



Welcome to HSS

Northern NJ
Surgery Center



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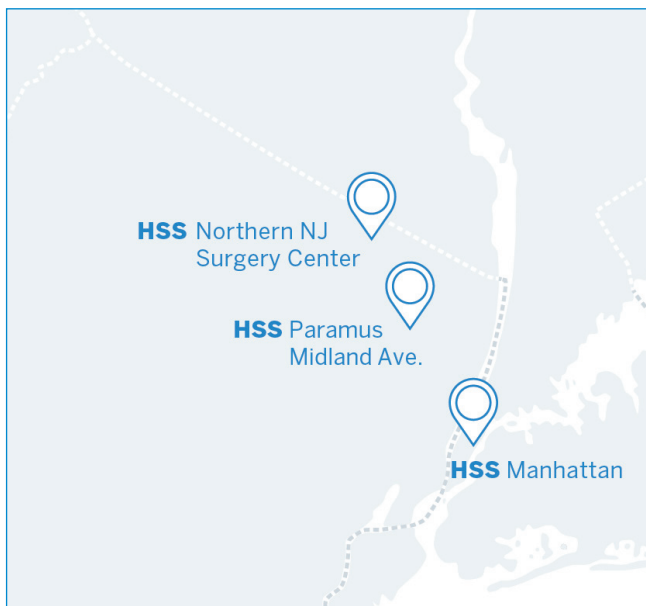
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Welcome to the Northern NJ Surgery Center

Your surgery has been scheduled to take place at the Northern NJ Surgery Center.

This facility provides the highest-quality outpatient surgery options for our patients and follows world-class best practices as established and perfected by HSS.

This packet will provide you with information that will be helpful before your surgery. If you have any questions, please contact your physician office or the Northern NJ Surgery Center.



The facility is located at **400 Franklin Turnpike, Mahwah, New Jersey, 07430.**

Parking is available at the center, with designated spots for patients and visitors.

Upon entering the building, take elevators to the 2nd floor, Suite 200.

HSS Northern NJ
Surgery Center
400 Franklin Turnpike
Mahwah, NJ 07430
Tel: 201.267.7000
hss.edu/nnjasc

Your Care





Your Surgery

Our goal is to make your surgical day and your time at HSS as comfortable as possible.

WHAT TO BRING WITH YOU

In order to keep your belongings safe, we ask that you please pack lightly and do not bring any valuables. Your belongings will be put into a storage bag provided by HSS, and then secured and stored for you while you are in the operating room.

We will not be able to store any suitcases, luggage or backpacks for you. HSS will not be responsible for any lost or misplaced personal belongings that were not secured by staff.

Plan to wear loose, comfortable clothes that are easy to put on and supportive shoes. You will be provided with a hospital gown throughout your stay.

Bring a list of any medications you are taking, including how often you take them and how much you take. **Please do not bring the medications themselves unless the HSS pharmacy asks you to do so.**

Please also bring:

- the legal ID you used when scheduling your surgery
- health insurance card
- prescription card (if separate from insurance card)
- medical information your care team asks you to bring, such as lab reports and immunization details
- dentures or eyeglasses
- essential medical equipment, including braces (please do not bring sleep apnea masks or devices, only the settings for your machine)
- your Health Care Proxy form and other advance directive documents, if you have them

Optional items to bring include:

- a cell phone and charger
- something to read

Please do not bring or wear:

- valuables
- cash
- jewelry, including wedding rings and body piercings
- food



MyHSS

HSS is always seeking ways to improve our patients' experience. With the MyHSS app, you can manage your care and access important information and resources at HSS, all in one place. MyHSS is designed to give you quicker, easier access to the information you need.

To use MyHSS on a desktop, visit <http://myhss.hss.edu>. To use MyHSS on a mobile phone or tablet, download the MyHSS app from the Apple App Store or Google Play on an Android device.

With MyHSS, you are able to:

- **Access your HSS medical record**, billing record and test results
- **Schedule appointments** with specialists you have seen before or new specialists, in person or virtually
- **Schedule physical therapy** appointments, either in person or virtually
- **Schedule urgent care visits**
- **View details** of past and upcoming appointments
- **Access HSS produced content** and resources directly from the app
- **Complete pre-check forms** and other appointment-related questionnaires

If you need help downloading or logging in to MyHSS, or if you have other technical questions, call the MyHSS Help Desk at 844.269.4509.

MyHSS is not for medical emergencies. If you need care urgently, please call 911.



YOUR DIET AND PREPARING FOR SURGERY

Pre-Surgical Diet Guidelines

The pre-surgical diet guidelines below are for general purposes only. Your physician or surgeon may require you to follow an alternative plan. In that case, follow your physician's instructions rather than the guidelines below.

FOURTEEN DAYS PRIOR TO SURGERY

- Stop all nutritional and herbal supplements (vitamins/minerals/herbals)
- **EXCEPTIONS** – the following are OK to continue: calcium, iron & vitamin D

THE DAY BEFORE SURGERY

- Follow your regular diet

THE NIGHT BEFORE SURGERY

- Drink at least 20-24 oz (3 cups) of allowed clear fluids
- Do not eat any solid food after midnight (**CLEAR FLUIDS ONLY after midnight**)

THE DAY OF SURGERY

- Take **CLEAR FLUIDS ONLY**
- Drink at least 20 oz (2 ½ cups) of allowed clear fluids **PRIOR TO YOUR ARRIVAL AT THE HOSPITAL**
- If instructed, drink carbohydrate-rich drink (Ensure Pre-Surgery®, 10 oz), 3 hours before surgery, **COMPLETING PRIOR TO YOUR ARRIVAL AT THE HOSPITAL**
- **DO NOT EAT OR DRINK ANYTHING 3 HOURS PRIOR TO YOUR PROCEDURE AND AFTER ARRIVING AT THE HOSPITAL.**

CLEAR FLUID DIET (ANY MEAL)

ALLOWED

- Water
- Apple, Cranberry & Grape Juice
- Gatorade
- Black Coffee or Tea
- Clear Broth
- Ginger ale and Seltzer
- Jello and Italian Ice
- Chewing gum – **DO NOT SWALLOW**

NOT ALLOWED

- Milk or Dairy Products (including in coffee and tea)
- Citrus Juices
- Prune Juice
- Juices with Pulp
- Any food or beverage not listed in the "allowed" column

YOUR DIET AND PREPARING FOR SURGERY

Pre-Surgical Diet Guidelines for patients taking GLP-1 Agonists

The pre-surgical diet guidelines below are for general purposes only. Your physician or surgeon may require you to follow an alternative plan. In that case, follow your physician's instructions rather than the guidelines below.



