

## POLICY ON ADVANCE DIRECTIVES

We are giving you this summary of Advance Directives to help you understand the ways in which our staff will support your rights as an adult patient to make decisions about your health care treatment and to have those wishes honored in the event you are not able to make or communicate your decisions.

Advance Directives are written or oral instructions relating regarding the provision of healthcare in the event an adult over 18 becomes incapacitated. The most common types of Advance Directives are the following.

### HEALTHCARE PROXY

Healthcare Proxy: a document created pursuant to Article 29-C of the Public Health Law which delegates authority to an adult known as the healthcare agent to make healthcare decisions on behalf of another adult when that adult is incapacitated.

### DO NOT RESUSCITATE ORDER

Do Not Resuscitate Order (DNR): a DNR order means specifically that if cardiac and/or respiratory arrest occurs—that is, if a person stops breathing and/or his/her heart stops beating—cardiopulmonary resuscitation (CPR) will not be performed to revive the person.

However, if the person is not in cardiac or respiratory arrest, appropriate medical treatment for all injuries, pain, difficult or insufficient breathing, hemorrhage and/or other medical conditions will be provided.

### LIVING WILL

Living Will: a document which contains specific instructions concerning an adult's wishes about health care choices and treatments that the adult does or does not want to receive and which the adult does not want to designate to an agent or healthcare proxy. A living will may be considered clear and convincing evidence of a patient's wishes.

### ON THE DATE OF SERVICE

During the registration process you will be asked if you have Advance Directives. If you do, we will ask you to give us a copy, which will become a part of your medical record. Your physician will discuss with you whether any existing orders you may have regarding withholding life sustaining treatment are appropriate for your care at the Center.

If you currently do not have any advance directives, we encourage you to learn more about the ways in which you can ensure that your healthcare decisions will be carried out should you become incapacitated. The following page contains a number of resources available on the internet. Additionally, if you would like a copy of the New York State Office of the Attorney General publication "Planning Healthcare in Advance," ask the staff at the Center to provide you with one.

## PATIENT'S NOTICE OF PRIVACY PRACTICES

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your health record is the physical property of Advanced Surgery Center of Long Island. The information contained in the record, however, belongs to you. You have the specific right to your medical information. Advanced Surgery Center of Long Island will provide you with a copy of these rights on the day of your procedure. If you require a copy of these rights prior to the date of your procedure, please contact us.

## CONCERNS & SUGGESTIONS

We at Advanced Surgery Center of Long Island strive to provide you with excellent quality care. We welcome the opportunity to listen to your suggestions and complaints. Please contact our **Nurse manager** or your physician to obtain further information about our complaint resolution policy. You have the right at any time to contact any of the following organizations:

**Administrator/ Nurse Manager: (631) 828-3400**  
**NY Department of Health Hotline: (800) 804-5447**

NYS Department of Health: CA/DCS, Empire State Plaza, Albany, NY 12237

Office of the Medicare Beneficiary Ombudsman:

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

**1-800-MEDICARE**

## DIRECTIONS

Advanced Surgery Center of Long Island is located at 1500 Route 112, Building 5 in Port Jefferson Station, NY.



### From Western Long Island via Long Island Expressway - (Exit 63):

- 1 Traveling East on Long Island Expressway, exit at Exit 63.
- 2 Turn left (heading north) onto County Hwy-83/N Ocean Avenue.
- 3 Continue to follow Country Hwy-83/N Ocean Avenue for 4.6 miles. Then turn left onto Route 112 heading north.
- 4 Continue on Route 112 heading North. 1500 Route 112 will be on the left (2.3 miles). 1500 Route 112 is across the street from the Gas Station and from Glassland.

### From Eastern Long Island Via Long Island Expressway - (Exit 64):

- 1 Traveling West on Long Island Expressway, exit at Exit 64.
- 2 Turn right onto Route 112 heading North.
- 3 Continue on Route 112. 1500 Route 112 will be on the left (6.7 miles). 1500 Route 112 is across the street from the US Petroleum Gas Station and from Glassland.

