



AMBULATORY SURGERY PATIENT GUIDE

IMPORTANT INFORMATION — PLEASE READ BEFORE YOUR SURGERY

WELCOME TO PARKRIDGE SURGERY CENTER

Thank you for choosing Parkridge Surgery Center. Outpatient surgery is our area of expertise. Physicians and patients alike find that many types of surgery can be performed in an outpatient setting that is convenient, comfortable and economical. We want your experience at Parkridge Surgery Center to reflect our commitment to your care, comfort and dignity. Our pledge is to provide you and your family with very good care.

PRE-REGISTRATION AND PRE-OPERATIVE TESTING

Please call the surgery center to verify pre-registration information at least two to seven days prior to the date of your surgery.

You will receive a call from a nurse before your surgery. The nurse will ask questions about your medical history and medications. There may be pre-op testing required by the anesthesiologist prior to surgery based on your medical history.

BEFORE YOUR SURGERY

If at any time before your surgery you become ill or develop any new health problems, please call your surgeon immediately. Changes in your health may impact your surgeon's decision to perform surgery.

If you do not speak to a nurse before your surgery, please bring your medication(s) with you in their original containers to the surgery center. If you are diabetic, please bring your personal glucose monitoring machine with you.

Be sure to **take blood pressure and heart medications the morning of surgery** with only a small sip of water.

Do not take aspirin, aspirin products or herbal medications for 7-10 days prior to your surgery unless specifically directed to do so by your surgeon.

Do not eat or drink anything after midnight the night before surgery. General anesthesia or sedation will not be given to a patient who has eaten.

Turn in the Universal Medication Form and Patient Rights and Responsibilities on your day of surgery.

Visiting children under the age of 12 will not be permitted in patient care areas. If the patient is under 18 years of age and a dependent, a parent or legal guardian must be present to sign the form giving permission for the surgery.

Do not wear any make-up, contact lenses, nail polish, jewelry, cologne, perfume or perfumed products, or hair grooming products to the surgery center. You may shower and shampoo your hair the night before or the morning of surgery. You may brush your teeth.

WHAT TO EXPECT WHEN YOU ARRIVE

Your blood pressure, temperature and pulse will be recorded along with a short medical history.

Some procedures require a shave and skin scrub of the surgery site on your body. An I.V. also may be started.

Once these preparations have been completed, there will be some waiting time. During this period, your family member will be allowed to stay with you.

PATIENT CONFIDENTIALITY

We ask that you inform family members, friends and spiritual advisors that our staff, by law, is not allowed to give any information regarding your surgery or progress to anyone other than your sponsor. Please make other arrangements to keep them informed.

WHEN YOU LEAVE

After your surgery, you will remain in the Recovery Room approximately one hour before you are discharged home. When discharged, one of our staff members will escort you to your vehicle. **Following surgery, you will not be able to operate a motor vehicle. You must have a family member or friend drive you to and from the surgery center.** Someone should remain with you at home during the first 24 hours after surgery.

A member of the Parkridge Surgery Center nursing staff will call you at home following your surgery to check on your progress.

OUR COMMITMENT TO YOU

The physicians and staff of Parkridge Surgery Center are dedicated to providing you with high quality, state-of-the-art outpatient surgical care in a friendly, caring environment. Our goal is to make you as comfortable as possible before, during and after your surgery.

YOUR SURGERY SCHEDULE

Patient _____

Surgeon _____

Date of Surgery _____

Arrival Time _____

You will be expected to pay any deductible or co-payment at the time of your surgery. Please contact the business office in advance to clarify your obligation and also be sure to bring means with which to make this payment.

Please report to:

