PATIENT’S RIGHTS
• Every patient has the right to be informed of his/her rights in a manner he/she can understand and to exercise these rights without being subjected to discrimination or reprisal.
• Every patient has the right to courtesy, respect, dignity, privacy, responsiveness, and timely attention to his/her needs regardless of age, race, sex, national origin, religion, cultural, or physical handicap, personal values, preferences, and beliefs.
• Every Patient has the right and need for effective communication and informed consents for all planned procedures.
• If a patient is adjudged incompetent under the applicable State laws by a court of proper jurisdiction, the rights of the patient can be exercised by the person appointed under the State law to act on the patient’s behalf.
• If a State court has not adjudged a patient incompetent, any legal representative designated by patient in accordance with the State law may exercise the patient’s rights to the extent allowed by the State law.
• Every patient has the right to every consideration of his privacy and individuality as it relates to his social, religious and psychological wellbeing.
• Every patient has the right to confidentiality. Has the right to approve or refuse the release of medical information to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third party payment contract.
• Every patient has the right to express grievances or complaints without fear of reprisal.
• Every patient has the right to a safe environment.
• Every patient has the right to continuity of health care. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements.
• Every patient is fully informed regarding diagnosis, treatment and prognosis, as well as alternative treatments or procedures, possible risks, side effects, and outcomes associated with treatment. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or to a legally authorize individual.
• Every patient has the right to be free from any act of discrimination or reprisal.
• Every patient has the right to make decisions regarding the health care that is recommended by the physician, accordingly, the patient may accept or refuse any recommended medical treatment and must be informed of the consequences of his/her actions.
• Every patient has the right to be informed of any research or experimental projects and to refuse participation without compromise to the patient’s usual care.
• Every patient has the right to appropriate treatment and care to include the assessment/management of pain.
• Every patient has the right to an explanation of and to understand facility charges related to his/her health care.
• Every patient has right to charity care as per the facility’s charity care policies.
• Every patient has the right to all resuscitative measures: therefore, we will not honor Advance Directives.
• Every patient has the right to be free from all forms of abuse or harassment.
• Every patient has the right to personal privacy.
• Every patient has the right to change providers if other qualified providers are available.
• Every patient has the right to be free of restraint except when indicated to protect the patient or others from injury.
• Every patient has a right to communication aids (i.e., interpreters, pictures, sign language services etc.) are provided to patients with language barriers.
• Every patient has a right to receive a copy of their billing statement, which may include copays, coinsurance, deductibles or any other fees that constitute patient’s financial responsibilities by their insurance carrier or by the facility for the self-pay patients with no insurance coverage.

PATIENT’S RESPONSIBILITIES
• Patients are responsible to be honest and direct about matters that relate to them, including answering questions honestly and completely.
• Patients are responsible to provide complete and accurate past and present medical history, present complaints, past illnesses, hospitalizations, surgeries, existence of advance directive, any medications taken, including over the counter products and dietary supplements, any allergies or sensitivities, and other pertinent data to the best of their ability.
• Patients are responsible to follow the treatment plan prescribed by his/her provider and participate in his/her care. Agree to accept all caregivers without regard to race, color, religion, sex, age, gender preference or handicap, or national origin.
• Patients are responsible for assuring that the financial obligations for health care rendered are paid in a timely manner.
• Patients are responsible to sign required consents and releases as needed.
• Patients are responsible for their actions if they should refuse a treatment or procedure, or if they don’t follow up or understand the instructions given them by the physician or Surgery Center employees.
• Patients are responsible for keeping their procedure appointment, if they anticipate a delay or must cancel, they will notify the Surgery Center as soon as possible.
• Patients are responsible for the disposition of their valuables, as the Surgery Center does not assume the responsibility.
• Patients are responsible to be respectful of others, other people’s property, and the property of the Surgery Center.
• Patients are to observe safety and no smoking regulations.
• Patients are responsible for providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by the provider.
THE DAY OF SURGERY

Wear loose, comfortable clothing that is big enough to accommodate a large bandage after surgery. Wear comfortable shoes such as slip-on, no high heels. You will need to change into a surgical gown. Only cotton underwear can be worn.

Do not wear any jewelry (including body piercing), makeup or cologne. Do not bring any valuables with you.

