KANSAS
SURGERY & RECOVERY
CENTER

To our Patients and Families:

The Staff at Kansas Surgery and Recovery Center would like to welcome you to our facility. We take every opportunity to make your stay at KSRC as pleasant and convenient as possible. The day before your surgery, you will receive a call from a pre-operative nurse to go over pre-surgical information including your medications. Please have your medication bottles available during the call. **The enclosed forms need to be filled out completely and brought in with you the day of your surgery.** Before your arrival, here are a few suggestions we would like to offer.

Bring all your prescription medication(s) with you in their original pharmacy bottle(s). We will dispense your medications for you; however, we need the original container to properly identify the medication, dose, and frequency of use. It is very important that we see the original bottle. All your medications will be returned to you on your day of dismissal. The enclosed *Patient History Form* needs to be completed and signed prior to your surgery date and brought in with you on the day of surgery.

We provide patient gowns for you to wear on the day of surgery. After your surgery, you are welcome to wear your own clothing if you choose. Shorts, short pajamas or knee length gowns work best. Be sure they are loose and comfortable.

Once your procedure is complete your physician will come out to the waiting area (lobby) to give an update to your designee. After the physician has updated your designee, and you are in the Post-Operative area, you can expect to spend approximately one hour in the recovery area. If you are ready for a visitor they will be taken back to Recovery one at a time. When you are being transferred to your inpatient Suite, the Inpatient nursing staff will need approximately ten minutes to get you settled, during which time visitors will not be allowed in the room.

Kansas Surgery & Recovery Center discourages patients from having children under the age of 12 accompany them to the center. No visitors under the age of 18 are allowed in the Pre-Operative and Post-Operative areas.

Visiting hours are from 6:00am to 9:00pm daily. All rooms are private. One family member over the age of 18 will be allowed to stay overnight in a patient room. Family and/or friends are not allowed to stay overnight in the lobby. If you have special circumstances, please call the numbers listed and speak to the Inpatient Manager. If you need information about local motel/hotel accommodations, please call us at the numbers listed. Dismissal time is 11:00am. Please make arrangements the day prior to your dismissal to be picked up by 11:00am.

Leave all valuables at home. However, we do want to copy your insurance cards so please be sure to bring them with you. We will also need you to present one form of photo identification, so please bring this with you. You should receive prior notification from our facility regarding any deductibles, coinsurances, and co-payments that may be associated with your services. Please be prepared to pay any deductibles, coinsurances, and co-payments as designated by your insurance company the day of your service. The only cash you may need on a daily basis would be a small amount for newspapers. Newspapers are available at the front door for the standard newsstand price. If you anticipate needing to make a long distance call, bring your calling card with you. The only other way to call long distance is to call collect. Cell phones are welcome in the hospital.

Patient meals are ordered in Room Service style. Patients call the café and place an order from the menu of choices and in accordance with the diet ordered by their physician during the hours of 6:30 a.m. to 6:30 p.m. Our café is open Monday through Friday from 7:30 a.m. to 2:00 p.m. for any guests who might want to purchase a snack or meal. If you have family members or friends who are in need of a meal at a time when the café is not open, please ask the nurse for some nearby dining alternatives.

We look forward to meeting you and hope your stay is pleasant. Please call our facility at 316-634-0090, or toll free at 888-880-5772 if you have any questions or concerns.

Stacy Harvey, RN
Inpatient Manager

KANSAS SURGERY & RECOVERY CENTER (KSRC)
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.

Via Christi ministries provide healthcare services and products to those we serve in cooperation with physicians and other professionals and organizations involved in your care. Our privacy practices govern the following:

- Healthcare providers and professionals at our ministries;
- Workforce, students, and volunteers at our ministries; and
- Business Associates with whom we share your protected health information ("PHI").

Via Christi Responsibilities

We are required by law to:

- Maintain the privacy of your PHI;
- Notify you in the event of a breach of your unsecured PHI;
- Provide you this notice of our legal duties and privacy practices with respect to PHI;
- Abide by our current Notice of Privacy Practices ("NPP"); and
- Follow the more stringent state law or federal law.