Parkridge Surgery Center

190 Parkridge Drive

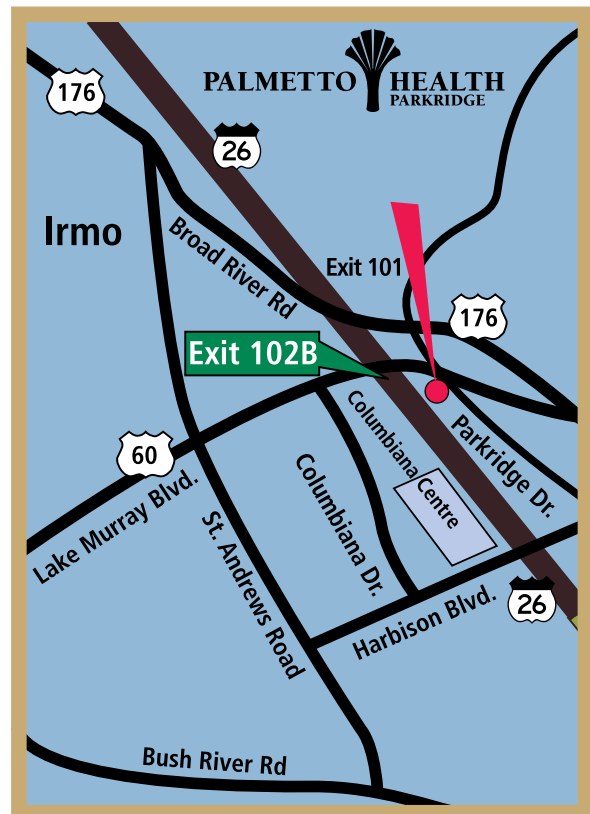
Suite 108

Columbia, SC 29212

From I-26, take exit 102B onto Highway 60 East.

Turn right on Parkridge Drive.

If you have questions, please call us at (803) 407-4940.



PARKRIDGE SURGERY CENTER

PATIENT RIGHTS AND RESPONSIBILITIES

1. The right to be treated with respect, consideration and dignity.
2. The right to quality care and treatment with appropriate privacy provided.
3. The right to know the names of those treating you and their professional credentials.
4. The right to respectful and safe care and treatment free from abuse and harassment.
5. The right to participate in decisions concerning care and treatment, except when such participation is contraindicated for medical reasons.
6. The right to be fully informed, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to the patient, information is provided to a person designated by the patient or to a legally authorized person.
7. The right to confidentiality of records and communication, and, except when required by law, the opportunity to approve or refuse their release.
8. The right to detailed information regarding available services at Parkridge Surgery Center along with applicable fees and charges, and to know all payment options/policies. (Parkridge Surgery Center does not operate as an after-hours and/or emergency care center).
9. The right to know information regarding the absence of malpractice insurance coverage.
10. The right to refuse to participate in experimental research.
11. The right to express spiritual and cultural beliefs.
12. The right to be informed of advanced directives, as required by state or federal law and regulations.
13. The right to be informed of their right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
14. The right to appropriate assessment and management of pain.
15. The right to express suggestions to Parkridge Surgery Center and policies regarding grievance procedures and external appeals, as required by state and federal law and regulations.
16. The right to know that the patient information will be available to the patient and to the staff directly and indirectly involved in the patient's care as specified within the Patient Rights and Responsibilities.
17. The right to know that Parkridge Surgery Center does not market or advertise any competencies or capabilities of the Center that the Center is not qualified to perform.
18. The responsibilities of the patient are to conduct themselves in a respectful and considerate manner to other patients and to the organizational staff.
19. The patient is responsible for providing accurate and complete information related to their health, for reporting perceived risks in their care, and for reporting unexpected changes in their health.
20. The patient is responsible for providing their health care insurance information to Parkridge Surgery Center.
21. The patient is responsible for their actions if they refuse treatment or fail to follow their practitioner's instructions.
22. The patient is responsible for asking questions when they do not understand something about their care or what they are supposed to do.

These rights and responsibilities outline the basic concepts of services at Parkridge Surgery Center. If you believe that, at any time, one or more of these statements has not been met during your care, please ask to speak to the clinical director or nurse manager. We will make every effort to understand your complaint or concern. We will correct the issue you have if it is within our control, and you will receive a written response.

Patient or Responsible Party Signature: _____

Date: _____

To report a complaint, write to the Quality Improvement Organization, 250 Berryhill Road, Columbia, SC 29210, 1-800-922-3089, or report to the Office of Medicare Beneficiary Ombudsman at [cms.hhs.gov](https://www.cms.hhs.gov).

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NOTICE OF PRIVACY PRACTICES

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. You will be given a copy of this notice at your request.

Patient Health Information: Under federal law, your patient health information is protected and confidential. This information includes information about your symptoms, test results, diagnosis, treatment and related medical information. Your health information includes payment, billing and insurance information.

How we use your Health Information: We use health information about you for treatment, to obtain payment and for health care operation including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances we may be required to use or disclose the information without your permission.

Examples of Care, Payment and Health Care Options:

- *Treatment* We will use and disclose your health information to provide your treatment. For example, nurses, physicians and other members of your treatment team will record and use it to determine your care. We may also disclose information to other health care providers who are helping in your treatment, to pharmacists filling your prescriptions and family members helping with your care.
- *Payment* We will disclose your information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain your records of payment.
- *Health Care Operations* We will use and disclose your health information to conduct our standard internal operations, including the administration of records, evaluate the quality of treatment and to assess outcomes.

Special Use: We may use your information to contact you with appointment reminders. We may also contact you to provide information about different treatment options.

