



ORTHOPAEDIC SURGERY CENTER



116 Langley Parkway
Concord, NH 03301
603-228-7211

14 Tsienneto Road
Derry, NH 03038
603-425-6966



How to Prepare Before Surgery

Preoperative Interview: A nurse will be in contact with you within one week prior to your surgery date to review

preoperative instructions and obtain your medical history. At this time it will be determined if you need further testing such as blood work or an EKG.

Transportation: Arrangements must be made to have a responsible adult drive you home after surgery.

Dietary Restrictions: All patients should not eat or drink anything after midnight before surgery unless otherwise instructed. This means no fluid of any kind, no hard candy, and no gum.

Important: If you develop a cold, cough, fever or flu, please notify the surgery center immediately. Also, if you have any open cuts, scratches, or abrasions located on the operative extremity, please contact the surgery center immediately.

Arrival Time: A nurse will call you after 3:00 PM the business day before your scheduled procedure to tell you what time you need to report to the surgery center. If you are having surgery on Monday, you will receive a call on Friday.

For our Derry patients, if your surgery is on Monday, you will receive a call on Thursday.

What to Expect the Day of Surgery

Arrive at the surgery center at the time given by the nursing team. If you have experienced any health changes since your

pre-surgical interview, please notify your surgeon and the center.

Bring insurance cards, photo ID, payments and all paperwork from your physician and/or the surgery center. Wear loose comfortable clothing that can be put on over dressings, braces or casts.

Leave all valuables at home, the center is not responsible for lost or stolen items. If possible please leave small children at home.

We look forward to you visit. If you have any questions, please call us at (603) 228-7211.

What to Expect the Day of Surgery, cont.

Anesthesia: You will meet your anesthesiologist in the Preoperative Holding area. You will discuss the types of anesthesia best suited for you and your type of surgery.

Family and Friends: ONE family member, friend or significant other will be able to visit you after surgery when your condition allows. We ask that visitors respect the privacy and confidentiality of other patients and limit their visit.

Those who accompany you should be prepared for a one- to five-hour wait, depending on the procedure. The time needed for preoperative preparation, surgery and postanesthesia recovery determines the length of wait. Your nurse can provide more detailed information.

Special Instructions for Preparing Children for Surgery:

- On the day of surgery, please bring a favorite toy, stuffed animal, blanket, change of clothing and empty 'sippy cup' for your child.
- You are required to stay with your child in the pre-op holding area. No beverages allowed.
- When your child's condition permits, usually after an initial assessment in the recovery room, you will be permitted to enter the recovery area to stay with your child.
- A parent/guardian must stay in the building at all times.

Discharge Instructions

Discharge Instructions: Postoperative instructions will be reviewed with you and a responsible adult prior to

discharge. For your safety, if you have received anesthesia, you should have a responsible adult stay with you the first 24 hours after surgery.

Postoperative Call: A registered nurse will call you the day after surgery (Monday for surgery done on a Friday) to check on your progress and to answer any questions or concerns you may have.

Emergencies: If at any time you experience a medical emergency please dial 911. For all other issues please call the Concord Orthopaedics office at 603-224-3368 or 1-800-660-2672 to speak with your surgeon or the provider on call.

Advance Directives

It is the policy of the Orthopaedic Surgery Center to respect and encourage patient self-determination.

As a patient, you are encouraged to be an active participant in the decision-making process regarding your care.

As a patient, you are encouraged to communicate your desires in regard to Advance Directives to your family/significant others, to allow for guidance of significant others and healthcare providers in following your wishes should you become incapacitated and unable to make decisions for yourself.

It is the policy of the Orthopaedic Surgery Center that Do Not Resuscitate (DNR) orders will not be in effect during the stay of a patient in the facility. If the patient is not in agreement with this policy - the surgeon will discuss with the patient alternative facilities in which the procedure can be done.

Additional information regarding Advance Directives in the State of New Hampshire can be found at www.nhpco.org/advance.htm.

If you have Advance Directives or a Living Will that you would like the Orthopaedic Surgery Center to honor, please bring a copy with you on the day of surgery.