FOURTEEN DAYS PRIOR TO SURGERY

- Stop all nutritional and herbal supplements (vitamins/minerals/herbals)
- **EXCEPTIONS** – the following are OK to continue: Calcium, Iron & Vitamin D

THE DAY BEFORE SURGERY

- If you are taking any of the following medications take **CLEAR FLUIDS ONLY BEGINNING AT NOON** the day before surgery:

GLP-1 Agonists: Brand (Generic):

- | | |
|----------------------------------|---|
| ■ Trulicity (Dulaglutide) | ■ Ozempic, Wegovy, Rybelsus (Semaglutide) |
| ■ Byetta, Bydureon (Exenatide) | ■ Mounjaro (Tirzepatide) |
| ■ Saxenda, Victoza (Liraglutide) | ■ Xultophy (Insulin degludec and liraglutide) |
| ■ Adlyxin (Lixisenatide) | ■ Soliqua (Insulin glargine and lixisenatide) |

Follow up with your medical clearance provider regarding specific fasting guidelines as you may be required to switch to clear liquids sooner and may need to modify your other diabetic medications.

THE NIGHT BEFORE SURGERY

- Drink at least 20-24 oz (3 cups) of allowed clear fluids

THE DAY OF SURGERY

- Take **CLEAR FLUIDS ONLY**
- Drink at least 20 oz (2 ½ cups) of allowed clear fluids **PRIOR TO YOUR ARRIVAL AT THE HOSPITAL**
- **DO NOT EAT OR DRINK ANYTHING 3 HOURS PRIOR TO YOUR PROCEDURE AND AFTER ARRIVING AT THE HOSPITAL.**

CLEAR FLUID DIET (ANY MEAL)

ALLOWED

- Water
- Apple, Cranberry & Grape Juice
- Gatorade
- Black Coffee or Tea
- Clear Broth
- Ginger ale and Seltzer
- Jello and Italian Ice
- Chewing gum – **DO NOT SWALLOW**

NOT ALLOWED

- Milk or Dairy Products (including in coffee and tea)
- Citrus Juices
- Prune Juice
- Juices with Pulp
- Any food or beverage not listed in the "allowed" column

ESCORT AND VISITOR INFORMATION

Escort Policy

- All patients must have a responsible adult (over age 18) to escort them home after their procedure.
- If you do not have a confirmed escort before your procedure, it will be canceled.

Visitation Policy

Please bring only one visitor with you on your surgical day.

Please be aware that our visitor policies are subject to change or suspension at any time. We will do our best to inform you of changes.

We strive to ensure our patients' comfort, safety and privacy. Once you are brought to the area where you will prepare for your surgery, we ask that you and your visitor follow these guidelines:

- One visitor is permitted to accompany each patient. For pediatric patients, both parents/guardians are permitted.
- Food, drinks, flowers and gifts are NOT permitted.
- Children under 14 are not permitted.

YOUR SURGERY

As you are going home the same day, it is considered outpatient surgery. We will do everything we can to make your surgical day run as smoothly as possible. As our nursing staff and other members of the team prepare you for your surgery, here's what to expect:

ID Checks

Throughout the day, we will ask you to verify information about yourself many times. This includes your first and last name, birth date and other details. We do this for your safety.



Patient Identification

You will be given a hospital identification (ID) band when you arrive at HSS. This ID bracelet has your name, date of birth and medical record number on it. These details help us to identify you and ensure that we are giving you the proper care and treatment. Your healthcare team will check your ID band and ask for your name and date of birth throughout your stay. Please know that this is for your safety. If your ID band falls off or is not easy to read, please ask us for another one.

Your Legal ID & Date of Birth

For your safety, our policy is to use your name and date of birth only as it appears on the legal ID you give at the time of your registration.

Approved legal IDs, in preferred order, include:

- driver's license
- passport
- birth certificate

If you do not have the ID types that are listed above, please let us know at registration. Each time you register or check in, our team will check your legal ID by asking you to spell your first and last names and confirm your date of birth. Your doctor will also confirm your identity. Don't worry if your name appears differently on

your insurance card. Our staff is trained to make the necessary adjustments in our computer system so that the insurance card name is used for billing purposes.

You may have a “preferred name” that is different from your legal name. We will note your preferred name in your medical record and the staff caring for you will make every effort to use your preferred name. However, we will need to use your legal name (the name on your ID) when confirming your identity for medical purposes.

Quality Patient Care

HSS is committed to patient safety and quality patient care. As always, if you have any concerns about your health, you should contact your physician. Please feel free to contact the HSS Infection Control Department at 212.606.1235 if you have any additional questions or concerns regarding infection prevention at HSS.

By being an active partner in your care, you can help prevent infection and the spread of germs. Follow these five tips from the Centers for Disease Control and Prevention and the Joint Commission to keep yourself and others safe.

- 1. Clean your hands with soap and warm water or alcohol-based hand sanitizers.**
- 2. Make sure healthcare providers clean their hands.**
- 3. Cover your mouth and nose when you sneeze or cough.**
- 4. If you are sick, tell your healthcare provider and avoid close contact with others.**
- 5. Get shots to avoid disease and fight the spread of infection.**

Health Checks

When it is time to prep for your surgery, your nurse and other staff will check your skin from head to toe. They will also check on your health status and clean the area of your body where you are having surgery. They may draw blood and perform other tests. They will also make sure your personal belongings are safe. You will get them back once you are sent home.