Female patients of childbearing age will need to give a urine sample for a pregnancy test pre-operatively. Wearing contact lenses is NOT advised. We provide containers for removable dentures and bridgework. If your child is having surgery, feel free to bring a favorite stuffed animal or security blanket for added assurance.

AFTER YOUR SURGERY

You may be discharged to your car by wheelchair. If anesthesia has been administered or you’re a pain management patient, you must have a responsible adult present to drive you home and to care for you for the next 24 hours following surgery. You will be given an anonymous survey, post-op questionnaire. Please complete and mail back in the provided pre-stamped envelope, and you will be entered into gift certificate drawing.

Your physician will provide post-operative instructions regarding diet, rest, exercise and medications. You will be provided with a written summary of these discharge instructions. Please have any new prescriptions filled before you go home, after surgery.

If you have any unexpected problems, please call your doctor. If he/she does not respond, please go to the nearest emergency room.

HELPFUL REMINDERS

Please limit to one family member or friend who accompanies you. Seating is very limited.

If you are driving more than 30 minutes, put one or two pillows in your car so you can elevate the operative extremity.

If you or your family need the services of a foreign-language or hearing impaired interpreter, please call 3 to 5 days ahead to arrange for one at no cost to you, prior to the date of surgery.

ADVANCED DIRECTIVES

- In the state of Maryland, each person has the primary right to request or refuse medical treatment subject to the state's interest in protecting innocent third parties and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf.
- SurgCenter of Western Maryland, LLC does not honor advance directives. Health care providers at SurgCenter of Western Maryland, LLC are bound to do all in their power to assure the safe recovery of every patient, including resuscitation if that becomes necessary. All adult patients are asked if they have an advanced directive, which is placed in their medical record. Adult patients are also informed that an advance directive will not be honored while a patient at SurgCenter of Western Maryland, LLC.
- If an adverse event occurs during your treatment at SurgCenter of Western Maryland, LLC, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility’s policy will not revoke or invalidate any current health care directive or health care power of attorney.
- If you wish to complete an Advance Directive, copies of official state forms are available at SurgCenter of Western Maryland, LLC.

BILLING INFORMATION

After surgery SurgCenter of Western Maryland, LLC will bill your insurance company for the facility fees only. You may still receive a separate bill or a statement from your doctor, anesthesiologist and/or pathologist.

Please contact our business office if you have questions regarding your bill. If you are a self-pay patient or have limited insurance coverage please call at least one week before your procedure to discuss your payment options.

BEFORE YOUR SURGERY

A nurse from the center will contact you at least 24 hours before your surgery. If no one has called, please call the center for instructions.

Notify your surgeon if there is a change in your physical condition such as a cold, fever, rash, or respiratory problems.

Do not eat or drink anything after midnight the night before your operation, including no hard candy or gum. If your child is the patient, please be careful to enforce this. Also, please follow any other special instructions your surgeon may have given you. Failure to follow these instructions may result in cancellation of your surgery.

Please be sure to tell your surgeon if you are on any type of blood thinners or aspirin. Please do not take any medications after midnight unless instructed by your surgeon or the nurse at our center.

It is our policy to have a responsible adult remain with you at the center during your surgery or your surgery will be rescheduled.

SPECIALTIES

Ear, Nose & Throat Surgery
David Litman MD
Board Certified in Otolaryngology
Brian Hassinger MD
Board Certified in Otolaryngology

General Surgery
Michael Stasko MD
Board Certified in General Surgery

Orthopaedics
Tom Ghorbital MD FAOS, FACS
Board Certified in Orthopaedic Surgery
Gregg Wolff, MD
Board Certified, Orthopaedic Surgery

Ophthalmology
Michael Summerfield, MD
Board Certified in Ophthalmology

Gastroenterology

Plastic Surgery

SurgCenter of Western Maryland, LLC is licensed by the State of Maryland, accredited by the Accreditation Association for Ambulatory Health Care, Inc., and Medicare.

SurgCenter of Western Maryland, LLC was established in 2011 by physicians to offer safe and high-quality surgical care.

You will find that because the center specializes in outpatient surgery, our patients enjoy many advantages including personalized service and excellent medical care.

AACAHNC
ACCREDITATION ASSOCIATION
FOR AMBULATORY HEALTH CARE, INC.

DISCLOSURE OF OWNERSHIP
Your physician may have a financial interest in SurgCenter of Western Maryland, LLC.

In partnership with UPMC Western Maryland Health System.

** Not all specialties, owners and non-owners included.