



## IMPORTANT ADVANCE NOTICE INFORMATION

Dear Patient,

We would like to thank you for choosing Summit Surgical Center for your procedure.

Helpful phone numbers **Prior** to Surgery

- Pre-Surgery Interview & Questions 856-247-7835/856-247-7855
- Insurance/Financial Questions 856-247-7859
- General Questions 856-247-7990

In preparation, we are required to inform you in advance of the date of your procedure of certain items. Included in this mailing are the following items:

1. Directions
2. BEFORE YOUR PROCEDURE INSTRUCTIONS
3. Speak Up: How to Make Your Surgery Safer information
4. Summit Surgical Center Notice of our Patient's Bill of Rights and Responsibilities and Advanced Directive policy information
5. Summit Surgical Center LLC Notice of Physician Ownership
6. Joint Notice of Privacy Practices

Prior to the date of your procedure you will be contacted by a representative of Summit Surgical Center to confirm that you have received and understand these notices.

On the day of your procedure, you will be asked to sign and acknowledge that you have received both verbal and written notice of these items.

Thank you for choosing Summit Surgical Center as your healthcare provider, if you have any concerns please contact the facility or speak to your physician.

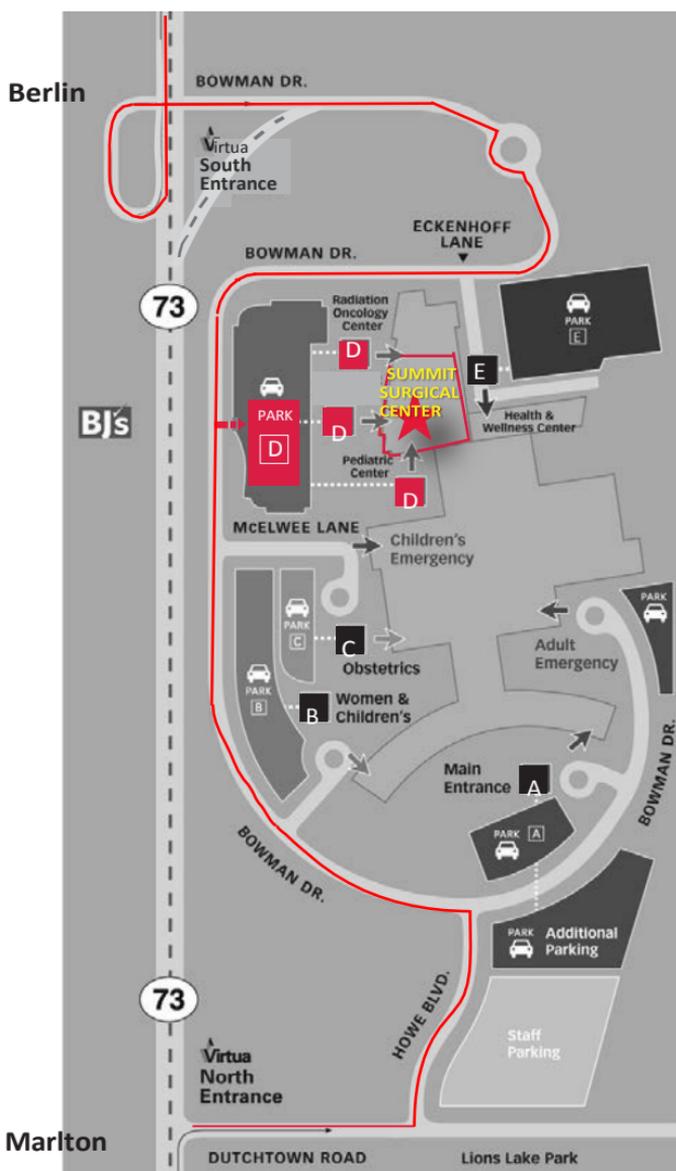
If you require any of these instructions in Spanish please refer to our website, [www.summitsurgicalcenter.net](http://www.summitsurgicalcenter.net)

Thank you for your prompt attention to this important information.

Sincerely,

*Anthonia Schmidt*

Anthonia J. Schmidt, MPA, BSN, RN, NE-BC  
Surgical Center Administrator



## DRIVING DIRECTIONS

### From areas North

Take Route 73 South past the Kresson Road and Route 73 intersection to the Virtua Voorhees entrance. Turn right at the traffic light onto Dutchtown Road then left onto Howe Boulevard and proceed to Bowman Drive. Turn left onto Bowman Drive and follow the signs for Summit Surgical Center, turn right onto McElwee Lane and left into parking lot D.

