



APPLE HILL SURGICAL CENTER



AFFILIATED WITH **WELLSPAN**[®]
HEALTH

APPLE HILL

SURGICAL

CENTER

PATIENT

INFORMATION

Accredited by The Accreditation Association for
Ambulatory Health Care

www.wellspan.org/applehillsurgicalcenter

AHS-BRO (01/15)

Welcome to the Apple Hill Surgical Center, a premiere outpatient surgery facility affiliated with WellSpan Health. The Surgical Center is equipped with a large comfortable reception and waiting room, a private preoperative area, ten operating rooms, two procedure rooms, and a recovery area with a patient lounge. Each area is designed to provide you with a positive surgical experience.

The Surgical Center is located at Entrance G on the main level of the modern, technologically-advanced Apple Hill Medical Center. Also located in the Medical Center is a laboratory. Imaging services are available in the new Women’s and Imaging Center building, adjacent to the Apple Hill Medical Center.

Preparation for Surgery

Your doctor will discuss your operation with you. Be sure to tell your doctor about any medicines you may be taking and ask whether or not you should take them on the day of surgery. The doctor’s office will give you a health survey to complete before you leave the office. The health survey will be sent to the Surgical Center for review prior to your surgery.

You will receive a phone call from a member of the nursing staff at the Center one to two days before your surgery. If your surgery is scheduled for Monday, you will receive a call on Thursday or Friday. If you are not going to be home, you may contact the Center at (717) 741-8631 between 8 a.m. and 3:30 p.m. for your instructions.

It is important for you to receive your preoperative instructions. Your surgery could be cancelled if we are unable to reach you for your instructions.

Should you be unavailable for your instructions, we will attempt to reach you in the evening.

If a change occurs in your physical condition prior to surgery, such as a cold, rash, sore throat, cough, fever, or upset stomach, notify your physician. The doctor may wish to reschedule your surgery.

If you are having anesthesia that requires sedation, you **MUST** make arrangements for someone to drive you home following your surgery. We **STRONGLY RECOMMEND** someone stay with you for the first 24 hours following your surgery. Patients under the age of 18 must be accompanied by a parent or guardian. A waiting room is available for the comfort of your escort, and there is a small snack shop in the lower level serving breakfast

and lunch. If you are unable to arrange for an escort, please inform us as soon as possible, as it may be necessary to reschedule your surgery.

If your escort needs to leave the Center and will not be available at a telephone, the Surgery Center can provide your escort with a pocket pager.

— What can I do to help prevent Surgical Site Infections? —

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
- **On the day of your surgery, shower prior to arriving at the surgical center.** Cleaning the skin helps to kill germs.

After your surgery:

- Make sure your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub. If you do not see your providers clean their hands, please ask them to do so.
- Make sure you understand how to care for your wound before you leave the center.

At home:

- **Always clean your hands before and after caring for your wound.** Wash your hands thoroughly with soap and water for at least 20 seconds. Don't forget your wrists, palms, back of hands, thumbs and under the fingernails.
- Keep your dressing clean and dry.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. **If you do not see them clean their hands, ask them to do so.**

Preoperative Instructions

A member of the Surgical Center staff will call you one to two days BEFORE your surgery to confirm your arrival time. You may also call 741-8631 to receive your instructions. It is important for you to speak with someone from the Center prior to your surgery.

Before surgery, you should follow these important safety rules. If not followed, your surgery may have to be delayed or cancelled.

■ Do NOT eat anything after midnight before your surgery unless your doctor instructs you otherwise. This includes food, candy, lozenges, gum, and chewing tobacco. DO NOT smoke after midnight the night before your surgery. You may drink CLEAR LIQUIDS up to two hours before your arrival. Examples of clear liquids include water, apple, white grape or cranberry juices, carbonated beverages, clear tea and black coffee. Not following these instructions can cause serious complications, including death.

■ If you take insulin or any other routine medication, your doctor will tell you how to take the medication on the day of the surgery.

■ If you take a blood thinner, please tell your surgeon and the Surgery Center nurse. Common medications that thin the blood include:

Aleve	Heparin	Plavix
Aspirin	Ibuprofen	Ticlid
Coumadin	Lovenox	Voltaren
Effient	Naprosyn	

■ Herbal and over-the-counter supplements can also thin the blood. Common supplements include:

Cayenne	Garlic	Kava
Chamomile	Ginger	St. John's Wort
Dong quai	Ginko	Turmeric
Fish Oil	Ginseng	Vitamin E
Flaxseed Oil	Green Tea	

**This is not an all-inclusive list.*

References:

Kumar, Nagi B., Allen, Kathy, Bell, Heather, Perioperative Herbal Supplement Use in Cancer Patients: Potential Implications and Recommendations for Pre-surgical Screening, *Cancer Control*, July 2005, vol12. No 3, 149-157

King, Allison R, Flint Russett, Generali, Joyce, Grauer, Dennis W., Evaluation and Implications of natural Product Use in preoperative patients: a Retrospective View, *BMC Complementary and Alternative Medicine*, Oct.2009, 9:38, 1-8

- Do not bring valuables such as jewelry, purses, money, etc.
- Do not have children come with you to the Center unless they are having surgery.
- If you are unable to keep your appointment or you are delayed, please contact the Center immediately at (717) 741-8250.