ORTHOPAEDIC SURGERY CENTER



CONCORD
ORTHOPAEDICS



CONCORD
HOSPITAL

Patient's Bill of Rights

1. The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
2. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.
3. The patient shall be fully informed in writing in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by Medicare or Medicaid shall also be included in this disclosure.
4. The patient shall be fully informed by a health care provider of his or her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course

and scope of employment or agency related to or supportive of health care services.

5. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for Medicaid as a source of payment.
6. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
7. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.
8. The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.
9. The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
10. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.
11. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.

12. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.
13. The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
14. The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
15. The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.
16. The patient shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, gender identity, age, disability, marital status, or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.
17. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.
18. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.
19. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.
20. The patient shall not be denied admission to the facility based on Medicaid as a source of payment when there is an available space in the facility.
21. Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.

Patient Responsibilities

- For providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications including over-the-counter products and other dietary supplements, allergies and sensitivities and other matters relating to his or her health
- For having a responsible adult to transport him or her home from the facility and to remain with him or her for 24 hours
- For reporting unexpected changes in his or her condition to the health care provider
- For reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her
- For following the treatment plan prescribed/recommended by the health care provider and participate in his or her care
- For keeping appointments and when he or she is unable to do so for any reason, for notifying the Facility
- For his or her actions if he or she refuses treatment or does not follow the health care provider's instructions
- For assuring that the financial obligations of his or her health care are fulfilled as promptly as possible
- For accepting personal financial responsibility for any charges not covered by his or her insurance
- For following Facility rules and regulations affecting patient care and conduct
- For consideration and respect of the facility, health care professionals and staff, other patients and property
- For informing his or her provider of any living will, medical power of attorney or other directive that could affect care



ORTHOPAEDIC SURGERY CENTER

Notice of Privacy Practices

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

OUR PLEDGE REGARDING HEALTH INFORMATION

We are committed to protecting your health information. We are required by law to 1) make sure that your health information is protected; 2) give you this Notice of our legal duties and privacy practices with respect to your medical information; and 3) to follow the terms of this notice.

We reserve the right to change this notice. Any revision will affect how your current health information is treated as well as any information we receive in the future. We will post a copy of the current notice in various locations throughout the Orthopaedic Surgery Center.

Who Will Follow This Notice

Our healthcare team covered by this notice includes healthcare providers and the staff at the Orthopaedic Surgery Center, Concord Hospital, Concord Hospital Medical Group and other providers who are involved in your care. This includes primary care providers, specialty care providers, consulting providers, contracted anesthesia providers and health professional affiliates, and on-call providers. Also covered by this notice are all other non-clinical employees including managerial, administrative, billing, and support staff employed by the Orthopaedic Surgery Center, Concord Orthopaedics, PA, and Concord Hospital.

How We Protect Your Information

We use a shared electronic medical record (EMR) to manage your care. Our EMR is shared with other healthcare partners and providers such as Concord Hospital, Concord Orthopaedics PA, Anesthesia Associates, PA, and other local and regional care providers. Our EMR has built-in safeguards to protect information contained in it. Additionally, we have policies that limit who can access the EMR and train all staff and users about using the EMR and protecting your privacy.

How We May Use and Disclose Your Health Information

The following are a few examples of how we may use and disclose health information without your written permission.

Treatment: We may use your health information to provide you with medical treatment or services. We may share medical information about you to the doctors, nurses, and other staff involved in your care. We may also disclose your health information to other healthcare providers and healthcare facilities that may be involved in your care. Examples include:

- prescriptions, test results, and discharge instructions
- appointment reminders
- follow-up calls after your visit to see how you are feeling and answer any questions you may have
- information about possible treatment options or alternatives

Health Information Collaborations or Exchanges: The Orthopaedic Surgery Center believes that having timely access to your medical information is important to providing quality medical care. We also recognize that you may receive healthcare from other outside providers. As part of your care and treatment while at the Orthopaedic Surgery Center, we may request or share medical information with those other providers, as permitted by law. The Orthopaedic Surgery Center participates in joint arrangements with other healthcare providers and entities whereby we may use or disclose your health information for: continuity of care, improving the accuracy of your health records, decreasing the time needed to access your information, evaluating and comparing your information for quality improvement purposes, and such other purposes as may be permitted by law. The sharing of information may be through a direct exchange or through a third party.