### From areas South

Take Route 73 North to Bowman Drive; take the jug handle and cross over Route 73 onto Bowman Drive. Continue round until you reach parking lot D, turn left into the parking lot.

### Summit Surgical Center

200 Bowman Drive, Suite D160 Voorhees, NJ 08043

Phone: 856-247-7800 Fax: 856-247-7858

[www.summitsurgicalcenter.net](http://www.summitsurgicalcenter.net)

**BEFORE YOUR PROCEDURE INSTRUCTIONS**

**If these instructions are not followed, you or your child's procedure may be re-scheduled for another day or delayed for many hours.**

**For Infants**

- **Stop Formula: 6 hours** before your arrival time.
- **Stop Breast Milk: 4 hours** before your arrival time.

**For All Patients**

- **No food** after **midnight** the day prior to surgery, including candy, mints, or chewing gum.



- If you are the **FIRST ADULT** patient of the day, or if your doctor has requested us to do so, the Pre-Admission Nurse will instruct you **NOT TO DRINK AFTER MIDNIGHT**.
- **Otherwise, stop 8 ounces of clear fluids: 2 hours** before your arrival time. **Clear Fluids** are Water, Apple Juice, Pedialyte (except RED colored Pedialyte) or Gatorade (except RED colored Gatorade) **ONLY! (8 ounces = 1 cup).**

**For your safety, all jewelry and piercings must be removed.** No plastic spacers allowed when piercing is near an airway such as a nose, lip, or mouth.

***Kindly arrive on or before the time that is given to you the day before surgery.***

**Any questions, please contact the Pre-Admission Nurse – Monday through Friday:**

- 856-247-7835
- 856-247-7855

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For additional information, please visit our website at: <http://www.summitsurgicalcenter.net>

# Speak Up: How to Make Your Surgery Safer

## Preparing for your surgery

### Ask your doctor:

- Are there any prescription or over-the-counter medicines that you should not take before your surgery?
- Can you eat or drink before your surgery?
- Should you trim your nails and remove any nail polish?
- If you have other questions, write them down. Take your list of questions with you when you see your doctor.

### Ask someone you trust to:

- Take you to and from the surgery facility.
- Be with you at the hospital or surgery facility. This person can make sure you get the care you need to feel comfortable and safe.

## Bathing Instructions:

- As a best practice initiative we encourage all patients to shower or bathe the evening prior to surgery or morning of surgery. **Please follow all Product Label Instructions and Physician's instructions if an antiseptic wash has been ordered.**

### Before you leave home:

- Do not wear make-up. Your caregivers need to see your skin to check your blood circulation.
- Leave your jewelry, money and other valuables at home.

## At the surgery facility

The staff will ask you to sign an Informed Consent form. Read it carefully. It lists:

- Your name
- The kind of surgery you will have.
- The risks of your surgery
- That you talked to your doctor about the surgery and asked questions
- Your agreement to have the surgery

Make sure everything on the form is correct. Make sure all of your questions have been answered. If you do not understand something on the form – speak up.

**For your safety, the staff may ask you the same questions many times. They will ask:**

- Who you are
- What kind of surgery you are having
- The part of your body to be operated on

They will also double-check the records from your doctor's office.

## Before your surgery

- A health care professional will mark the spot on your body to be operated on. Make sure they mark only the correct part and nowhere else. This helps avoid mistakes.
- Marking usually happens when you are awake. Sometimes you cannot be awake for the marking. If this happens, a family member or friend or another health care worker can watch the marking. They can make sure that your correct body part is marked.
- Ask your surgeon if they will take a "time out" just before your surgery. This is done to make sure they are doing the right surgery on the right body part on the right person.
- It is imperative that you share *all*

medical or surgical conditions or history with the healthcare team to ensure safe and appropriate care!

- Let the healthcare professional know if you have or had a recent cold or take respiratory treatments at home for asthma. This is very important for them to know.