If you have any questions or concerns regarding your care, please call the Center at (717) 741-8250. We will be pleased to give you any assistance we can.

Day of Surgery

You should bring the following with you:

- Photo ID
- Insurance cards or forms
- Eye glass case (if you wear glasses)
- Contact lens container (if you wear contact lenses)
- A list of all medications you currently are taking.

You should wear loose, comfortable clothing and low-heeled shoes so it is easier to dress following your surgery.

Once you have registered, a nurse will escort you into the preoperative area, where your pulse, temperature, respiration, and blood pressure will be taken. You will be asked to change into a gown provided by the Center. Your clothes will be placed in a secured locker until you are ready to be discharged. For those patients receiving sedation, an I.V. will be started.

The anesthesiologist and your surgeon will see you prior to your surgery. Just before going into the operating room, you may be asked to remove your contact lenses and any other prosthesis. Dentures and partial plates **MUST** be removed prior to surgery should you be receiving a general anesthetic. These will be labeled, placed in your locker, and returned to you upon your discharge. You will be in the preoperative area for about one hour prior to surgery.

After your operation, you will be taken into the recovery area and/or the patient lounge, where your escort will be allowed to stay with you. Because space is limited, and for other patients' privacy, we allow only one escort at a time in the patient lounge.

Coffee, juice, soda, and crackers are provided for patients in the patient lounge. We ask that you please do not bring food from home.

You may need to be admitted to the hospital if:

- more extensive surgery was/is necessary,
- complications arose due to the anesthesia, or
- you experience more pain than expected.

For Your Safety

Prior to proceeding to the operating/procedure room the following will occur.

- You will be asked to verify your name, date of birth, surgeon & procedure. Any discrepancies will be corrected.
- Your surgeon will visit you to mark the surgical site, if applicable, with a permanent marker.
- You are expected to be an active participant in the marking. You should feel comfortable voicing your opinion about discrepancies during the process.
- If there are multiple surgical sites, ALL areas should be marked.
- You will be asked numerous times to verify your name, date of birth, surgeon & procedure.

Surgery for Children

Children are encouraged to bring a favorite toy or blanket with them. Parent(s) or legal guardians are required to stay with the child while in the preoperative area and the postoperative patient lounge. It will be necessary for parents to remain in the building while surgery is in progress. Should your child be in diapers and/or utilize a pacifier, bottle, or sipper cup, please bring them along to the Center.

If your child is under the age of 18, the Pennsylvania Department of Health requires that your pediatrician or family doctor give permission for the surgery to be performed in the outpatient setting. The child's surgeon is responsible for obtaining this permission.

Facility Tours

Preoperative tours of the facility are available. Parents of children under the age of 12 will be contacted by a staff member of the Apple Hill Surgical Center to arrange an appointment for an optional tour of the facility. Other patients interested in touring the facility should call 741-8255 to arrange an appointment.

After Your Discharge

You will be given specific written instructions regarding your care upon discharge from the Center. It is important to have your caregiver available during the post-operative discharge instructions, as you may

experience difficulty remembering those instructions due to the type of anesthesia you may receive.

For your comfort and safety, we recommend:

- You have someone stay with you for the first 24 hours following surgery.
- Take it easy until your physician says you can return to your normal routine.
- Do not drive, operate machinery or power tools, drink alcoholic beverages, or take any medications not prescribed by your physician for at least 24 hours following surgery.
- It is natural to experience some discomfort in the area of the operation. You may also experience some drowsiness or dizziness for the first 24 hours depending on the type of anesthesia you receive.
- Follow your physician's instructions regarding diet, rest, and medication.
- If you feel you are having problems after discharge, contact your physician. If your doctor is not available, call the York Hospital Emergency Department at (717) 851-2311.
- It is very important to remember you must have a responsible person to drive you home.
- Taxi transportation is allowed only for patients having local anesthesia or if the patient is accompanied by an escort.
- If you have any questions, you may contact the Center at (717) 741-8250 from 6:30 a.m. to 5 p.m. Monday through Friday.

You will be asked to complete a questionnaire on the care you received during your stay. Your comments are very important to us and will help us improve our services and provide the finest care in outpatient surgery in York County.

A member of the Surgical Center staff will call you the day after your surgery to check on how you are doing. If your surgery is on Friday, you will be called on Monday. If you prefer not to be contacted, please let us know before you are discharged. If we are unable to contact you by telephone, we will send you a survey with questions about your post-operative experience. Please make sure you return this survey if you receive it since it is very important that we complete your medical records.