Visits with Your Surgeon and Anesthesiologist

Your surgeon will come to see you before your surgery to see how you are feeling and answer any questions you have. They will also confirm what type of surgery you are having and where, after which they will mark the area on your body.

You will also meet your anesthesiologist, who will tell you about the medicines that will be used to put you to sleep or ensure you are pain free during your surgery. Feel free to ask any questions.



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.

In the pre-op area you may be offered an antiseptic nasal swab to decrease the risk of infections. This nasal swab is called the Profend® Nasal Decolonization Kit.

Profend® is a 10 % Povidone-Iodine solution that kills 99.7% of *S. aureus* at 1 hour and 99.9% at 12 hours.

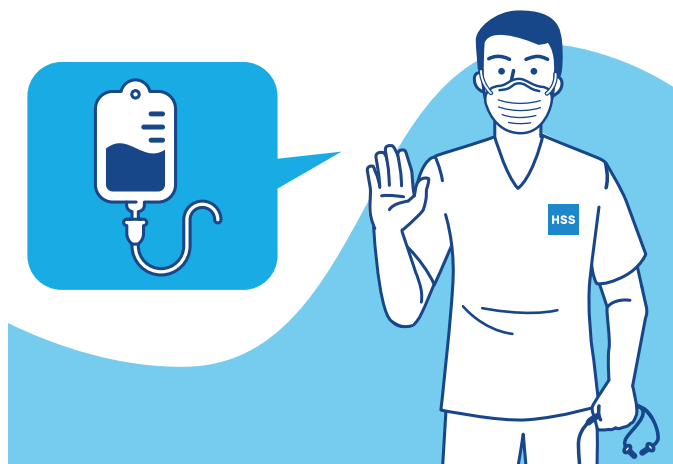
Up to 30 percent of adults carry bacteria in their nose called *Staphylococcus aureus*, often referred to as "Staph" or "Staph aureus". Studies have shown that patients who have *Staph aureus* in their nose are at a higher risk of developing an infection from these bacteria. Profend® is also a broad-spectrum antiseptic, meaning it kills other potentially harmful bacteria in the nose that may cause infections.

After your surgery:

- Make sure that 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.
- Family and friends who visit you should not touch the surgical wound or dressings.
- 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 clean their hands.
- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the Hospital.
- Always clean your hands before and after caring for your wound.
- Make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately. If you have additional questions, please ask your doctor or nurse.

ANESTHESIA

HSS anesthesiologists give you the medications that will put you to sleep or numb an area of your body during your surgery. After your surgery, an anesthesiologist with critical care expertise will care for you in the recovery room.



Types of Anesthesia Used at HSS

You and your anesthesiologist will discuss what type of anesthesia is best for you before your procedure. Our goal is to keep you safe and comfortable.

Regional Anesthesia

Most of the joint-related surgeries at HSS are performed using regional anesthesia. Spinal, epidural and nerve block are all types of regional anesthesia. Regional anesthesia numbs the nerves around the part of the body being operated on. This means you won't be able to feel anything in that area for a period of time. Patients who have regional anesthesia generally have better pain control and are less likely to report feelings of nausea or vomiting following surgery.

Intravenous Sedation

Most patients who have regional anesthesia also choose to receive IV sedation. This allows them to sleep during the operation. In some cases, you may be able to stay awake during your surgery if you choose to. This should be discussed with your anesthesiologist.

General Anesthesia

While regional anesthesia is the most common technique at HSS, general anesthesia is better in some cases. At HSS, it is most often used in spine surgery.

General anesthesia numbs the entire body and makes patients unaware of everything happening in the operating room. Patients who have general anesthesia will wake up after the surgery is complete. A machine may be used to help the patient breathe.

Side Effects

HSS anesthesiologists and surgeons do their best to reduce the risk of nausea and vomiting after surgery. They routinely give anti-nausea medications as part of your care.

If you have a history of nausea and vomiting after surgery, tell your anesthesiologist before your surgery. They will make necessary adjustments to the plan to ensure the best approach to prevent or minimize these side effects.

AFTER YOUR SURGERY

Pain Management

While you should expect some pain and discomfort following surgery, your care team will work to help mitigate your symptoms while on the road to recovery. Pain in your body may come from multiple sources. To help manage your symptoms, your surgeon may recommend a pain management strategy called multi-modal analgesia. This approach involves giving you two or more different medications to reduce pain. By combining medications, more pain signals are blocked which can significantly decrease discomfort. Multi-modal analgesia is focused on lowering pain after surgery to help in your recovery.

Pain is subjective, so it is important to tell your care team how you are feeling. This includes the type of pain, its location and its intensity. It is also important to report any changes (e.g., if pain improves or worsens with certain movements). Pain may be constant or intermittent, sharp, burning, tingling or aching. Providing an accurate description of the pain sensation you are experiencing is an important factor in helping your medical team create an effective care plan. Our staff will frequently ask your pain level and gauge treatment effectiveness by using the numeric scale 0-10 where 0 is no pain and 10 is the worst pain imaginable.

TYPES OF PAIN MANAGEMENT

Oral Medication

You will be given oral pain medication to minimize discomfort and/or pain after surgery. Oral medications may include opiates, muscle relaxers, anti-inflammatories and medications that target neuropathic pain.

Cold Therapy

Applying cold packs and ice has been shown to reduce pain and swelling associated with inflammation at the surgical site. Ice packs or cold pads should be applied for 20-minute intervals every 3 to 4 hours daily for the first few weeks following surgery.