## After your surgery

- Tell your doctor or nurse about your pain. Hospitals and other surgical facilities that are accredited by The Joint Commission must help relieve your pain.
- Ask questions about medicines that are given to you, especially new medicines. What is it? What is it for? Are there any side effects? Tell your caregivers about any allergies you have to medicines. If you have more questions about a medicine, talk to your doctor or nurse before taking it.
- Find out about any IV (intravenous) fluids that you are given. These are liquids that drip from a bag into your vein. Ask how long the liquid should take to "run out". Tell the nurse if it seems to be dripping too fast or too slow.
- Ask your doctor if you will need therapy or medicines after you leave the hospital.
- Ask when you can resume activities like work, exercise and travel.

## Patient's bill of rights

Each patient receiving services at the Summit Surgical Center shall have the following rights; according to New Jersey Administrative Code, Title 8 Chapter 43A-16.2:

1. To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The Center will supply the patient with rules and regulations governing patient conduct while in the Center;
2. To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
3. To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
4. To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;
5. To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
7. To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;

9. To confidential treatment of information about the patient.
  - i. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the Department for statutorily authorized purposes.
  - ii. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.
10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;
11. To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;
12. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient;
13. To not be discriminated against because of age, race, religion, sex, sexual orientation, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility; and
14. To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care in accordance with N.J.A.C. 8:43E-6.
15. Patients are informed of their right to change their provider if other qualified providers are available.

### **Patient's responsibilities**

1. The patient is expected to provide, to the best of their knowledge, accurate and complete information about their present complaint, past illnesses, hospitalizations, medications, and other matters relating to their health.
2. The patient is expected to cooperate with the planned care and treatment at Summit Surgical Center.
3. The patient is expected to be aware of and sensitive to the needs of other patients, and respectful of the property of other patients.
4. The patient has the responsibility to meet financial obligations to Summit Surgical Center and the physician for the services rendered.
5. The patient's activities must be consistent with the policies and procedures of the Summit Surgical Center that relate to patient care and conduct. The patient and any accompanying members are expected not to engage in any activity which is in violation of those policies and procedures.
6. Any patient that does not follow the plan of care prescribed for their surgical procedure, or that does not adhere to these Patient Responsibilities, may be dismissed from care at Summit Surgical Center.

7. To provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider.

## Advance Directives

If you have an advance directive, please provide a copy to Summit Surgical Center staff at the time of your admission. Please understand that while the physicians and staff of Summit Surgical Center respect your rights in accordance with law to participate in decisions regarding your healthcare, it is the policy of Summit Surgical Center that all patients undergoing surgical procedures will be considered eligible for life-sustaining emergency treatment. You may receive more information about advance directives from the New Jersey Department of Health & Senior Services at: <http://www.state.nj.us/health/advancedirective/>

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Comments or complaints may be forwarded to the following offices:

Anthonia Schmidt - Administrator Summit Surgical Center, LLC 200 Bowman Drive, Suite D160 Voorhees, NJ 08043 (856) 247-7813 www.summitsurgicalcenter.net	Division of Health Facilities Evaluation and Licensing New Jersey State Department of Health CN 367 Trenton, NJ 08625-0367 (800) 792-9770
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Office of the Ombudsman for  
the Institutionalized Early  
CN 807  
Trenton, NJ 08625  
(877) 582-6995  
www.cms.hhs.gov/center/ombudsman.asp  
<<http://www.cms.hhs.gov/center/ombudsman.asp>>

Accreditation Association for Ambulatory Health Care  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
(847) 853-6060  
[info@aaahc.org](mailto:info@aaahc.org)

Office of the Medicare Beneficiary Ombudsman  
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>



**English:** Summit Surgical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Spanish:** Summit Surgical Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

**Chinese:** Summit Surgical Center 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別、而歧視任何人。

For civil rights complaints:

File complaint in writing and send to:

Director of Quality Management:

200 Bowman Drive Suite D160

Voorhees, NJ 08043

For questions regarding the grievance procedure, phone the Director of Quality Management

(856) 247-7800

To contact the Office of Civil Rights:

U.S. Department of Health & Human Services

Centralized Case Management Operations

U.S. Department of Health & Human Services

200 Independence Avenue S.W.

Room 509 F HHH Bldg.