Financial Information

You will receive a facility bill for the services provided by the Surgical Center. This covers the supplies, equipment, personnel, and use of the operating room and recovery rooms.

You will receive separate bills for the following:

- Your surgeon, dentist, or podiatrist;
- Anesthesia Associates of York (AAY) - if you received general anesthesia or required sedation administered by anesthesia personnel. AAY's website is www.aayofpa.com and telephone (717) 741-5257.
- Laboratory Tests — for any lab tests required prior to, during, or after your surgery;
- Radiology/Imaging — for any x-ray services required before, during, or after your surgery.
- Pathology — for the examination of any tissue or specimen removed during surgery.

As a convenience to you, our billing staff will make every effort to check your insurance coverage, based on the information that is given to us. If our billing staff determines that you will be responsible for all or a portion of your bill, they may attempt to call you prior to your surgery. You will be given an estimate of any copayment or deductible your insurance company may require. Please be prepared to pay the copayments and deductibles on the day of the surgery. Any patients without insurance or whose insurance does not cover the surgical procedure to be performed should also make arrangements to pay their facility fees on the day of the surgery. For your convenience, we will accept cash, personal checks, VISA, MasterCard, Discover, and American Express.

Regardless of the type of insurance you may have, ultimate responsibility for the Surgical Center bill rests with the patient or guarantor. If your insurance company does not make payment within 60 days of submission, the account will become your responsibility, and payment in full will be required.

If you have any questions about your financial arrangements, you may contact the billing office at (717) 741-8253.

Apple Hill Surgical Center Patient's Bill of Rights

Apple Hill Surgical Center is committed to providing patient care in accordance with the list of Patient's Rights which are required by federal and state law. In return, the facility expects that patients will act in accordance with the Patient's Responsibilities which are listed at the end of this document. These rights and responsibilities apply to all patients and, when appropriate, their representatives. If you have any questions or concerns regarding these rights or responsibilities, please contact a member of the facility's management staff

Statement of Patient's Rights

1. Each patient has the right to be informed of his rights as early as reasonably possible. Each patient has the right to know what facility rules and regulations apply to his conduct as a patient.
2. Each patient has the right to respectful care given by competent personnel.
3. Each patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
4. Each patient has the right to receive care in a safe setting which provides appropriate protection for the patient's physical and emotional health and safety, and to be free from physical, verbal, and all other forms of abuse or harassment.
5. Each patient has the right to services that are available and medically indicated, without discrimination on the basis of race, color, national origin, ancestry, religious creed, age, gender, sexual preference, handicap, or the source of payment for his care. Because WellSpan Health is a charitable organization, each patient has the right to receive medically necessary services without regard to his ability or inability to pay for those services.
6. Each patient has the right, upon request, to be given the name of his attending physician, the names of all other physicians directly participating in his care, and the names and functions of other health care personnel having direct contact with the patient.
7. Each patient has the right to personal privacy concerning his own medical care. Because case discussions, consultations, examinations and treatments are considered confidential, each patient has the right to have them conducted discreetly.

8. Each patient has the right to have all records pertaining to his medical care treated as confidential, except as otherwise provided by law or third party contractual arrangements. Confidential medical records will be made available to persons who are directly involved with the patient's care, as well as authorized personnel who monitor the quality of the patient's care.
9. Each patient or his designee has the right, upon request, to review and receive copies of all information contained in his medical records within a reasonable time frame, unless access is specifically restricted by the patient's physician for medical or other legally permissible reasons. The facility will actively seek to meet each patient's legitimate request to gain access to his own medical records, as promptly as reasonably possible.
10. Each patient has the right to participate with his physician in the development and implementation of the patient's plan of care. Unless not medically advisable, each patient has the right to obtain from his physician complete, current information concerning diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information will be made available to the patient's next-of-kin or other appropriate person on the patient's behalf. Each patient's guardian, next-of-kin, or legally responsible representative has the right to exercise, to the extent permitted by law, these rights on behalf of the patient if the patient has been found incompetent in accordance with the law, is found by his physician to be medically incapable of understanding the proposed treatment or procedure, is unable to communicate his wishes regarding treatment, or is a minor.
11. Each patient has the right to expect emergency procedures to be implemented without unnecessary delay.
12. Each patient or his representative has the right to make informed decisions regarding his care. This includes the patient's right to be informed of his health status, be involved in care planning and treatment, and be able to request or refuse treatment. This does not mean that the patient has the right to demand treatment or services which are medically unnecessary or inappropriate.
13. Except in emergencies, each patient has the right to have his physician obtain the patient's informed consent prior to the start of any procedure or treatment for which informed consent is required, in accordance with the Medical Care Availability and the Reduction of Error Act.