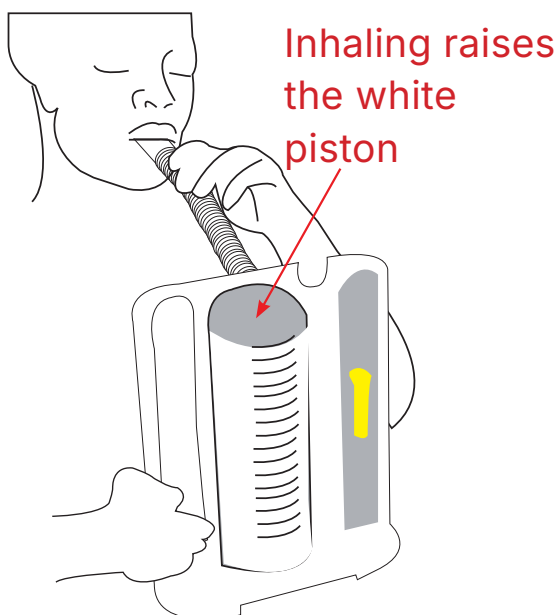
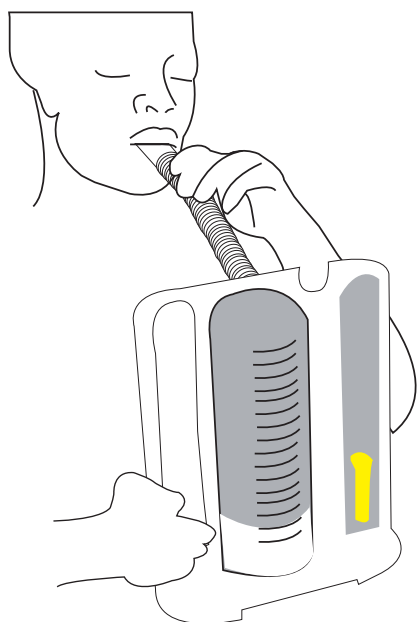
COMPLICATION PREVENTION

Deep Breathing

Deep breathing exercises prevent mucus from building up in the airways or lungs, which may cause pneumonia. Typically, you take deep breaths automatically. But when you are in pain or on sedating pain medications, your breathing may be more shallow. To ensure you take deep breaths regularly, the nursing staff will provide you with and educate you on using an incentive spirometer.

How to Use the Incentive Spirometer

1. Hold the incentive spirometer in an upright position. To start, breathe out (exhale) normally. Then close your lips tightly around the mouthpiece.
2. Take a slow, deep breath through your mouth (inhale). Breathe in as deeply as you can. When you breathe in, try to keep the yellow cup in the BEST to BETTER flow range. The white piston in the main chamber moves up slowly when you breathe in to measure how deep your breaths are. Try to move the white piston as high up as you can.
3. Relax, remove the mouthpiece and then breathe out normally. The white piston will slowly fall to the bottom of the chamber.
4. Rest for a few seconds. Repeat this exercise at least 10 times every hour while you are awake.



COMPLICATION PREVENTION (CONTINUED)

Blood Clots

After surgery, blood clots can form in the legs. A blood clot is a buildup of blood cells that keeps the rest of the blood from flowing normally. In rare cases these clots travel to the lungs, which can be dangerous. To prevent and reduce the risk of blood clots, compression pumps will be placed on your calves to help with circulation and blood flow. Walking and moving will also help with blood flow and clot prevention.

Leg Swelling

For the first month after your surgery, prolonged sitting with your legs down may result in swelling of the legs and feet. Try to change positions every 30 to 45 minutes to minimize swelling. Ideally, you should alternate periods of walking with elevating your legs. Lying down for an hour in the late morning or afternoon will help reduce swelling and give your body the rest needed for healing.

Safety & Falls

While you are at HSS, your safety is our priority. Our staff is available to accompany you whenever you get up to reduce your risk of falls.



Your Rights as a Patient

PATIENT'S BILL OF RIGHTS

In the State of New Jersey, each patient receiving services in an ambulatory care facility shall have the following rights:

1. To be informed of these rights, as evidenced by the patient's written acknowledgment, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
2. To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
3. To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
4. To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;
5. To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
7. To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;
9. To confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;
11. To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;
12. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient;
13. To not be discriminated against because of age, citizenship status, color, disability or handicap, gender, gender identity or expression, sexual orientation, marital status, national origin, nationality, race, religion, veteran status or ability to pay/source of payment for care; to not be deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility; and
14. To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care in accordance with N.J.A.C. 8:43E-6.

PATIENT'S RESPONSIBILITIES

Statement of Patient's Responsibilities

The Statement of Patient's Responsibilities, designed as a companion to the Patient's Bill of Rights, encourages patients to participate in their own healthcare and treatment. HSS believes that a mutual understanding of the Patient's Bill of Rights and Responsibilities will result in more effective delivery of healthcare services.

To the extent possible, HSS requests that you, as our patient:

1. Provide accurate and complete information about your past illnesses, hospitalizations, medications and other matters relating to your health, and answer any questions concerning these matters.
2. Participate in your healthcare planning by talking openly and honestly about your concerns with your physician and other healthcare professionals.
3. Understand your health problems, treatment course and care decisions to your own satisfaction and ask questions if you do not understand.
4. Cooperate with your physician and other healthcare professionals in carrying out your healthcare plan both as an inpatient and after discharge.
5. Participate and cooperate with our healthcare professionals in creating a discharge plan that meets your medical and social needs.
6. Inform the hospital or any of its professionals of the existence of any advanced directive (proxy, DNR, living will) you have created.
7. Take responsibility for the consequences and outcomes if you do not follow the care, service or treatment plan.
8. Provide accurate information related to insurance or other sources of payment. You are responsible for ensuring payment of your bills and you may be responsible for charges not covered by your insurance.
9. Treat other patients, visitors and staff with respect and consideration. We also expect you to support mutual consideration and respect by maintaining civil language and conduct in interactions with staff and providers.
10. Support our commitment to a diverse and inclusive environment in which racist and/or discriminatory behaviors and acts of intolerance towards others are not tolerated.
11. Follow instructions, policies, rules and regulations in place to support quality care for patients and a safe environment for all individuals in the hospital.

PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES ("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. (Updated October 7, 2013)

Respect for our patients' privacy has long been highly valued at HSS. Not only is it what our patients expect, it is the right way to conduct healthcare. As required by law, we will protect the privacy of health information that may reveal your identity and provide you with a copy of our Notice which describes the health information privacy practices of our Hospital and its medical staff and affiliated healthcare providers when providing healthcare services for our Hospital. Our Notice will be posted in our main entrance area. You will also be able to obtain your own copy of our Notice by accessing our website at www.hss.edu, calling Health Information Management at 212.606.1254, or asking for one at the time of your next visit.

If you have any questions about this Notice or would like further information, please contact the Northern NJ Surgery Center Privacy Officer at 201.267.7000.

WHO WILL FOLLOW THE PRACTICES IN THIS NOTICE?

Hospital for Special Surgery provides healthcare to our patients together with physicians and other healthcare professionals and organizations. The privacy practices described in this Notice will be followed by:

- Any healthcare professional who provides direct services to treat you at any of our Hospital locations; and
- All employees, medical staff, trainees, students, and volunteers at any of our locations that provide direct hospital services.

The privacy practices described in this Notice do not apply when care is being provided to you in the private offices of the Hospital's medical staff or other healthcare professionals, even if these offices are located on Hospital premises. For example, if you are being treated by a doctor on our medical staff while you are an inpatient in the Hospital, or being treated at an outpatient clinic of the Hospital, the privacy practices described in this Notice will apply. If you are seen by the same doctor for a follow-up appointment at their private office, whether located at the Hospital or outside of the Hospital, the privacy practices in this Notice will not apply. The doctor should provide you with a separate Notice explaining the privacy practices that will apply to his or her private office. In addition, the privacy practices described in this Notice do not apply to members of the Hospital's medical staff or other members of our workforce when they treat you at other hospitals or facilities.

PERMISSIONS DESCRIBED IN THIS NOTICE

This Notice will explain the different types of permission we will obtain from you before we use or disclose your health information for certain purposes. The two types of permissions referred to in this Notice are:

- An "opportunity to object" which we will provide to you before we may use or disclose your health information for certain purposes. In these situations, you will have an opportunity to object to the use or disclosure of your health information in person, over the phone, or in writing.
- A "written authorization" in which we will provide you with detailed information about who may receive your health information for certain specific purposes. We will only be permitted to use and disclose your health information described on the written authorization in the ways that are explained on the written authorization form you have signed. A written authorization will have an expiration date or event.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- information indicating that you are a patient at the Hospital or receiving treatment or other health-related services from our Hospital;

- information about your health condition (such as a disease you may have);
- information about healthcare products or services you have received or may receive in the future (such as an operation); or
- information about your healthcare benefits under an insurance plan (such as whether a prescription is covered);

when combined with:

- demographic information (such as your name, address, or insurance status);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); or
- other types of information that may identify who you are.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Requirement for Written Authorization. We will generally obtain your written authorization before using your health information or sharing it with others outside the Hospital.

Exceptions to Written Authorization Requirement.

There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

1. Treatment, Payment, and Healthcare Operations

We may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run our healthcare operations. In some cases, we may also disclose your health information for payment activities and certain healthcare operations of another healthcare provider or payor.

Treatment. We may share your health information with doctors, nurses and other healthcare providers at the Hospital who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor at our Hospital may share your health information with another doctor inside our Hospital, or with a doctor at another hospital, to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further healthcare.

Payment. We may use your health information or share it with others so that we may obtain payment

for your healthcare services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to the Hospital for a particular type of surgery. Finally, we may share your information with other healthcare providers and payors for their payment activities.

Healthcare Operations. We may use your health information or share it with others in order to conduct our healthcare operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide. Finally, we may share your health information with other healthcare providers and payors for certain of their healthcare operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

Appointment Reminders, Treatment Alternatives, or Distribution of Health-Related Benefits and Services.

In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you. However, to the extent a third party provides financial remuneration to us so that we make these treatment-related or healthcare operations-related communications to you, we will secure your authorization in advance as we would with any other marketing communication (as described later in this Notice).

Business Associates. We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our healthcare operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how

to improve our healthcare services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract that requires our business associate to protect the privacy of your health information.

2. Patient Directory and Family and Friends

We may use your health information in, and disclose it from, our Patient Directory, or share it with family and friends involved in your care, without your written authorization. You will have an opportunity to object to these uses and disclosures of your health information unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

Patient Directory. If you do not object, we will include your name, your location in our facility, your general condition (e.g., fair, stable, critical, etc.), and your religious affiliation in our Patient Directory while you are a patient in the Hospital. This directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she doesn't ask for you by name.

Family and Friends Involved in Your Care. If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative, or another person responsible for your care about your location and general condition here at the Hospital. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

3. Emergencies or Public Need

We may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. We will not be required to obtain your written authorization or to provide you with an opportunity to object before we use or disclose your health information for these reasons. We will, however, obtain your written authorization for, or provide you with an opportunity to object to, the use and disclosure of your health information in these situations when state law specifically requires that we do so.

Emergencies. We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you.

As Required by Law. We may use or disclose your health information if we are required by law to do so. We will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if the law requires or permits us to do so. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect, or Domestic Violence. We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of such abuse, neglect, or domestic violence. We will make efforts to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the healthcare system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair, and Recall. We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or

tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

Lawsuits and Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement. We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert a Serious and Imminent Threat to Health or Safety. We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person

(unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security and Intelligence Activities or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates and Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with healthcare, or to maintain safety, security, and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers' Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

4. Completely De-identified or Partially De-identified Information

We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" health information about you for research, public health, or healthcare operations purposes if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

5. Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION REQUIRING AUTHORIZATION

As stated above, the Hospital cannot and will not use or disclose your health information without your written authorization for any reason except those described in this Notice. For example, we require your written authorization for most uses or disclosures of your health information for certain marketing purposes, for the sale of health information, or with respect to psychotherapy notes (where appropriate). In addition, you may initiate the transfer of your records to another person or organization by completing a written authorization form.