Examples may include:

- ***Accountable Care Organization*** (ACO): ACOs are groups of healthcare providers who work together to provide coordinated, high quality care to their Medicare patients to ensure that their patients receive the care needed without duplication of services.
- ***Clinical Data Registry***: Registries collect information about individuals usually with a focus on a diagnosis or a medical procedure they have undergone.

Billing and Payment: We may use and share your information so that we, and others who have provided services to you, can bill and collect payment for these services from your insurance company or a third party. Examples include:

- Requests for payment for the care you received
- Requests for approval before doing a procedure

Healthcare Operations We may use medical information about you for operations. We do this so that we can continue to improve the quality and effectiveness of the care we provide. When possible, we take out information that identifies who you are before sharing your information. Examples include:

- evaluating the performance of our staff in caring for you
- improving our care and the services we offer
- deciding if we should offer more services
- budgeting and planning
- auditing and evaluation

Required by Law We disclose your health information when required to do so by federal, state, or local law. Additionally, we will share your information when we receive a court order or other legal document requiring that medical information be released.

Law Enforcement We may respond to a court order, subpoena, warrant, or similar process. We may also disclose limited information in response to a law enforcement official's request for identification and location purposes. In certain cases, we may disclose your health information to a law enforcement official when it is related to the investigation of a crime.

Public Health and Safety We may share your medical information for public health or public safety reasons. Examples include:

- When it is necessary to prevent a serious health or safety threat to you, another person, or the public.
- In the event of a disaster, to organizations assisting in disaster-relief efforts so that your family can be notified about your condition and location.
- To report child abuse or neglect to authorized government authorities. Additionally, we may report other cases of neglect, abuse, or domestic violence to the extent allowed by law.
- For public health purposes.
- For specialized government functions such as protection of public officials including the President and foreign heads of state.

Military Authorities If you are active duty or a veteran of the armed forces, we may share your medical information with the military as allowed, or required, by law.

Health Oversight Activities We may disclose health information to a health oversight agency for activities required by law. These oversight activities include audits, investigations, inspections, and licensure.

Research Under certain circumstances, we may use and disclose your medical information for research purposes. All research projects must be approved through a special approval process that balances the research

needs with the patient's need for privacy. Whenever possible, we will remove information such as your name, address, and other personal identifiers not needed for the research project.

Deceased Individuals We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.

Business Associates We may release health information to businesses that use your health information to assist us in performing essential healthcare operations, payments, and other functions. Contracts with these businesses must include specific provisions governing the use and protection of your information as required by federal law.

Workers' Compensation We may disclose your health information that is reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or their representative.

Prison Inmates If you are an inmate or under the custody of a law enforcement official, we may release your health information to the correctional institution or a law enforcement official. Instances when release could be necessary include (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Situations Where You Have the Right to Limit the Release of Your Medical Information

Family or Friends Involved in Your Care We may share information about you with family members and friends who are involved in your care or paying for your care. Whenever possible, we will allow you to tell us who you would like to be involved in your care. However, in emergencies, or situations where you are unable to tell us who we can share information with, we will use our best judgment about who to share your information with.

OTHER USES

Uses and disclosures of medical information for marketing purposes, and disclosures that constitute the sale of protected medical information require your written authorization. If you provide us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The records we create and maintain using your medical information belong to the Orthopaedic Surgery Center. However, the information belongs to you. As a result, you have a number of rights that include:

Right to Get a Paper Copy of This Notice You have the right to have a paper copy of this Notice.

Right to Review and Copy You have the right to look at and get copies of your medical record, including billing records. To request a copy of your record, you must send your request in writing by completing an *Authorization to Disclose PHI Form* to the Orthopaedic Surgery Center, Release of Information. We may charge a fee to cover the copying, mailing, and other costs and supplies. If you are currently a patient in the Orthopaedic Surgery Center and would like to look at a copy of your records you must complete a *Request to Inspect PHI Form* and give it to the Director. We may deny your request to inspect and copy records in certain, very limited circumstances due to incomplete records and time constraints. We will honor the request as soon as feasibly possible. If you are denied access to health information, you may request that the denial be reviewed.