We must obtain your written authorization prior to:

- Selling your PHI, except when permitted by law;
- Use or disclosure of your PHI for marketing purposes that involve financial remuneration to us, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you;
- Use or disclosure of any psychotherapy notes, except for: use by the originator of the psychotherapy notes for treatment; use or disclosure for our own mental health training programs; or use or disclosure to defend ourselves in a legal action or other proceeding; and/or
- Other uses and disclosures not described in this NPP.

Permissible Uses and Disclosures of PHI:

- We are permitted to use and disclose PHI for treatment. For example, we may provide PHI to another provider such as a specialist as part of a referral or another provider who has been asked to be involved in your care.
- We are permitted to use and disclose PHI to obtain payment for treatment. For example, we may send PHI as part of the billing information to your insurance company or payer.
- We are permitted to use and disclose PHI for use in healthcare operations. For example, we may use PHI to improve quality of our care or operations or to evaluate our staff's performance while caring for you.
- Subject to certain limitations, we are permitted to use and disclose PHI without your prior authorization for: public health purposes; reporting on abuse, neglect, or domestic violence; health oversight activities; coroner and funeral arrangements; organ donations; law enforcement activities; research purposes; workers' compensation purposes; healthcare services provided at the request of an employer; student immunization reporting; specialized government functions; prevention of serious threats to health or

safety; judicial and administrative proceedings; or when required by federal, state or local law.

- We are permitted to contact you for appointment reminders or to inform you about treatment options, alternatives, health-related benefits, or services that may be of interest to you.
- Unless you object, we list your name, room number, procedure, procedure date, physician and diet requirements in our ministry directory.
- We are permitted to disclose PHI to a friend, family member, or other individual who you identify as being involved in your medical care or payment for care. In situations where you are incapacitated or unable to make this decision, we will use our professional judgment in making such disclosures.
- We are permitted to disclose PHI to disaster relief authorities, so that your family may be notified of your location and condition.

Your Rights and Responsibilities Regarding PHI:

- In most cases, you have the right to review or obtain a copy of your PHI by submitting a written request. If you request a copy, either paper or electronic, we may charge a reasonable fee for this service. If your request is denied, you may submit a written request for review of that decision.
- If you believe information in your record is incorrect or missing, you may request an amendment to the record by submitting a written request. If your request is denied, you may appeal, in writing, the decision not to amend a record. You may also ask that your written statement requesting an amendment be placed in your medical record.
- You have the right to request an accounting of the disclosures of your PHI made outside of our ministries. This does not include the permitted disclosures for treatment, payment, and healthcare operations. The request must state the time period desired for the accounting of disclosure, but no more than six years prior to the current date. You may request the accounting be provided in paper or electronic form. You may request that we transmit a copy to a third party designated by you. One accounting of disclosure in a 12-month period is free; additional requests are billed based on the cost of production. We will inform you of the fee for this service before any charges occur.
- You have the right to request restrictions on how we use and disclose your PHI. We are not required to comply with these requests. However, we are required to comply with any request to restrict PHI disclosed to a health plan about a healthcare service or product for which you, or someone other than the health plan, paid us out of pocket and in full prior to the involved healthcare service or product being rendered. If we accept a restriction request, we abide by it except when a use or disclosure is necessary for emergency treatment or is required by law.
- You have the right to revoke any previous authorizations, except to disclosures made prior to the date of revocation, by notifying us in writing of your decision.
- You may request that we communicate with you in a specific manner.
- You may opt-out of any current and future fundraising communications as explained in those communications or by completing the Fundraising Opt-Out form. We do not condition treatment or payment on your acceptance of fundraising communications.
- If you obtained this NPP electronically, you have the right to a paper copy.

Electronic Health Information Exchange

Certain Via Christi ministries participate in the electronic exchange of health information with other healthcare providers and health plans in the State of Kansas through an approved health information exchange organization. Through our participation, your PHI may be accessed by

other providers and health plans for the purposes of treatment, payment, or healthcare operations. This health information exchange organization maintains appropriate safeguards to protect your PHI.

Under Kansas law, you have the right to decide whether providers and health plans can access your health information maintained at a health information exchange ("HIE"). You have two choices. You can permit authorized individuals to access your PHI maintained at an HIE for treatment, payment, or healthcare operations. If you choose this option, you do not have to do anything.