Washington D.C. 20201

Instructions for filing are described using the link below:

<http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>



**PHYSICIAN OWNERSHIP DISCLOSURE NOTICE**

Dear Patient,

Federal regulations require that we inform you in advance of the date of your procedure that the individuals or corporations listed below have a financial interest in Summit Surgical Center, LLC:

**Advanced ENT**

**Howard Bresalier, DO**  
**Harry Cantrell, MD**  
**Anthony Cultrara, MD**  
**Stephen Gadomski, MD**  
**Ashmit Gupta, MD**  
**Patrick Hall, MD**  
**Philip Rowan, MD**  
**David Schwartz, MD**  
**Rasesh Shah, MD**  
**Samir Shah, MD**  
**Mark Friedel, MD**  
**Ryan Walker, MD**

200 Bowman Drive  
Suite D285  
Voorhees, NJ 08043

**Advocare ENT Specialty Center**

**Scott Schaffer, MD**  
**Gabriel Wong, MD**  
**Saba Aftab, MD**

406 Lippincott Drive, Suite F  
Marlton, NJ 08053

**Professional Gastroenterology Associates**

**Ahmed Shehata, MD**  
**Warren Werbitt, DO**

1939 Route 70 East, Suite 250  
Cherry Hill, NJ 08003

**The Foot & Ankle Center, P.C.**

**Jack Bondi, DPM**  
**Raymond Ferrara, DPM**

Ganttown Professional Plaza  
438 Ganttown Road, Suite B-4  
Washington Township, NJ 08080

**Anette Brzozowski, DPM**

Regional Orthopedic, PA  
2201 West Chapel Ave. West  
Cherry Hill, NJ 08002

**Urology for Children, L.L.C.**

**Gregory Dean, MD**  
**Michael Packer, MD**  
**Jonathan Roth, MD**  
**Zarine Balsara, MD**

200 Bowman Dr, Suite E360  
Voorhees, NJ 08043

**Virtua Surgical Group, PA**

**Keith Meslin, MD**  
**Craig Zaretsky, MD**  
**Avi Galler, MD**  
**Khaled, El-Badawi, MD**  
**Emeka Acholonu, MD**  
**Aziz A. Sadiq, DO**

200 Bowman Drive,  
Suite E355  
Voorhees, NJ 08043

**Woman's Group for OB/GYN**

**Donna D'Elia, MD**  
**Wendy Martinez, MD**

Pavilions of Voorhees, Building 800  
2301 Evesham Road, Suite 122  
Voorhees, NJ 08043

**Tasos Aslandis, DO**

Vernose & McGrath Associates  
188 Fries Mill Road, Suite A-2  
Turnersville, NJ 08012

**Christopher Carey, MD**

Orthopedic Reconstruction Specialists, LLC  
Echelon Medical Center  
600 Somerdale Road, Suite 113  
Voorhees, NJ 08043

**Randolph Deger, MD**

Virtua Gynecologic Oncology Specialists  
200 Bowman Drive, Suite E315  
Voorhees, NJ 08043

**Joseph DiMenna, DPM**

Family Foot and Ankle Center of South Jersey  
1020 Kings Highway North, Suite 110  
Cherry Hill, NJ 08034

**Sabeena Farhath, MD**

Peds. Gastro Center  
2 Sheppard Road  
Suite 203  
Voorhees, NJ 08043

**John Gatti, MD**

409 Kings Highway South  
Cherry Hill, NJ 08034

**John Girimonte, DPM**

Pavilions at Voorhees  
2301 Evesham Road, Suite 307  
Voorhees, NJ 08043

**Leslie Hess, DPM**

Hess Ankle and Foot Center  
300 Lexington Road  
Building B, Suite 30  
Swedesboro, NJ 08085

**Barry Klein, DPM**

Blackwood Clementon Foot Specialists  
1130 Blackwood-Clementon Road  
Pine Hill, NJ 08002

**Celia Padron, MD**

Pediatric Gastroenterology Center  
901 B Route 73 North  
Marlton, NJ 08053

**Debra Prieto, MD**

661 North Broad Street  
Woodbury, NJ 08096

**Zuhair Sayany, DMD**

Dentistry for Special People, PA  
1910 East Route 70, Suite 9  
Cherry Hill, NJ 08003

**Edward Scheiner, DO**

ENT Surgical Associates, PA  
1924 Route 70 East  
Cherry Hill, NJ 08033

**Bruce Schnall, MD**

106 Glendale Executive Campus  
1000 White Horse Road  
Voorhees, NJ 08043

**John Tung, MD**

South Jersey Pediatric Gastroenterology, LLC  
Echelon Professional Center  
#1 Britton Place, Suite #8  
Voorhees, NJ 08013