14. Each patient or, in the event the patient is unable to give informed consent, a legally responsible representative has the right to be advised if a physician proposes that the patient participate in a medical research program or donor program, and the patient or his legally responsible representative must give informed consent prior to such participation. The patient or his legally responsible representative has the right to refuse to participate in such programs and, at any time, to refuse to continue participating in any such program to which he has previously given informed consent.
15. To the extent permitted by law, each patient has the right to refuse any drugs, treatment, or procedure offered by the facility, and to be informed by a physician of the medical consequences of his refusal.
16. Each patient has the right to assistance in obtaining consultation with another physician at the patient's request and own expense.
17. Each patient has the right to be provided with an interpreter, whenever reasonably possible, if necessary to facilitate meaningful communication among facility staff and patients.
18. Each patient has the right to expect good management techniques to be implemented within the facility, considering the effective use of the patient's time, and to avoid the personal discomfort of the patient.
19. Each patient has the right to be free from restraints and seclusion of any form that is not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by facility staff.
20. Each patient has the right to formulate advance directives (including directives regarding withholding resuscitating services and foregoing or withdrawing life-sustaining treatment). Apple Hill Surgical Center will not honor requests made by a patient and/or his representative to withhold cardio-pulmonary resuscitation in the event of cardiac or respiratory arrest. Advance Directive information will be made available to patient or representative upon request prior to procedure. Information is also available at www.wellspan.org. Each patient has the right to be transferred to another facility or practitioner who will comply with such directives. Each patient has the right to appoint a surrogate to make health decisions on his behalf.

21. When medically permissible, each patient may be transferred to another facility, but only after he or his legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
22. Each patient has the right to expect that the facility will provide a mechanism whereby he is informed upon discharge of his continuing health care.
23. Each patient has the right, as part of the discharge planning process, to exercise freedom of choice regarding the selection of home health agencies and other entities who will provide post-discharge care.
24. Each patient has the right to examine and receive a detailed explanation of his bill, regardless of the source of payment for his care.
25. Each patient has the right to full information and counseling on the availability of known financial resources for payment of his health care.
26. Each patient has the right of access to an individual or agency who is authorized to act on his behalf to assert or protect the rights set forth in this Statement of Patient's Rights.
27. Each patient, or his representative, has the right to submit a verbal or written grievance with the facility regarding alleged violations of the rights set forth in this Statement of Patient's Rights. Each patient is encouraged to communicate any concern or complaint to the Administrative Director and/or designee of Apple Hill Surgical Center, either in person, in writing or by calling (717) 741-8250, who will attempt to informally resolve and respond to the concern or complaint. Each patient who is not satisfied with the response may submit a grievance to the WellSpan Senior Vice President of Ambulatory Services, either in person, in writing, or by calling the Care Line at (717) 851-2273. Upon receipt of a grievance, the organization will make reasonable efforts to achieve a prompt and fair review and resolution of the grievance and provide a written response to the patient. WellSpan Health will not discriminate or retaliate against any patient or his representative who submits a grievance.

28. Each patient, or his representative, has the right to submit a verbal or written grievance to the Pennsylvania Department of Health at any time, regardless of whether they first use the facility's grievance process as described above. The Pennsylvania Department of Health may be contacted by writing to the Pennsylvania Department of Health, Division of Acute and Ambulatory Care, P.O. Box 90, Harrisburg, Pennsylvania 17108-0090, or by calling 1-800-254-5164.
29. Each patient, or his representative, has the right to submit a verbal or written grievance to the Office of the Medicare Ombudsman at any time, regardless of whether they first use the facility's grievance process as described above. Visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) or use www.cms.hhs.gov/center/ombudsman.



NONDISCRIMINATION NOTICE

FOR

FACILITIES OPERATED IN ACCORDANCE WITH THE REGULATIONS OF THE PENNSYLVANIA
DEPARTMENT OF HEALTH

The Pennsylvania Department of Health complies with and enforces the laws and regulations which prohibit discrimination against employees and persons receiving services in facilities regulated by the Department.

Facilities and programs operated by, or services contracted with or paid for with funds provided by, the Commonwealth of Pennsylvania, Medicare or Medicaid, shall be provided without discrimination due to a person's race, color, religious creed, ancestry, union membership, age, gender, sexual orientation, gender identity or expression, national origin, AIDS or HIV status or disability.