If you provide us with written authorization, you may revoke, or cancel, that written authorization at any time, except to the extent that we have already relied upon it. If you revoke the authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. Your revocation will not affect any uses or disclosures we have already made prior to the date we receive notice of the revocation. To revoke a written authorization, please write to the Hospital's Health Information Management office.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1. Right to Inspect and Copy Records

You have the right to inspect and obtain a copy, including an electronic copy, from us in a timely manner of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records.

How to Make Your Request: To inspect or obtain a copy of your health information, please submit your request in writing to Health Information Management, 535 East 70th Street, New York, NY 10021. You may also submit your request electronically through the MyHSS secure patient portal, via email at ROIrequest@hss.edu or via fax at 212-774-7364. A request to inspect or obtain a copy of your health information must include: (1) the desired form or format of access; (2) a description of the health information to which the request applies; and (3) appropriate contact information.

Cost: If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you.

Form and Format: If the information you request is stored electronically, we will provide the information in the form and format you request if the information is readily producible in that format, or, if not, we will reach an agreement with you as to alternative readable electronic format.

Response Time: We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

If Your Request Is Denied: Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we may provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and

Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we will not let you inspect or copy.

2. Right to Amend Records

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records.

How to Make Your Request: To request an amendment, please write to Health Information Management, 535 East 70th Street, New York, NY 10021. You may also email your request to ROIrequest@hss.edu or fax your request to 212-774-7364. A request to amend your health information must include a description of the amendment requested and should include the reasons why you think we should make the amendment.

Response Time: Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If Your Request Is Denied: Your request for an amendment may be denied if you request an amendment of health information that we determine: (1) was not created by the Hospital, unless the originator of the health information is no longer available to make the amendment; (2) is not part of the Hospital's records; (3) is not health information that you would be permitted to inspect or copy; or (4) is accurate and complete.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also provide you with information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. Right to an Accounting of Disclosures

You have a right to request an "accounting of disclosures," which identifies certain other persons or organizations to whom we have disclosed your health

information in the previous six years in accordance with applicable law and the protections afforded in this Notice. An accounting of disclosures does not describe the ways that your health information has been shared within the Hospital as long as all other protections described in this Notice have been followed (such as obtaining the required approvals before sharing your health information with our doctors for research purposes).

- An accounting of disclosures also does not include information about the following disclosures:
- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or healthcare operations;
- Disclosures made from the patient directory;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another patient passing by);
- Disclosures for purposes of research, public health or our healthcare operations of limited portions of your health information that do not directly identify you;
- Disclosures made to federal officials for national security and intelligence activities; and
- Disclosures about inmates to correctional institutions or law enforcement officers.

How to Make Your Request: To request an accounting of disclosures, please write to HSS Northern NJ Surgery Center, Attn. Privacy Officer, 400 Franklin Turnpike, Mahwah, NJ 07430. Your request must state a time period within the past six years for the disclosures you want us to include. You have a right to receive one accounting within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred. The scope of your right to request an accounting may be modified from time to time to comply with changes in federal law or state law.

Response Time: Ordinarily we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

4. Right To Request Additional Privacy Protections, Including Restriction on Disclosures to Health Plans

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our health care operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. In addition, you have the right to restrict certain disclosures of protected health information to a health plan where you pay, or another person on your behalf pays, out-of-pocket in full for the health care item or service.

How to Make Your Request: To request restrictions, please write to HSS Northern NJ Surgery Center, Attn. Privacy Officer, 400 Franklin Turnpike Mahwah, NJ 07430 Suite 200. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are Not Always Required to Agree: We are not always required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. We do not need to agree to the restriction unless (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (ii) the health information relates only to a health care item or service that you or someone on your behalf has paid for out-of-pocket and in full. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. Right To Request Confidential Communications

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work.

How to Make Your Request: To request more confidential communications, please write to HSS Northern NJ Surgery Center, Attn. Privacy Officer, 400 Franklin Turnpike, Mahwah, NJ 07430. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

6. Right To Notice of Breach of Unsecured Health Information

We are required by law to maintain the privacy of your health information, to provide you with this Notice containing our legal duties and privacy practices with respect to your health information, and to abide by the terms of this Notice. It is HSS Northern New Jersey Surgery Center's policy to safeguard your health information so as to protect the information from those who should not have access to it. If, however, for some reason we experience a breach of your unsecured health information, we will notify you of the breach.

MISCELLANEOUS

1. How Someone May Act on Your Behalf

You have the right to name a legal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors, unless the minors are permitted by law to act on their own behalf.

2. How to Learn About Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information

Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Some parts of this Notice may not apply to these types of information. If your treatment involves this information, you may be provided with special

authorization forms in connection with the disclosure of such information by HSS Northern New Jersey Surgery Center. To request copies of these forms, please contact HSS Northern NJ Surgery Center at 201.267.7000.

3. How to Obtain a Copy of This Notice

You have the right to a paper copy of this Notice. You may request a paper copy at any time, even if you have previously agreed to receive this Notice electronically. To do so, please call HSS Northern NJ Surgery Center at 201.267.7000. You may also obtain a copy of this Notice from our website at www.hss.edu/nnjasc or by requesting a copy at your next visit.

4. How to Obtain a Copy of Revised Notice

We may change our privacy practices from time to time. If we do, we will revise this Notice so you will have an accurate summary of our practices, and the revised Notice will apply to all of your health information. We will post any revised Notice in our admitting areas and other locations in HSS Northern NJ Surgery Center. You will also be able to obtain your own copy of the revised Notice by accessing our website at www.hss.edu/nnjasc, calling HSS Northern NJ Surgery Center at 201.267.7000, or asking for one at the time of your next visit. The effective date of the Notice will always be noted in the cover and at the top outside corner of the each page. We are required to abide by the terms of the Notice that is currently in effect.