**Lee Yasgur, MD**

1415 East Route 70, Suite 404  
Cherry Hill, NJ 08034

**Virtua Hand Surgery & Rehabilitation****Eric Strauss, MD****Andrew Sattel****Raymond Ragland, MD**

534 Lippincott Drive  
Marlton, NJ 08053

# **Summit Surgical Center, LLC**

## **Joint Notice of Privacy Practices**

Original Effective Date: July 21, 2008

Update Effective Date: March 28, 2014

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

This Joint Notice of Privacy Practices (“Joint Notice”) is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”), as amended. It is designed to tell you how we may, under federal law, use or disclose your Protected Health Information.

### **Who/What is Covered by this Joint Notice?**

This Joint Notice covers the facility, programs, employees, volunteers, medical residents, and participating members of the physician staff and allied health professionals. The information contained in the record of your medical care generated by Summit Surgical Center, LLC (“Summit”) is referred to as Protected Health Information. This Joint Notice applies to all Protected Health Information about you that is maintained by Summit, including any such information that is maintained in paper or electronic form, or spoken. This includes records of your care maintained by Summit, whether created by facility employees, your physician, consulting physicians, or others covered by this Joint Notice.

### **How We may Use or Disclose Your Protected Health Information**

#### **Federal and State Law Implications**

HIPAA is a federal law, which places limitations on the types of uses and disclosures health care providers, and others may make of Protected Health Information. At times, State or other regulations may afford more protection of your Protected Health Information or provide additional patient rights that exceed those under HIPAA. Some examples of categories of information that are afforded such additional protections under New Jersey law include HIV/AIDS; Venereal Diseases; Genetic Testing; Drug and Alcohol Treatment facility records; Mental Health facility records; and, Minors who independently consent to medical treatment in accordance to State law. In these and all other applicable cases, Summit will abide by the most stringent of the regulations as they pertain to Protected Health Information, including obtaining your prior written consent, as required, before any such information is disclosed to a third party.

#### **Uses and Disclosures Under HIPAA**

- 1. We May Use or Disclose Your Protected Health Information for Purposes of Treatment, Payment or Healthcare Operations without Obtaining Your Prior Authorization. Here are a few examples of each category:**

### *Treatment*

- Your Protected Health Information may be provided to physicians, nurses, medical technicians, clerks, their associated staff and care coordinators, and others, for purposes of providing you with **medical treatment**, care and services. This includes medical staff members and other health care workers not members of the medical staff and who do not work for, or at, Summit.

### *Payment*

- The billing department will access Protected Health Information and send relevant information to insurance companies and third party payers so that payment can be made for the services provided.

### *Health Care Operations*

- We may access or send your information to our attorneys, accountants, or other personnel in the event we need the information in order to address one of our own business functions.
- Protected Health Information will be provided to third party “business associates” that perform various activities and services (e.g., billing, transcription, and medical equipment) on behalf of Summit. In such situations, Summit will have a written contract in place that restricts the ability of the business associate to use or disclose your Protected Health Information in accordance with HIPAA requirements.

## **2. Protected Health Information May Also Be Used Without Prior Authorization Under the Following Circumstances:**

*To Notify and/or Communicate with your Family* - Unless you inform us of your objection in writing, we will use or disclose your Protected Health Information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care, about your location, your condition or of your death. We may also discuss your health care with your family and to the extent that they are involved in your care, with your friends. If you are unable or unavailable to agree or object to our discussing these matters with your family and/or friends, our health professionals will use their judgment as to whether any communications with your family or others are necessary and/or appropriate. In certain circumstances we may also disclose your Protected Health Information as authorized for disaster relief purposes

*For Facility Directories* - Unless you inform us of your objection in writing, we will use and disclose in our facility directory your name, location at which you are receiving care, condition (in general terms), and your religious affiliation. All of this information, except for religious affiliation will be disclosed to people that ask for you by name. Only members of the clergy will be told your religious affiliation.