ALL INQUIRIES/COMPLAINTS SHOULD BE DIRECTED AS FOLLOWS:

CIVIL RIGHTS COMPLAINTS INVOLVING PATIENTS IN HOSPITALS, AMBULATORY SURGICAL CENTERS, AND ABORTION FACILITIES:

Division of Acute & Ambulatory Care
Room 532 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
Phone: (717) 783-8980
Fax: (717) 705-6663
Complaint Hotline: 1-800-254-5164
http://www.portal.state.pa.us/portal/server.pt/community/complaint_form/20164

Statement of Patient Responsibilities

Each patient at Apple Hill Surgical Center is expected to act in accordance with the following responsibilities:

1. In order for us to facilitate effective medical treatment, each patient will, to the best of his knowledge, provide timely, accurate and complete information to facility personnel and practitioners about the patient's present complaints, past illnesses, hospitalizations, medications, advance directives, and other matters relating to the patient's health history or care. If the patient is unable to effectively communicate with facility personnel or practitioners, representatives of the patient will make reasonable efforts to be available to facility personnel and practitioners in order to provide and receive information.
2. Each patient will work in a cooperative and mutually respectful manner with all facility personnel and practitioners; for example, by following their reasonable instructions and medical orders.
3. Each patient will ask questions if instructions, orders and/or procedures are not clearly understood, and will inform facility personnel and practitioners if the patient does not clearly comprehend a contemplated course of action or what is expected of him.
4. Each patient will refrain from taking drugs which have not been prescribed by the patient's physician and administered by facility personnel, and will not consume alcoholic beverages or toxic substances the day prior to the procedure or during the patient's stay.
5. Each patient will be considerate of other patients and facility personnel; for example, by assisting in the control of noise and limiting the number of visitors at any one time. Each patient will be respectful of the property of the facility and other persons.
6. Each patient will assume financial responsibility for all services rendered, either through government payors (Medicare or Medicaid), third party payers (employers, insurance companies, or managed care plans), or by personally paying for any services which are not covered by government or third party payers. Each patient will cooperate with the facility in identifying and seeking payment from all relevant government or third party payers. Each patient who believes he may be qualified for free or discounted services, based on his financial circumstances, will notify appropriate facility personnel.

Declaración de los derechos de los pacientes de Apple Hill Surgical Center

Apple Hill Surgical Center está comprometido a proporcionar atención a los pacientes de acuerdo con la lista de Derechos de los pacientes, los cuales son requeridos por la ley estatal y federal. A cambio, la institución espera que los pacientes actúen de acuerdo con las Responsabilidades de los pacientes, las cuales se encuentran enumeradas al final de este documento. Estos derechos y responsabilidades aplican a todos los pacientes y, cuando sea apropiado, a sus representantes. Si tiene alguna pregunta o preocupación acerca de estos derechos o responsabilidades, por favor comuníquese con un miembro del personal administrativo de la institución.

Declaración de los derechos del paciente

1. Cada paciente tiene derecho a que se le informen sus derechos tan pronto como sea posible. Cada paciente tiene derecho a conocer cuáles reglas y normas de la institución aplican a su conducta como paciente.
2. Cada paciente tiene derecho a recibir atención respetuosa de parte de un personal competente.
3. Cada paciente tiene derecho a recibir atención de buena calidad y con altos criterios profesionales que se evalúan y a los que se les da mantenimiento de forma continua.
4. Cada paciente tiene derecho a recibir atención en un entorno seguro, donde se le proporcione la apropiada protección a su salud y seguridad emocional y física, y que se encuentre libre de toda forma de abuso o acoso físico, verbal u otro.
5. Cada paciente tiene derecho a recibir los servicios que se encuentren disponibles y médicamente indicados, sin discriminación debido a su raza, color, nacionalidad, ascendencia, credo religioso, edad, género, preferencia sexual, discapacidad o la fuente de pago para su atención. Debido a que WellSpan Health es una organización caritativa, cada paciente tiene derecho a recibir los servicios médicamente necesarios sin importar su capacidad o incapacidad para pagar por dichos servicios.
6. Cada paciente tiene derecho, a solicitud, para que se le proporcione el nombre de su médico tratante, los nombres de todos los demás médicos que participan directamente en su atención y los nombres y funciones del demás personal de atención médica que tenga contacto directo con el paciente.