5. How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. To file a complaint with us, please contact HSS Northern NJ Surgery Center's Privacy Officer at 201.267.7000. or send a letter to HSS Northern NJ Surgery Center, Attn. Privacy Officer, 400 Franklin Avenue, Mahwah, NJ 07430. No one will retaliate or take action against you for filing a complaint.

Advanced Directive Notice

HSS Northern NJ Surgery Center will discuss with every patient upon admission whether or not they have made advance care planning decisions.

Patient Registration and Patient Access Services play a major role in the capture of Advance Care Planning activities of our patients, thereby ensuring that HSS Northern NJ Surgery Center complies with the Federal Self-Determination Act and the Health Care Proxy Law as stated in the ASC policy.

DEFINITIONS:

Advance Care Planning - The process of planning for future medical care in the event that the patient is unable to make or communicate his or her own decisions. During this process, patients explore, discuss, articulate, and document their preferences.

The process helps patients:

- Identify and clarify their personal values about medical treatment,
- Identify the care they would like, or not like, to receive in various situations,
- Determine whom they would like to make healthcare decisions for them if they are unable to do so themselves.

Advance Directives - Legal documents that allow you to plan ahead and through which you may provide your directions or express your preferences concerning your medical care and/or appoint someone to act on your behalf to make end-of-life wishes known in the event that you are unable to communicate.

There are two types of Advance Directives:

- **Health Care Proxy directive** lets you appoint a health care agent—that is, someone you trust to make health care decisions for you if you are unable to make decisions for yourself. You can tell your wishes to your agent orally or in writing.
- **Living Will** allows you to leave written instructions that explain your health care wishes, especially about end-of-life care. You cannot use a Living Will to name a health care agent; you must use a Health Care Proxy.

HSS Northern NJ Surgery Center recognizes the importance of an Advance Directive. In the event of a medical emergency, appropriate care will be provided including attempts to stabilize and/or resuscitate the patient. A Transfer agreement is in place with a local hospital and the surgery center will forward the Advance Directive in the patient's medical record.

PATIENT COMPLAINTS

HOW THE HSS NORTHERN NJ SURGERY CENTER RESPONDS TO PATIENT COMPLAINTS

If you have any issue or concern regarding your care, or have a question regarding the HSS Northern NJ Surgery Center policies and procedures, please contact the Site Administrator between the hours of 9am-5pm Monday through Friday at 201.267.7000 and you will be contacted within 24 hours of your call.

If you wish to file a grievance with the HSS Northern NJ Surgery Center, you can report your grievance verbally or in writing. You will receive an acknowledgment that we are in receipt of your grievance within seven business days. You will be informed about the resolution of the grievance within 45 business days, or under unusual circumstances, you will be notified if additional time is needed for the investigation.

In addition, you may report a complaint to:

1. Any HSS Northern NJ Surgery Center staff member or manager, director, supervisor or nurse in charge.
2. Executive Office of HSS Northern NJ Surgery Center by phone at 201.267.7000 or letter sent to HSS Northern New Jersey Surgery Center, 400 Franklin Avenue, Mahwah, NJ 07430.
3. NJ Department of Health 800.367.6543 or send a letter to NJ DOH Office of Vital Statistics and Registry, PO Box 370, Trenton, NJ 08625-0370.
4. The Joint Commission by phone at 800.994.6610 or letter sent to Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181, or email to complaint@jointcommission.org.
5. Medicare Patients Only: Livanta by phone at 866.815.5440 or letter sent to BFCC-QIO Program, 9090 Junction Drive, Suite 10, Annapolis Junction, MD 20701. <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Additional information can be found in the Patient Rights section of this packet.

NONDISCRIMINATION POLICIES

THE HSS NORTHERN NJ SURGERY CENTER IS COMMITTED TO PROVIDING HIGH QUALITY CARE AND SKILLED, COMPASSIONATE, RELIABLE SERVICE TO OUR COMMUNITY IN A SAFE AND HEALING ENVIRONMENT.

Consistent with this commitment, the HSS Northern NJ Surgery Center provides care, admits, treats patients and provides all services without regard to age, race, color, creed, ethnicity, religion, national origin, culture, language, physical or mental disability, socioeconomic status, veteran or military status, marital status, sex, sexual orientation, gender identity or expression, or any other basis prohibited by federal, state or local law or by accreditation standards.



The HSS Northern NJ Surgery Center is committed to providing high quality care and skilled and compassionate service to our community. Consistent with this commitment, the HSS Northern NJ Surgery Center complies with applicable federal, state and local civil rights laws and does not discriminate on the basis of actual or perceived race, color, creed, ethnicity, religion, national origin, alienage or citizenship status, culture, language, age, disability, socioeconomic status, sex, sexual orientation, gender identity or expression, partnership or marital status, veteran or military status, or any other prohibited basis.

NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY

The HSS Northern NJ Surgery Center:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Written information in other formats, such as large print, audio and accessible electronic formats.

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in other languages.

If you need these services, contact our Service Excellence team at 212.606.1760.

If you believe that the HSS Northern NJ Surgery Center has failed to provide these services or discriminated in another way, you can file a grievance to our Site Administrator, HSS Northern NJ Surgery Center, 400 Franklin Turnpike, Mahwah, NJ 07430, TTY: 201.267.7000, Fax: 212.548.2510.