Right to Ask for an Amendment to Your Medical Information If you think that information about you is not correct or is incomplete; you may ask us to correct your record. Your request must be made in writing and sent to the Orthopaedic Surgery Center Director at 116 Langley Parkway, Concord, NH 03301. You must provide a reason that supports your request. We may deny your request for a change if it is not in writing or does not include a reason to support the request. We may deny your request if you ask us to change information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the change
- Is not part of the health information kept by us to be used in providing healthcare services to you
- Is not part of the information which you would be permitted by law to inspect and copy
- Is accurate and complete

Right to an Accounting of Disclosures You have the right to ask for a list of when your medical information was shared without your written consent. This list will not include uses or sharing:

- For treatment, payment or other business operations
- With you or someone representing you
- With you or your representative or family/friends involved in your care
- With those who have requested your information through the patient directory

- When all personal identifiers were de-identified and then shared
- In those few situations where the law does not require or allow it

Your request must be made in writing and sent to the Orthopaedic Surgery Center Director at 116 Langley Parkway, Concord, NH 03301. Your request must state the time period for which you want the list. However, the time period cannot be longer than 6 years from the date of your request.

Right to Ask for Restrictions on the Use and Sharing of Your Medical Information

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a restriction on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request in most cases. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If we do not agree, we will notify you of the denial in writing.

We will agree to restrict disclosure of medical information about an individual to a health plan if the reason for sharing the information would have been to obtain payment and the medical information pertains solely to a service for which you, or a person other than the health plan, have paid in full.

To request restrictions, you must submit your request in writing to the Orthopaedic Surgery Center Director at 116 Langley Parkway, Concord, NH 03301. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We cannot restrict information from healthcare providers involved in your care.

Right to be notified of a Breach You have the right to know if your information has been breached (released in violation of the rules).

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Orthopaedic Surgery Center Director at 116 Langley Parkway, Concord, NH 03301.

You also have the right to file a complaint at the regional Office of Civil Rights. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

The Orthopaedic Surgery Center

in Concord has been providing outpatient surgical services to the community since 1995.

The Orthopaedic Surgery Center

in Derry has been providing service since January of 2012.

The Orthopaedic Surgery Center

is committed to providing the highest standard of orthopaedic surgical care and pain management treatments in a professional, compassionate and considerate manner to meet each patient's specific and individual needs.

Patient Name: _____

Surgeon: _____

Surgery Date: _____

Surgery is in our Concord Facility Derry Facility

Follow-up Appointment: _____ at Concord Orthopaedics

Concord Derry New London Windham

Driving Directions

Concord Driving Directions:

From I-93 North or South: Take I-89 to Exit 2 (Clinton St.) At the end of the exit ramp go right on to Clinton St. At the first light, take a left on to Langley Parkway. Go about a half mile to a set of lights. You will see Concord Hospital on the right and Concord Orthopaedics on the left. At the set of lights, go straight. The entrance to the Orthopaedic Surgery Center is the third entrance on the right. Once you make your right turn please veer to the left.

Derry Driving Directions:

93 South: Take exit 5, Rte 28 S exit toward Derry. At the end of the ramp, turn left onto Rockingham Road / NH 28. Continue on NH 28. Turn left onto Tsienneto Road, staying in the left-hand lane, and proceed to 14 Tsienneto Road. The Orthopaedic Surgery Center is directly on the left as you enter the building.

93 North: Take Exit 4, Route 102E exit toward Derry. At the end of the ramp, take a slight right onto NH 102/Nashua Road. Continue to follow NH 102. Turn left onto Crystal Avenue/NH 28. Turn right onto Tsienneto Road, staying in the left-hand lane, and proceed to 14 Tsienneto Road. The Orthopaedic Surgery Center is directly on the left as you enter the building.