7. Cada paciente tiene derecho a su privacidad personal, con respecto a su propia atención médica. Debido a que es confidencial la discusión de casos, consultas, exámenes y tratamientos, cada paciente tiene derecho a que todo esto se trate con absoluta discreción.
8. Cada paciente tiene derecho a que todos los registros pertenecientes a su atención médica se traten de manera confidencial, excepto cuando la ley o acuerdos contractuales con terceros indiquen lo contrario. Los registros médicos confidenciales estarán disponibles para las personas que se encuentren involucradas directamente con la atención del paciente, así como el personal autorizado que supervisa la calidad de la atención del paciente.
9. Cada paciente o su designado tienen derecho, a solicitud, de revisar y recibir copias de toda la información contenida en sus registros médicos dentro de un período de tiempo razonable, a menos que el acceso sea específicamente restringido por el médico del paciente debido a razones médicas y otras razones legalmente permisibles. La institución tratará lo más posible de cumplir con la legítima solicitud del paciente para obtener acceso a sus registros médicos, tan pronto como sea posible.
10. Cada paciente tiene derecho a participar con su médico en el desarrollo e implementación del plan de atención del paciente. A menos que no sea médicamente aconsejable, cada paciente tiene derecho a obtener de parte de su médico, información completa y actualizada con respecto a su diagnóstico, tratamiento y pronóstico, de manera razonable para que el paciente lo pueda comprender. Cuando no es médicamente conveniente proporcionar tal información al paciente, ésta estará disponible a los familiares del paciente o a la persona adecuada en representación del paciente. El tutor, familiar o representante legalmente responsable de cada paciente tiene derecho a ejercer, hasta lo permitido por la ley, estos derechos en nombre del paciente si éste fue declarado como incompetente de acuerdo a la ley, si su médico le encontró médicamente incapaz de comprender el tratamiento o procedimiento propuesto, si es incapaz de comunicar sus deseos acerca del tratamiento o si es un menor.
11. Cada paciente tiene derecho a recibir sin ninguna demora, los procedimientos de emergencia.

12. Cada paciente o su representante tienen derecho a tomar decisiones informadas con respecto a su atención. Esto incluye el derecho del paciente a que se le informe sobre su estado de salud, a estar involucrado en la planificación de su atención y tratamiento y a poder solicitar o rehusar un tratamiento. Esto no significa que el paciente tenga derecho a exigir un tratamiento o servicios que sean médicamente innecesarios o inapropiados.
13. Excepto en casos de emergencia, cada paciente tiene derecho a que su médico obtenga el consentimiento informado de parte del paciente, previo al inicio de cualquier procedimiento o tratamiento para el cual es necesario dicho consentimiento, de acuerdo con la Ley de negligencia médica en los servicios de atención médica Atención Médica Accesibilidad y la Reducción de Ley Error.
14. Cada paciente o un representante legal responsable, en caso que éste sea incapaz de proporcionar el consentimiento informado, tiene derecho a que se le informe si el médico propone que participe en un programa de investigación médica o un programa de donantes, y el paciente o su representante legal responsable deben otorgar su consentimiento previo a tal participación. El paciente o su representante legal responsable tiene derecho a rehusar su participación en tales programas y, en cualquier momento, rehusarse a continuar la participación en tal programa para el cual previamente habría otorgado su consentimiento informado.
15. En la medida en que la ley lo permita, cada paciente tiene derecho a rehusar cualquier medicamento, tratamiento o procedimiento ofrecido por la institución y a que un médico le informe sobre las consecuencias de su rechazo.
16. Cada paciente tiene derecho a recibir asistencia para obtener una consulta con otro médico, a solicitud del paciente y tales gastos correrán por su cuenta.
17. Cada paciente tiene derecho a que se le proporcione un intérprete, siempre que sea razonablemente posible, si fuera necesario, para facilitar una comunicación significativa entre el personal de la institución y el paciente.
18. Cada paciente tiene derecho a esperar que se apliquen buenas técnicas administrativas dentro de la institución, considerando el uso efectivo del tiempo del paciente y evitando el malestar personal del paciente.
19. Cada paciente tiene derecho a que se le mantenga libre de restric-

ciones y aislamiento de cualquier forma, que no sea médicamente necesario o que se utilice como medio de coerción, disciplina, conveniencia o represalia por parte del personal de la institución.

20. Cada paciente tiene derecho a formular sus instrucciones anticipadas (incluso instrucciones con respecto a abstenerse de los servicios de resucitación y renunciar o retirar el tratamiento de soporte vital). Apple Hill Surgical Center no cumplirá con las solicitudes hechas por un paciente o su representante con respecto a prescindir de la resucitación cardiopulmonar en caso de un paro cardíaco o respiratorio. La información de las Instrucciones anticipadas estará disponible al paciente o su representante, a su solicitud, previo al procedimiento. También puede encontrar información disponible en www.wellspan.org. Cada paciente tiene derecho a que se le transfiera a otra institución o a otro profesional que cumpla con sus instrucciones. Cada paciente tiene derecho a nombrar un sustituto para que tome las decisiones de salud en su nombre.
21. Cuando sea médicamente permisible, cada paciente puede ser transferido a otra institución, solamente después que su representante legal responsable reciba la información completa y una explicación con respecto a las necesidades y alternativas para dicho traslado. La institución a la cual el paciente será transferido debe antes aceptar que el paciente sea transferido.
22. Cada paciente tiene derecho a esperar que la institución proporcione un mecanismo por medio del cual esté informado al momento de darlo de alta, de sus requisitos para la continuación de la atención médica posterior al alta del hospital y los medios para cumplirlos.
23. Cada paciente tiene derecho, como parte del proceso de planificación para dar de alta, a ejercer su libertad de elección con respecto a la elección de agencias de casas de salud y otras entidades que proporcionarán atención luego de darle de alta.
24. Cada paciente tiene derecho a examinar y recibir una explicación detallada de su factura, sin importar la fuente de pago de su atención.