You can choose to restrict access to your PHI maintained at an HIE by submitting the required form to the Kansas Health Information Exchange at www.khie.org. Your restriction does not prevent access by authorized individuals to your PHI maintained by an HIE for purposes of obtaining information about certain communicable diseases, suspected incidents of abuse, or in an emergency. Your decision to restrict access of your PHI maintained at an HIE does not prevent permissible uses and disclosures of your PHI, outside of an HIE, by Via Christi as outlined in this notice. Additional information regarding electronic health information exchanges is available at www.khie.org.

Shared Health Information
In addition to the HIE, Via Christi participates in Organized Health Care Arrangements and acts as an Affiliated Covered Entity with healthcare providers, who have agreed to work with each other to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, these arrangements will allow us to make your health information available to those who need it to treat you. When it is necessary, ready access to your health information means better care for you. We store health information about our patients in an electronic medical record with other healthcare providers who participate in the arrangement. You may contact the Privacy Officer for a list of healthcare providers who participate in these arrangements.

Privacy Practices Notice
Via Christi reserves the right to change its NPP at any time. Changes apply to PHI we already maintain. When we make a significant change to our policies or privacy practices, we post the new NPP in clear and prominent locations in our ministries and on our website at www.ksrc.org. You may request a copy of the current NPP at any time. The NPP is provided no later than date of first service. Via Christi may request that you provide written acknowledgement that you received this NPP.

Who to Contact:

- Written requests or appeals should be submitted to the Privacy Officer listed below.
- If you wish to file a complaint because you believe that your privacy rights may have been violated, please contact the Privacy Officer.
- You also may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights.
- Retaliation and retribution for making complaints or raising concerns are prohibited.

Privacy Officer, Kansas Surgery & Recovery
2770 North Webb Road
Wichita, KS 67226
316.634-0090

U.S. Dept of Health & Human Services
Office of Civil Rights
200 Independence Ave., S.W.
Washington, DC 20201

KANSAS SURGERY & RECOVERY CENTER

NOTICE TO PATIENTS:
DISCLOSURE OF OWNERSHIP & PATIENT SAFETY MEASURES
PURSUANT TO 42 CFR 489.20(u)(v)

Kansas Surgery and Recovery Center, LLC meets the federal definition of a "physician-owned hospital" as set forth in the above regulation. The physician who referred and/or is treating you at Kansas Surgery & Recovery Center may have a "significant beneficial interest" in this hospital. You are free to choose another facility in which to receive the services that have been ordered by your physician. A list of physicians who have a financial interest in Kansas Surgery & Recovery Center is available for review during normal operating hours upon written request at the business office of the hospital. Kansas Surgery and Recovery Center, LLC's normal business hours are 7:00 a.m. to 7:00 p.m., Monday through Friday of each week excepting national holidays.

A doctor of medicine or a doctor of osteopathy ("Physician") will not be present in the Hospital 24 hours a day, seven (7) days a week. In the event a patient develops an emergency medical condition at a time when no physician is present at the Hospital, then the Hospital's qualified medical personnel will provide stabilizing treatment to the patient within its capabilities and in accordance with the Hospital's emergency medical condition policies and procedures until the patient is either stabilized; or, if the emergency is outside the scope of the Hospital's capabilities, until the patient is transported to another hospital.

KANSAS SURGERY & RECOVERY CENTER

2770 N. Webb Rd. Wichita, KS 67226 (316) 634-0090

PATIENT NAME (LAST)	(FIRST)	(MIDDLE INIT.)

SEX	AGE	HEIGHT	WEIGHT
☐ MALE ☐ FEMALE			

Have you ever been diagnosed with or had any of the following: *(Please check yes or no)*