Other Uses and Disclosures: We may use or disclose health information about you for other purposes. Subject to certain requirements, we are permitted for the following purposes:

- *Required by Law* We may be required by law to report gunshot wounds, suspected abuse, suspected neglect or similar events.
- *Research* We may use or disclose information for approved medical research.
- *Public Health Activities* As required by law, we may disclose vital statistics, disease, information related to recalls of products and similar information to health authorities.
- *Health Oversight* We may disclose information to assist in investigation and audits, and eligibility for government programs.
- *Judicial Proceedings* We will disclose information in response to subpoena or court order.
- *Law Enforcement Purposes* We may disclose information subject to certain restrictions.
- *Workers Compensation* We may release information about your

workers compensation or other programs providing benefits for work related injuries or illness.

- *Military or Special Government Functions* If a member of the armed forces, we will release information as military authorities command, correctional facilities or for national security.
- *Death* We must report information regarding deaths to the coroner, medical examiner, funeral directors and organ donations.
- *Serious Threat to Health and Safety* We may share information when needed to prevent a serious threat to your health, safety and the public.

Individual Rights: You may have the following rights with your health information.

- *Request Restrictions* You may request restrictions on some uses of this information, although we are not required to agree with this request.
- *Confidential Communications* You may request that we communicate with only you. You may request a special address, or phone number.
- *Inspect and Obtain Copies* In most cases you have the right to look at and receive a copy of your information.
- *Amend Information* If you believe there are errors in your information, or information is missing, you may request it be corrected and information added.
- *Accounting of Disclosure* You may request a history of the disclosure of the information about you for reasons OTHER than treatment, payment or operations.

Our Legal Requirement: We are required to provide you with this notice, protect your information and to abide by the terms of this notice.

Changes in a Privacy Practice: We may change these terms at any time. We will change our notice to reflect the terms that we change. We also will post the terms changed in our waiting room. You may request a copy of this notice, and/or the changes at any time. You may contact the center director below to answer any questions.

Complaints: If you have a complaint that may reveal we have violated this privacy statement, or do not agree with a decision that we made in regard to your information, please contact the center director below. You also may contact the US Department of Health and Human Services. The person below may provide you with the correct address upon request.

Contact Person:
Privacy Officer, Vice President and Administrator
190 Parkridge Drive, Suite 108
Columbia, SC 29212
Phone (803) 407-4940

Effective Date: 11/01/03

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Parkridge is the site for the proposed new hospital in our community!



Quality, convenient health care

Palmetto Health Parkridge now offers easy access to your own physician at Convenience Care, open every day from 7 A.M. to 10 P.M.

About Convenience Care...

- Beautiful, new physicians' office
- Open extended hours to meet your needs
- No appointments required
- Laboratory and radiology services available on-site
- Treat non life-threatening illnesses and injuries
- Board certified physicians
- Referrals available

We're conveniently located at Exit 102-B. Once here, you'll be cared for by one of the physicians listed below:

Charles Eskridge, III, MD
Mary C. Philbeck, MD
Kaoru Pridgen, MD
G. Steven Suits, MD

190 Parkridge Drive, Suite 104
Open daily, 7 A.M. – 10 P.M.
For more information, call 434-5668.

Palmetto Health Outpatient Diagnostic Center

This cutting-edge Diagnostic Center offers a variety of services in one convenient location, including:

- Digital Mammography
- Open MRI – *One of the fastest in the area*

- Bone Density scans
- CT scans
- Ultrasound
- X-ray
- Fluoroscopy
- EKG

All procedures are performed by highly skilled professionals using the latest screening and diagnostic technology.

190 Parkridge Drive, Suite G-102
Monday – Friday, 7:30 A.M. – 5 P.M.
Extended hours available
For an appointment, call 296-8888.
Physician referral required

Palmetto Health Parkridge Laboratory

This laboratory is for individuals who have laboratory orders from their physician. Appointments are not required.

- Limited routine and STAT laboratory testing is performed on site. Appointments are not required for most tests.

190 Parkridge Drive, Suite G-102
Monday – Friday, 7:30 A.M. – 5 P.M.
Extended hours available
For more information, call 434-8713.

Physician Offices

Columbia Gastroenterology Associates

Suite 102

Lake Murray Endoscopy Center

Suite 100

Harbison Family Practice

Suite 250

Irmo Family Practice

Suite 220

Palmetto OB-GYN Associates

Suite 220

Senior Primary Care Practice

Suite G-100

Surgical Associates of South Carolina

Suite 200

Future Services

And that's just the beginning. This 68-acre site provides an opportunity for future expansion, including a full service hospital to meet the needs of area residents. We're looking forward to meeting our neighbors...our doors are open!



Our Vision: To be remembered by each patient as providing the care and compassion we want for our families and ourselves.

palmettohealth.org