### Via Route 347 (Nesconset Highway):

- 1 Take Route 347 (Nesconset Highway) to Route 112. Head South on Route 112.
- 2 Continue on Route 112 South. 1500 Route 112 will be on the right (1.2 miles). We are approximately 1/4 mile south of a Hess gas station and immediately south of the Washington Professional Park.

### Via Middle Country Road (Route 25):

- 1 Take Middle Country Road to Route 112. Head north on Route 112.
- 2 Continue on Route 112 North. 1500 Route 112 will be on the left (3.5 miles). 1500 Route 112 is across the street from the US Petroleum Gas Station and from Glassland.

## NOTICE TO PATIENTS

Because of concerns that there may be a conflict of interest when a physician refers a patient to a health care facility in which the physician has a financial interest, New York State passed a law. The law prohibits physicians, with certain exceptions, from referring you for clinical laboratory services, pharmacy services, radiation therapy, or X-ray or imaging services to a facility in which the physician has a financial interest. If certain of the exceptions in the law apply, or if the physician is referring you for other than clinical laboratory, pharmacy, radiation therapy services, or X-ray or imaging services, a physician can make the referral under one condition. The condition is that the physician disclose his or her financial interest and tell you about alternative providers where you may go to obtain these services. This disclosure is intended to help you make a fully informed decision about your health care. The following physicians have a financial relationship with Advanced Surgery Center of Long Island:

- Robert J. Baranowski, M.D.

- William J. Cohn, M.D.

- Emily Glazer, M.D.

- Seth E. Persky, M.D.

- Gary R. Bernstein, M.D.

- Eugene A. Coman, M.D.

- Howard A. Keschner, M.D.

For more information about alternative providers, please ask your physician or his/her staff. They will provide you with names and addresses of providers best suited to your individual needs that are nearest to your home or place of work.



ADVANCED  
SURGERY CENTER  
*of* LONG ISLAND

1500 Route 112, Building 5  
Port Jefferson Station, NY 11776

T 631.828.3400  
F 631.828.3244

[www.advancedasc.com](http://www.advancedasc.com)

WELCOME TO  
ADVANCED  
SURGERY  
CENTER OF  
LONG ISLAND

## BEFORE THE PROCEDURE

- 1 A Center staff member will call you on the day before your procedure to confirm the time that you should arrive at the Center and also ask you for additional pre-procedure information, as necessary.
- 2 **PLEASE BE CERTAIN THAT YOU FOLLOW DIETARY AND PREP INSTRUCTIONS PROVIDED BY YOUR PHYSICIAN.**
- 3 Certain medications such as blood thinners, aspirin and diabetes medications may need to be stopped prior to your procedure. Please confirm with your doctor.
- 4 **YOU MUST MAKE PLANS TO HAVE A RESPONSIBLE ADULT TAKE YOU HOME.** Do not resume normal activities until the following day. Do not drive, return to work or operate any machinery or power tools. Do not make important personal or business decisions, sign legal papers, or perform any activity that depends on your full concentrating power or mental judgment.
- 5 We suggest that you do not smoke for at least 24 hours before your procedure or drink alcohol for 24 hours after your procedure.
- 6 If you need special assistance, are not fluent in English, or require a sign language interpreter, please let the physician's office know so arrangements can be made to assist you.
- 7 Please notify your doctor of any change in your medical condition, or if fever or other illness develops. If you need to cancel or reschedule your appointment, notify your physician as soon as possible.



