you become unable to express these decisions yourself. There are three different types of Advance Directive:

1. Proxy Directive - This is a document in which a competent adult names a trusted relative or friend to make health care decisions on their behalf when they are unable to make these decisions.

2. An Instruction Directive - In this document, the person writing it provides written instructions concerning the type of medical treatment they want or do not want performed for them and under what circumstances.

3. A Combined Directive - In this document, a competent adult states their general wishes regarding the kind of health care they wish to receive but appoints a trusted friend or relative to carry them out.

A brochure containing living will information is available from the division of Aging. If you wish to receive the brochure, please make your request to:

The Division of Aging, 101 South Broad Street CN 807 Trenton, NJ 08625

Advance Directive/Living Will forms will be available at our center. The Center does not directly honor Advance Directive/Living Wills at our facility as we generally care for healthy non-terminal patients. If however, there be any unforeseen complications during the surgery our medical staff will make every effort to stabilize the patient for transfer to a local hospital. Any Living wills will be forwarded with the complete patient chart for use at the hospital.

PRIVACY POLICIES

This policy takes effect on October 12, 2002 and remains in effect until it is formally changed.

POLICY: The privacy of patient's medical information is important to us. We understand that medical information is personal and we are committed to protecting it. A record of the care and services a patient receives at our facility along with any pertinent medical test results or examinations is maintained in a file. This file is needed to provide quality care and comply with legal requirements. Patients have the right to know how we use and share medical information. They also have rights to release the file of their medical information with proper written documentation.

LEGAL REQUIREMENTS:

A. Keep medical files private.

B. Make this policy available to patients and their representatives describing our legal duties, privacy practices, and patient rights concerning their medical information.

C. The Center must follow its posted policies.

CENTER RIGHTS:

A. The Center has the right to change our privacy policies at any time provided the changes comply with current law.

B. The Center may change the policies for all files including dates of service before the policies were created.

NOTICE:

A. Before an important change to our privacy practices takes effect, we will post the new policy and its effective date.

USE AND DISCLOSURE OF MEDICAL INFORMATION:

The following section describes different ways that the Center uses and discloses medical information. For each kind of standard use listed, an explanation and example will be provided. However, not every conceivable use or disclosure will be included. Both standard uses and other general uses that are permitted by law will be listed. The Center will not use or disclose medical information in a manner not listed below without specific written authorization. Moreover, any specific written authorization may be revoked at any time by written notification.

A. FOR TREATMENT - The Center may use medical information that is presented to us to provide medical treatment or services. Medical information may be disclosed to doctors, nurses, technicians, medical students, or other people who are taking care of a patient, also clerical staff who are handling the file in the course of their specific job function.

EXAMPLE- A patient is admitted to our facility for foot surgery and they are a diabetic. A number of health care and support staff need to know about the diabetic condition.

- The doctor needs to know this because it may slow the healing process.

- The nurse(s) and receptionist need to know this because they may offer the patient refreshments after their procedure.

- The clerical who is entering the patient's information into our database and creating the patient file needs to know this information to alert the medical staff.

- Any health care provider who the patient is referred to for additional care or treatment needs to be aware of the condition to assist them in their activities.

B. FOR PAYMENT - The Center may disclose medical information for payment purposes.

EXAMPLE- A patient is scheduled for a procedure in our facility.

- Their insurance plan may require notification from our staff about treatment prior to services being rendered to get approval or determine if the plan will pay for the treatment.

- The health insurance plan requires information about diagnosis and care to process all claims for paying the center or reimbursing the patient for any payments made to the center.

C. FOR HEALTH CARE OPERATIONS- The Center may disclose medical information for our health care operations. This may include measuring and improving quality, evaluating the performance of our staff and maintaining our accreditation, certificates or approvals we need to legally provide services.

EXAMPLE- A patient receives treatment at our facility and we are being inspected by the Joint Commission.

- The on-site professional(s) who are conducting the inspection need to view the chart and entire patient record to ensure we are following our policies and procedures.

- During the inspection, the on-site professional(s) may wish to speak to a patient about the care they are receiving that day to ensure we are following our policies and procedures.

D. ADDITIONAL USES AND DISCLOSURES- In addition to using a patient's medical information for treatment, payment and health care operations, we may also use and disclose medical information for the following purposes:

1. NOTIFICATION of family member, personal representative or other person(s) who are responsible for a patient's care. If requested, we will share information about location or general condition. If the patient is present and able, we will ask permission before we share the information. In case of emergency we will only share the information that is directly necessary for the patient's care, according to our professional judgment. We will use our professional judgment to make decisions in the patient's best interest about allowing someone to pick up medicine, medical supplies, or to insure patient compliance with critical post treatment activities (such as keeping bandages dry).