*As Required by Law* – Protected Health Information will be used and disclosed to the extent that such use or disclosure is required by law. Examples of just a few such requirements

are: communicable disease reporting, incidence of cancer, burns, seizures, gun shots, abuse, organ donations, product recalls, and product failures. Examples of just a few of the authorities/agencies to which Protected Health Information may be disclosed include: New Jersey Department of Health and Senior Services, the Division of Motor Vehicles, Local and/or State Police, the Medical Examiner and County Prosecutor, Organ Procurement Agencies, the Drug Enforcement Administration, the Ombudsman, the Office of Civil Rights, the Centers for Medicare and Medicaid Services and/or Peer Review Organizations.

*For Public Health Purposes*—Protected Health Information will be provided to local, state or federal public health authorities, as authorized or required by law to prevent or control disease, injury or disability; to report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

*For Health Oversight Activities*—Protected Health Information will be used and disclosed to health agencies during the course of audits, investigations, surveys, accreditation, certification and other proceedings.

*In Response to Subpoenas or for Judicial and Administrative Proceedings* – In general, Protected Health Information may be used and disclosed in the course of an administrative or judicial proceeding. However, we will attempt to ensure that you have been made aware of the use or disclosure of your Protected Health Information prior to its release.

*To Law Enforcement Personnel* – Protected Health Information will be used and disclosed to law enforcement officials to identify or locate a suspect, fugitive, material witness or missing person, or, in some cases, to comply with a court order or subpoena and for other law enforcement purposes.

*To Coroners or Funeral Directors* – Protected Health Information may be disclosed for purposes of communicating with coroners, medical examiners and funeral directors.

*For Purposes of Organ Donations* – Protected Health Information will be used and disclosed for purposes of communicating to organizations involved in procuring, banking or transplanting organs and tissues,

*For Research* – Protected Health Information may be used and disclosed to researchers if an Institutional Review Board has approved the waiver of an Authorization and certain other assurances are met.

*For Public Safety* – Protected Health Information will be used and disclosed in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

*To Aid Specialized Government Functions* – Protected Health Information may be used and disclosed for military or national security purposes. Protected Health Information of patients who are Armed Forces personnel may be used and disclosed: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. Protected

Health Information may be used and disclosed to authorized federal officials for conducting national security and intelligence activities.

*For Worker's Compensation* – Protected Health Information may be used and disclosed as necessary to comply with worker's compensation laws.

*To Correctional Institutions or Law Enforcement Officials* – If you are an inmate, Protected Health Information may be disclosed to the correctional institution or law enforcement officials.

- 3. Required Uses and Disclosures:** Under the law, disclosures must be made to you, upon your request (unless medically contraindicated) and when required by the Secretary of the Department of Health and Human Services to investigate or determine compliance with HIPAA.

- 4. We May Also Use or Disclose Your Protected Health Information for the Following Purposes:**

*Appointment/Program Reminders* – To contact you with appointment reminders or to provide information on other treatments or health-related benefits and services that may be of interest to you. We will use or disclose your Protected Health Information to communicate with you about our programs and services including disease management, health promotion, preventive care and wellness programs.

*Change of Ownership* – In the event that the entity is sold or merged with another organization, your Protected Health Information will become the property of the new owner.

- 5. For All Other Circumstances, We May Only Use or Disclose Your Protected Health Information After You Have Signed an Authorization.** If you authorize us to use or disclose your Protected Health Information for another purpose, you may revoke your authorization in writing at any time. However, the revocation will not be effective to the extent that Summit has taken action in reliance on the use or disclosure allowed by the Authorization. Unless otherwise permitted by HIPAA, we are required to obtain your authorization in most circumstances for uses and disclosures (a) of psychotherapy notes, (b) for marketing purposes, and (c) circumstances where we would exchange your Protected Health Information for something of value (a "sale").

### **Your Rights with Respect to Your Protected Health Information**

1. You have the **right to request restrictions** on the uses and disclosures of your Protected Health Information. This means you may ask us not to use or disclose any part of your Protected Health Information for treatment, payment or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to your family members or friends who may be involved in your care, or for notification purposes as described in this Joint Notice. Any such requests for restrictions must be in writing, be addressed to the Privacy Officer and state the specific restriction requested and to whom you want the restriction to apply. However, we are not required to comply with your

request; **unless** you are asking us to restrict the use and disclosure of your Protected Health Information **to a health plan** for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have **paid us “out-of-pocket”** in full.