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## DAY OF YOUR PROCEDURE

- 1 Bring a current list of all your medications with dosages and how often you take them (including prescriptions, over-the-counter, herbals, patches, inhalers, eye drops, supplements, Vitamins, Aspirin and Oxygen). If you are instructed by your doctor or nurse to take your morning medications, you may do so with a **SIP OF WATER ONLY.**
- 2 The Center cannot be responsible for lost items; therefore, please leave all valuables such as jewelry and large sums of money at home or with your escort during the procedure.
- 3 Wear loose and comfortable clothing that can be stored easily.
- 4 If you wear glasses, contact lenses, dentures, or a hearing aid, bring along a case to put them in during your procedure.
- 5 Please arrive at the specified time and sign in at the registration desk. Please bring your insurance card and a photo ID.
- 6 During your procedure, those who accompanied you to the Center should wait in the reception/waiting room area.
- 7 Prior to discharge you will be given written post-procedural instructions. It is important that you understand the instructions. The nurses will answer any questions that you have.
- 8 At ASCLI, our staff and physicians are focused on maintaining an efficient schedule in order to avoid long wait times for our patients. To assist in maintaining our schedule, please arrive at the facility 45 minutes before your appointed time. Anticipate being at the facility for between 1.5 to 2 hours in total.
- 9 We are committed to providing you with a comfortable and safe environment during your stay.

## PATIENT RIGHTS & RESPONSIBILITIES

Advanced Surgery Center of Long Island will ensure patients are aware of their rights and responsibilities by providing them with a copy of the NYS DOH Patient Rights and Responsibilities.

Patients are advised, in writing and verbally, of the following Rights and Responsibilities, prior to their date of procedure.

### EACH PATIENT TREATED AT THIS CENTER HAS THE RIGHT TO:

- A Be treated with respect, consideration and dignity including privacy in treatment without regard to age, sex, race, sexual orientation, national origin or sponsor.
- B Respectful care given by competent personnel with consideration of their privacy concerning medical care. Your privacy shall be respected when facility personnel are discussing you and your care.
- C Be given the name of their attending physician, the names of all other physicians directly assisting in their care and the names and functions of other health care persons having direct contact with the patient.
- D Have records pertaining to treatment, treated with privacy and confidentiality except where required by law or third-party payment contract, the right to approve or refuse the release or disclosure of the contents of his/her medical record to any healthcare practitioner and/or healthcare facility.
- E Expect and receive appropriate assessment, management and treatment of pain.
- F Expedient transfer to another medical facility when necessary. The person responsible for the patient and the transfer facility will be notified prior to the transfer.
- G Accessible and available health services, information on after-hour and emergency care.
- H Full disclosure concerning the appropriate diagnosis, recommended treatment and prognosis.
- I Give an informed consent to the physician prior to the start of a procedure which includes the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, the alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision.
- J Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions. To participate in the planning of your care, and to refuse medication and treatment. Such refusal will be documented in your medical record.
- K Receive appropriate and timely follow-up information of abnormal findings and tests and receive information regarding "continuity of care."
- L Appropriate specialty consultative services made available by prior arrangement.
- M Have access to an interpreter.
- N Be provided with, upon written consent, access to all information contained in their medical record.
- O Accurate information regarding the competence and capabilities of the organization.
- P Receive information regarding protocol to express suggestions or grievances to the staff, or administrator, and to be provided with the phone number and address for the New York State Department of Health to express grievances or suggestions, without fear of reprisal.
- Q Change primary or specialty physicians if other qualified physicians are available.
- R The opportunity to participate in decisions involving their healthcare, except when such participation is contraindicated for medical reasons.
- S Receive information regarding services provided at the Center.
- T Information on payment and fee policies and provider credentialing as necessary.
- U Information on Advanced Directives, as required by New York State law, in writing, prior to the date of their procedure.
- V Information on the charges for services, eligibility for third-party reimbursement and, when applicable, the availability of free or reduced-cost care and receive an itemized copy of his/her account statement upon request.
- W Information on physician ownership, in writing, prior to the day of the procedure.

### EACH PATIENT TREATED AT THIS CENTER HAS THE RESPONSIBILITY TO:

- 1 Provide full cooperation by complying with the pre-procedure and post-procedure instructions given by his/her physician and anesthesiologist, including the provision of a responsible adult to transport himself or herself home from the facility.
- 2 Provide the Center staff with all medical information that may have a direct impact on the care provided at the Center.
- 3 Provide the Center with all information regarding third-party responsibility insurance coverage.
- 4 Fulfill financial responsibility for all services received, as determined by his/her insurance carrier.
- 5 Be respectful of healthcare providers, staff and other patients and visitors of the Center.

FOR ANY BILLING QUESTIONS, PLEASE CALL: 631-629-8822