25. Cada paciente tiene derecho a recibir información completa y asesoría sobre la disponibilidad de recursos financieros conocidos para el pago de su atención médica.
26. Cada paciente tiene derecho al acceso a una persona o agencia que estén autorizadas a actuar en su nombre para asegurar o proteger los derechos establecidos en esta Declaración de los derechos del paciente.
27. Cada paciente o su representante, tienen derecho a presentar un reclamo verbal o por escrito a la institución, con respecto a supuestas violaciones a los derechos establecidos en esta Declaración de los derechos del paciente. A cada paciente se le anima a comunicar cualquier preocupación o queja al Director administrativo o su designado en Apple Hill Surgical Center, ya sea en persona o por escrito, o bien, llamando al (717) 741-8250, quienes tratarán de resolverlo de manera informal y responder a su preocupación o queja. Cada paciente que no esté satisfecho con la respuesta, puede presentar un reclamo al Vicepresidente general de Servicios ambulatorios de WellSpan, ya sea en persona o por escrito, o bien, llamando a la Línea de atención al (717) 851-2273. Al recibir un reclamo, la organización hará los esfuerzos razonables para alcanzar una pronta y justa revisión y resolución del reclamo, y proporcionará una respuesta por escrito al paciente. WellSpan Health no discriminará o mostrará represalias contra ningún paciente o su representante que presenten un reclamo.
28. Cada paciente o su representante, tienen derecho a presentar un reclamo verbal o por escrito al Departamento de salud de Pennsylvania en cualquier momento, sin importar si ellos utilizan primero el proceso de reclamos de la institución según como se describió anteriormente. Se puede poner en contacto con el Departamento de salud de Pennsylvania por escrito a esta dirección: Pennsylvania Department of Health, Division of Acute and Ambulatory Care, P.O. Box 90, Harrisburg, Pennsylvania 17108-0090, o llamando al 1-800-254-5164.
29. Cada paciente o su representante, tienen derecho a presentar un reclamo verbal o por escrito a la Oficina del Ombudsman de Medicare en cualquier momento, sin importar si ellos utilizan primero el proceso de reclamos de la institución según como se describió anteriormente. Visite www.medicare.gov o llame al 1-800-MEDICARE (1-800-633-4227) o visite www.cms.hhs.gov/center/ombudsman.

Declaración de las responsabilidades del paciente

Se espera que cada paciente en Apple Hill Surgical Center actúe de acuerdo con las siguientes responsabilidades:

1. Para que podamos facilitar un tratamiento médico efectivo, cada paciente, a su leal saber y entender, proporcionará oportunamente, información exacta y completa al personal de la institución y a los profesionales, acerca de las quejas actuales del paciente, enfermedades pasadas, hospitalizaciones, medicamentos, instrucciones anticipadas y otros asuntos relacionados con el historial y la atención del paciente. Si el paciente no es capaz de comunicarse efectivamente con el personal de la institución o los profesionales, los representantes del paciente realizarán esfuerzos razonables para estar disponibles para el personal de la institución y los profesionales, para poder proporcionar y recibir información.
2. Cada paciente trabajará de forma cooperativa y con respeto mutuo con todo el personal y los profesionales de la institución; por ejemplo, seguir las instrucciones razonables y las órdenes médicas.
3. Cada paciente realizará preguntas si las instrucciones, órdenes o procedimientos no se comprenden de forma clara e informarán al personal de la institución y a los profesionales y los profesionales, si el paciente no comprende con claridad el curso de la acción contemplada o lo que se espera de él.
4. Cada paciente evitará tomar medicamentos que no le haya recetado su médico ni administradas por el personal de la institución, y tampoco consumirá bebidas alcohólicas o sustancias tóxicas el día anterior al procedimiento o durante su estadía.
5. Cada paciente considerará a los demás pacientes y al personal de la institución; por ejemplo, colaborando con el control de ruido y limitando el número de visitantes en todo momento. Cada paciente será respetuoso de la propiedad de la institución y de las demás personas.
6. Cada paciente asumirá la responsabilidad financiera por todos los servicios prestados, ya sea a través de los pagos del gobierno (Medicare o Medicaid), de terceros pagadores (empleadores, compañías de seguro o planes de servicios médicos administrados) o pagando personalmente cualquier servicio que no esté cubierto por estos pagadores. Cada paciente cooperará con la institución al identificar y buscar el pago de parte de todos los pagadores relevantes del gobierno o terceros. Cada paciente que crea que pueda estar calificado para recibir servicios gratuitos o con descuento, en base a sus circunstancias financieras, lo notificará al personal apropiado de la institución.