Sinusitis	☐ Yes ☐ No	AIDS/HIV	☐ Yes ☐ No
Emphysema	☐ Yes ☐ No	Kidney Failure	☐ Yes ☐ No
Asthma	☐ Yes ☐ No	Dialysis	☐ Yes ☐ No
Pneumonia	☐ Yes ☐ No	Bladder Disorders	☐ Yes ☐ No
Bronchitis	☐ Yes ☐ No	Stomach Disorders	☐ Yes ☐ No
Arthritis	☐ Yes ☐ No	Bowel Disorders	☐ Yes ☐ No
Blood Clot(s)	☐ Yes ☐ No	Tremors (Parkinson's)	☐ Yes ☐ No
Glaucoma	☐ Yes ☐ No	Convulsions	☐ Yes ☐ No
Hepatitis	☐ Yes ☐ No	Epilepsy	☐ Yes ☐ No
Jaundice	☐ Yes ☐ No	Fainting Episodes	☐ Yes ☐ No
Sickle Cell	☐ Yes ☐ No	Bleeding Disorders	☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No How much?_____
Have you ever smoked? ☐ Yes ☐ No
Did you quit? ☐ Yes ☐ No How long ago?_____
Do you suffer from a chronic cough? ☐ Yes ☐ No
Do you drink alcohol? ☐ Yes ☐ No

SKIN ASSESSMENT

Do you have any reddened or open areas on your operative extremity? ☐ Yes ☐ No
If yes, where?_____
Do you have any reddened or open areas anywhere on your body? ☐ Yes ☐ No If yes, where?_____

CARDIOVASCULAR HISTORY

Do you have high blood pressure?	☐ Yes ☐ No
Have you ever had a heart attack?	☐ Yes ☐ No
Do you have palpitations?	☐ Yes ☐ No
Do you have irregular heart beat?	☐ Yes ☐ No
Do you have fast heart beat?	☐ Yes ☐ No
Do you have a heart murmur?	☐ Yes ☐ No
Do you suffer from angina/chest pains?	☐ Yes ☐ No
Do you have any heart disease?	☐ Yes ☐ No
Do you have a cardiac pacemaker?	☐ Yes ☐ No

MEDICAL HISTORY

Do you have sleep apnea?	☐ Yes ☐ No
Have you ever had CVA/Stroke?	☐ Yes ☐ No
Do you have thyroid trouble?	☐ Yes ☐ No
Have you had a recent cold?	☐ Yes ☐ No
Are you hard of hearing?	☐ Yes ☐ No
Are you pregnant or could you be?	☐ Yes ☐ No
Do you have diabetes?	☐ Yes ☐ No

☐ Type I or ☐ Type II
☐ Diet controlled ☐ Oral medications ☐ Insulin

PLEASE LIST OTHER MEDICAL HISTORY

HAVE YOU BEEN HOSPITALIZED IN THE PAST 6 MONTHS FOR: HEART ATTACK (MI), BLOOD CLOTS IN LEGS (DVT), OR LUNGS (PE), STROKE, YES OR NO. IF YES, PLEASE CIRCLE THE APPROPRIATE ONE.

PLEASE LIST FAMILY MEDICAL HISTORY

PLEASE LIST ALL PREVIOUS SURGERIES

PATIENT SIGNATURE	DATE

PRE-OP RECORDS **PATIENT HISTORY**

KANSAS SURGERY & RECOVERY CENTER

Accident/Injury Questionnaire

Patient Name: _____

Insured Name: _____

Insurance ID#: _____

Insurance Group#: _____

Insurance Name: _____

Claims Address: _____

Phone Number: _____

Are you, your spouse, or your dependent children enrolled in other GROUP health insurance(NOT Medicare, SRS/Medicaid) for medical or dental expenses? (circle one) YES NO

IF YES: a. Name and address of other insurance company:a

_____

_____

b. Name of policyholder: _____

c. ID, group &/or policy #: _____

d. Employer/group: _____

If your visit is related to an injury, worker's compensation, or auto insurance, please answer the following questions.

1. Date of accident or onset of symptoms: _____
2. How did injury/condition occur? _____
3. Where? (circle one): School Home Work Other
If other explain: _____
4. Was your accident/condition work related? (circle one): YES NO
IF YES: Are you self employed? (circle one): YES NO
5. Was the injury the result of a motor vehicle accident or of physical contact with a motor vehicle? (circle one): YES NO
IF YES: Type of vehicle involved (circle one): CAR TRUCK MOTORCYCLE
IF MOTORCYCLE: Are you the owner (circle one): YES NO
If you are the owner, does your motorcycle insurance include coverage for medical expenses (personal injury protection)? (circle one): YES NO
6.Was another party responsible for your injury or condition? (circle one): YES NO
IF YES: Explain please: _____

_____ _____

Signature Date