2. You have the right to request your Protected Health Information be received by you through **confidential** means. However, we may condition this accommodation by asking you for information as to how payment will be handled or a specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Your request must be in writing, be addressed to the Privacy Officer and state the specific alternate means or location.
3. You have the right to inspect and to **obtain a copy** of your Protected Health Information, unless such access is determined to be medically contraindicated. If such information is maintained in an Electronic Designated Record Set, your access rights include the right to a copy in an electronic format if readily producible in such format. Summit will charge you a reasonable cost-based fee for the copying of paper and electronic records. Your right to inspect and obtain a copy of your Protected Health Information extends only to your Protected Health Information contained in Summit’s Designated Record Set for you. A “Designated Record Set” is the HIPAA term for medical and billing records and any other records that Summit uses for making health care decisions about you.
4. You have a right to request that we **amend** the Protected Health Information contained in your Designated Record Set if you believe it is incorrect or incomplete. However, we are not required to make any such amendments. If we deny a request, we will provide you with information about our denial and explain how you can disagree with the denial by filing a statement of disagreement with us. We may then prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. All of these documents will be placed in the appropriate part of your Designated Record Set. If you are requesting that we amend your records because you believe that you are a victim of medical identity theft, we will use reasonable efforts to assist you in making corrections to your record which are determined to be appropriate under the circumstances.
5. You have a right to receive an **accounting of disclosures** of your Protected Health Information made by us, except that we do not have to account for disclosures made prior to April 14, 2003 or certain other disclosures, such as those authorized by you; provided in response to an Authorization; made in order to notify and communicate with family; for certain government functions, and/or disclosures provided to you, to name a few. The right to receive an accounting is subject to exceptions, restrictions and limitations.
6. You have a right to a paper copy of this Joint Notice of Privacy Practices upon request, even if you have agreed to accept the Joint Notice electronically.
7. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Patient Representative or the Privacy Officer.

### **Our Duties to You**

We are required by law to maintain the privacy of your Protected Health Information and to provide you with a copy of our legal duties and privacy practices with respect to your Protected

Health Information in this Joint Notice. We will notify you in the event a Breach occurs affecting your Unsecured Protected Health Information.

We are also required to abide by the terms of this Joint Notice.

We reserve the right to amend this Joint Notice at any time in the future and to make the new Joint Notice provisions applicable to your Protected Health Information – even if it was created prior to the change in the Joint Notice. If such amendment is made, we will immediately display the revised Joint Notice at our office, and on our Web Site at [www.summitsurgicalcenter.net](http://www.summitsurgicalcenter.net). We will also provide you with a copy, at any time, upon request.

### **How You May Complain to the Government About our Privacy Practices**

You may make complaints to the Office of Civil Rights (OCR) for the New Jersey region if you believe your rights have been violated. You may contact OCR at:

Office for Civil Rights  
Jacob Javits Federal Building  
26 Federal Plaza - Suite 3312  
New York, NY 10278  
(212) 264-2355 or Toll Free: 1 (877) 696-6775

We promise not to retaliate against you for any complaint you make to a government agency pertaining to our privacy practices.

### **How You May Contact us About our Privacy Practices**

You may contact us about our privacy practices by calling the Privacy Officer at: 1 (856) 247-7810.

### **How You May Obtain an Electronic Copy of this Joint Notice**

The Joint Notice of Privacy Practices is also available on our Web Site at [www.summitsurgicalcenter.net](http://www.summitsurgicalcenter.net).

Dear Patient,

The State of New Jersey recently enacted the "**Out of network consumer protection, transparency, cost containment and accountability act**" ("**OON**"). The purpose of the act is to protect patients against receiving medical bills in emergent or inadvertent situations. In accordance with the law, physicians are required to disclose in writing or via an internet website the health benefit plans they participate with and the facilities with which they are affiliated.

Kindly refer to the Financial Information tab on our website [summitsurgicalcenter.net](http://summitsurgicalcenter.net) for the following information related to OON:

- Insurance Plans we participate in
- NJ Consumer Resources webpage
- The Out-of-Network Toolkit webpage
- The names, mailing addresses and telephone numbers of entities the facility is contracted with to provide services including but not limited to anesthesiology, pathology and radiology.

We encourage you to check with your insurance carrier and the physician arranging your services to determine the services you will be provided and to assist in determining your network status.

Sincerely,

*Anthonia Schmidt*

Anthonia Schmidt  
Surgical Center Administrator