You also have the right to file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1.800.368.1019, 800.537.7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si usted habla español, le avisamos que tenemos servicios lingüísticos gratuitos a su disposición. **Llame al: 1-212-606-1760, TTY: 1-800-676-3777.**

注意: 如果您講中文，可向您提供免費語言服務。致電 **1-212-606-1760, TTY:1-800-676-3777**

Внимание: Если Вы говорите по русски, примите к сведению, что Вы можете воспользоваться бесплатными услугами переводчика. **Звоните по номеру: 1-212-606-1760, TTY: 1-800-676-3777.**

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis asistans nan lang ki disponib pou ou gratis. **Rele nan 1-212-606-1760, TTY: 1-800-676-3777.**

알려드립니다: 귀하께서 한국어를 하시는 경우, 무료로 언어 도움 서비스를 이용하실 수 있습니다. **1-212-606-1760 (TTY:1-800-676-3777)번으로 전화하십시오.**

ATTENZIONE: se parli italiano sono disponibili servizi di assistenza linguistica gratuiti. **Chiama il numero 1-212-606-1760, TTY: 1-800-676-3777.**

אכטונג: אויב איר רעדט אידיש, זענען פאר אייך דא צו באקומען שפראך הילף סערוויסעס פריי פון אפצאל. **רופט 1-212-606-1760, TTY: 1-800-676-3777.**

দৃষ্টি আকর্ষণ: যদি আপনি বাংলায় কথা বলেন, তাহলে আপনি বিনামূল্যে ভাষাগত সহায়তা পরিষেবা পেতে পারেন। **ফোন করুন: 1-212-606-1760, TTY: 1-800-676-3777**

UWAGA: Jeżeli mówi Pan/Pani po polsku, dostępne są dla Państwa bezpłatne usługi pomocy językowej. **Proszę zadzwonić pod numer 1-212-606-1760, TTY: 1-800-676-3777.**

ملاحظة: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات مساعدة لغوية بالمجان. **اتصل على 1-212-606-1760، هاتف نصي (TTY): 1-800-676-3777.**

VEUILLEZ NOTER: Si vous parlez français, des services d'assistance linguistique, gratuits, sont à votre disposition. Appelez le **1-212-606-1760, TTY: 1-800-676-3777.**

توجہ فرمائیں: اگر آپ کی زبان اردو ہے تو آپ کے لیے زبان میں معاونت فراہم کرنے والی سروسز (لینگویج اسسٹنس سروسز) بلا معاوضہ دستیاب ہیں۔ **کال کریں 1-212-606-1760 TTY: 1-800-676-3777**

PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyo ng tulong sa wika. **Tumawag sa 1-212-606-1760, TTY: 1-800-676-3777.**

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, διατίθενται δωρεάν υπηρεσίες γλωσσικής βοήθειας για εσάς. **Καλέστε το 1-212-606-1760. TTY: 1-800-676-3777.**

VINI RE: Nëse flisni shqip, keni në dispozicion shërbime ndihme për gjuhën pa pagesë. **Telefononi 1-212-606-1760, TTY: 1-800-676-3777.**



Paying for Your Care



Paying for Your Care

AT HSS NORTHERN NJ SURGERY CENTER

INSURANCE COVERAGE

HSS Northern NJ Surgery Center is a participating provider in a growing number of health plan networks. It is important to check with your insurance carrier whether we participate in the specific plan by which you are covered.

Certain licensed facilities are required by law to make available information about the fees you may be billed that may not be covered by your healthcare plan. To obtain an estimate and more specific information regarding charges and insurance coverage, you may contact the Hospital for Special Surgery Insurance Advisory Service. They can serve as a liaison service between you, your insurance carrier and the HSS Northern NJ Surgery Center to provide information regarding your potential out of pocket responsibilities for copayments, deductibles and co-insurance amounts. Hospital for Special Surgery Insurance Advisory Service can be reached at 212.774.2607.

The physician services you receive in the HSS Northern NJ Surgery Center are not included in the HSS Northern NJ Surgery Center charges. In addition to the bill for the HSS Northern NJ Surgery Center facility fee, you will receive separate bills for the following services:

- Your Surgeon
- Anesthesia Provider – East River Medical Associates 212.606.1206
- Pathology – If tissues or specimens were removed during surgery you will receive a technical bill from Hospital for Special Surgery and a professional bill from HSS Pathology 212.774.2607

The above providers make their own decisions regarding participation in insurance plans and may or may not participate in the same health plans as the HSS Northern NJ Surgery Center. Contact and plan participation information for these physicians and physician practice groups can be found at www.hss.edu/physicians.

If you are concerned that you may not be able to pay in full for your care at the HSS Northern NJ Surgery Center, you may be eligible for financial assistance. We provide financial aid to patients based on income, assets and needs. Information about financial assistance is available at www.hss.edu/hss-northern-nj-surgery-center-financial-assistance.asp or you may contact our Financial Assistance Office at 212.606.1505.

ANESTHESIOLOGY

East River Medical Associates, P.C.
535 East 70th Street
New York, NY 10021

Dear Patient:

The anesthesiologists at the HSS Northern NJ Surgery Center will play a vital role in your upcoming surgery, administering anesthesia to ensure your comfort and safety during your surgical procedure and entire HSS ASC stay. After your surgery, your anesthesiologist will care for you in the recovery room.

Similar to your surgeon's charges, the anesthesiologist's professional fees are not included in your HSS Northern New Jersey Surgery Center bill. We recommend that you contact our billing company, Billing Services, Inc. (BSI), or your insurance carrier to confirm coverage under your particular plan.

Even if we participate with your carrier, depending on the specifics of your plan, you may be responsible for payment of a co-pay, deductible or co-insurance. If we do not participate with your insurance carrier, please contact BSI or your carrier to confirm the extent of coverage under your plan.

Please be reminded that if there is an outstanding balance after insurance has processed your claim, whether deductible, co-pay, co-insurance or for any other reason, you will be responsible for payment of this balance.

Regardless of your insurance carrier or our participation status with that carrier, after your surgery you will receive a bill for anesthesia services. BSI will also file this claim directly with your carrier. In some cases you may be asked to speak with your carrier to ensure that we are paid appropriately for our services. BSI will enable and assist you in this process. Finally, in the event that your insurance carrier sends you the check for anesthesia services, you are responsible for forwarding that payment to us.

If you have other questions about your anesthesia bill, please contact BSI toll-free at 888.877.3850 (Monday-Friday from 9am to 5pm).

With best wishes for your upcoming surgery,

East River Medical Associates, P.C.



HSS | Hospital for Special Surgery
535 East 70th Street
New York, NY 10021