A DISCLOSURE TO PATIENTS
WHO HAVE BEEN REFERRED TO
APPLE HILL SURGICAL CENTER

The professionals listed below are Limited Partners in Apple Hill Surgical Center Partners, which owns and operates Apple Hill Surgical Center. WellSpan Health also has ownership interest in Apple Hill Surgical Center.

If you have been referred to Apple Hill Surgical Center for treatment and have questions about the ownership interest of any of these parties, please contact your physician. If you would prefer to utilize a treatment facility other than Apple Hill Surgical Center, your physician will assist you in making other arrangements, subject to any relevant criteria set by your payor and/or relevant treatment facilities.

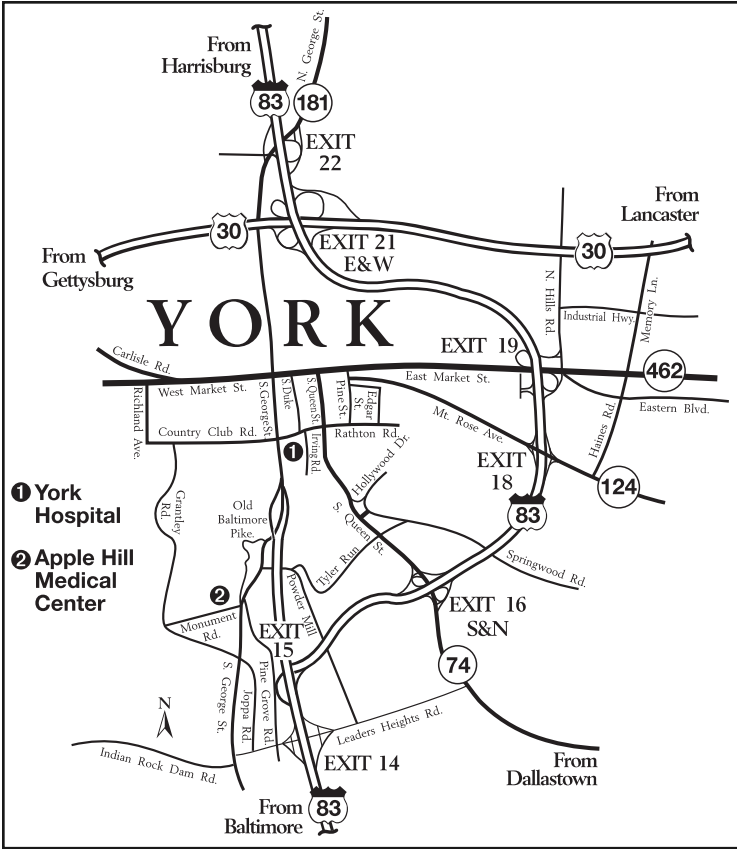
DIVULGACIÓN PARA LOS PACIENTES QUE FUE-
RON REFERIDOS A
APPLE HILL SURGICAL CENTER

Los profesionales enumerados a continuación, son Socios limitados en Apple Hill Surgical Center Partners, quien posee y opera Apple Hill Surgical Center. WellSpan Health también cuenta con un interés de propiedad en Apple Hill Surgical Center.

Si usted fue referido a Apple Hill Surgical Center para un tratamiento y tiene preguntas acerca de los intereses de propiedad de alguna de estas partes, comuníquese con su médico. Si prefiere utilizar otra institución de tratamiento que no sea Apple Hill Surgical Center, su médico le ayudará a realizar otros arreglos, sujeto a cualquier criterio importante establecido por su pagador o instituciones de tratamiento relevantes.

Physician Investors - Médicos inversionistas
(Updated 12/2013) - (Actualizado el 12/2013)

Veneranda Alvear
Glenn Amsbaugh
Marsha Bornt
Vincent Butera
Richard Dabb
Michael Dobish
Russel Etter
Meg Figdore
Brian Flowers
Michael Gangloff
Edward Garber
Garth Good
Kenneth Heaps
Dennis E. Johnson
Denise Kenna
Michael Allen Klein
Samuel S. Laucks, II
Stephen Laucks
John Lawrence
James Macbride
C. Edwin Martin
Patrick McGannon
Michael Moritz
Dean Nachtigall
David and Marilyn Neuburger
Steven Olkowski
Charles Reilly
Andrew R. Shorb
Paul Sipe
James R. Smolko
Peter VanGiesen
B. Emmerich Yoder



LOCATION:

25 Monument Rd, Suite 270
 York, PA 17403

ENTRANCE G

TELEPHONE:

- Reception desk:(717) 741-8250
- TTY/TDD for hearing impaired:(717) 741-8171
- Preoperative Instructions:(717) 741-8631
- Billing:(717) 741-8253
- Anesthesia Associates of York (AA):(717) 741-5257

www.wellspan.org/applehillsurgicalcenter