



1411 South Creasy Lane, Suite 200
Lafayette, IN 47905

765.446.5000 | www.unitysurgical.com



Phone: 765.446.5000

ISDOH Teletypewriter (TTY): 855.875.5193

Patient Information

Date of Surgery: _____

Arrival Time: _____

Do You Know?

- | | | |
|----------------------------|--|------|
| Food / Drink Restrictions | <input type="checkbox"/> Yes <input type="checkbox"/> No | PG 2 |
| Driver | <input type="checkbox"/> Yes <input type="checkbox"/> No | PG 3 |
| Responsible Adult at Home | <input type="checkbox"/> Yes <input type="checkbox"/> No | PG 3 |
| Medications Day of Surgery | <input type="checkbox"/> Yes <input type="checkbox"/> No | PG 2 |



Introduction

Welcome to Unity Surgical Center (USC). Our goal is to provide the highest quality of care to our patients and their families.

Our modern, technologically advanced facility helps us provide you with the most effective, safe and comfortable surgical care. The friendly, compassionate staff of USC consists of highly trained and experienced professionals dedicated to making your stay with us a positive one.

We strive to make the surgical experience as comfortable and convenient as possible. Please do not hesitate to ask questions or express concerns throughout your stay.

Scheduling Your Surgery

- After discussing your surgery plans with you, your surgeon will schedule your surgery at USC.
- If your surgeon has arranged for you to have a history and physical exam with the USC, you will be contacted for scheduling prior to the planned date of your surgery.
- If you have any physical condition changes prior to your surgery such as a cold, sore throat or fever, please notify your surgeon as soon as possible.
- If you are scheduled for an overnight stay, your time spent at the Unity Surgical Center is limited to 23 hours. If you have an early morning surgery, please plan on going home early the following morning.

Final thoughts about advance directives

- You have the right to choose medical care and treatment you receive. Advance directives help make sure you have a say in your future health care and treatment if you become unable to communicate.
- Even if you do not have written advance directives, it is important to make sure your physician and family are aware of your health care wishes.
- No one can discriminate against you for signing or not signing an advance directive. An advance directive is, however, your way to control your future medical treatment.
- This information was prepared by the Indiana State Department of Health attorneys who cannot give you legal advice concerning living wills or advance directives. You should talk with your personal lawyer or representative for advice and assistance in this matter.

Other advance directives include:

- Organ and Tissue Donation
- Living Will Declaration or Life-Prolonging Procedures Declaration
- Psychiatric Advance Directives
- Physician Orders for Scope of Treatment (POST)

For additional information on advance directives, visit the Indiana State Department of Health Advanced Directives Resource Center located at www.in.gov/isdh/25880.htm. This site included links to state forms, Advanced Directive brochure, links to Indiana statutes, and links to other websites.

NOTICE OF NONDISCRIMINATION: Unity Healthcare, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or gender identity.

Can I change my mind after I write an advance directive?

Your health care wishes cannot be followed unless someone knows your wishes. You may change or cancel your advance directives at any time as long as you are of sound mind. If you change your mind, you need to tell your family, health care representative, power of attorney, and health care providers. You might have to cancel your decision in writing for it to become effective. Always be sure to talk directly with your physician and tell him or her your exact wishes.

Are there forms to help in writing these documents?

Advance directive forms are available from many sources. Upon request, Unity Surgical Center will assist you with official Stated Directive Forms. Although advance directives do not require an attorney, you may wish to consult with one before you try to write one of the more complex legal documents listed above.

What should I do with my advance directive if I choose to have one?

Make sure that your health care representative, immediate family members, physician, attorney and other health care providers know that you have an advance directive. Be sure to tell them where it is located. You should ask your physician and other health care providers to make your advance directives part of your permanent medical chart. If you have a power of attorney, you should give a copy of your advance directives to your attorney in fact. You may wish to keep a small card in your purse or wallet that states that you have an advance directive, where it is located, and how to contact your attorney in fact or health care representative, if you have named one.

An Advanced Directive is a legal document that is prepared in advance of when it is needed that expresses a person's wishes regarding critical health care decisions. USC will hone the intent of such document to the extent permitted by law and subject to USC's limitations on the basis of conscience. USC performs elective procedures that are generally intended to enhance a person's quality of life. Therefore, in the event of a medical emergency, it is USC's policy to always attempt to resuscitate a patient and transfer that patient to a hospital. **This policy applies to all patients having procedures performed at USC.**

Do Not Resuscitate Declaration or Order

If you have a directive of the "Out of Hospital Do Not Resuscitate Declaration and Order" it will not be enacted at Unity Surgical Center. Unity Surgical Center will provide all means necessary to resuscitate all patients during their stay at Unity Surgical Center.

Pre-Op Instructions: The Night Before...

- Do not eat any food or drink milk products within 8 hours of scheduled surgery time.
- Clear liquids such as water, apple juice, Sprite, *black* coffee and tea are permitted up until 4 hours prior to surgery. (No Dairy.)
- If patient is an infant please call Unity Surgical Center at 446.5000 for more specific feeding instructions.

AGE	SOLID FOOD	BREAST MILK	CLEAR LIQUIDS
INFANTS-18 MON	6 HR	4 HR	3 HR
18 MON-ADULT	8 HR	4 HR	4 HR

- Avoid alcohol for 24 hours before your surgery.
- Please do not smoke or chew tobacco after midnight the night before your surgery.
- Please do not chew gum or hard candy.

Failure to follow the above instructions may result in your surgery being delayed or postponed.

Pre-Op Instructions: The Morning Of...

MEDICATIONS:

- Take all routine medications at your normally scheduled time, except for diuretics (water pills) and diabetic medications (Insulin and/or pills). Continue bronchodilators, and use last dose within 2 hours before your surgery.

- * Please bring your Nitroglycerin with you, if applicable.
- * Patients on respiratory inhalers, please bring them with you.
- * Please bring your CPAP/BiPaP equipment if you are treated for sleep apnea.

* BRING A LIST OF MEDICATIONS.

This list should include doses and how many times a day you take the medication. This list would also include herbs and any over the counter drugs you take.

CLOTHING AND CONTACT LENSES

- Wear comfortable clothing that you can change in and out of easily and will not bind your surgery site.
- Leave contact lenses at home or bring a case and solution for them.

INFANTS AND SMALL CHILDREN

- If your infant or small child is having surgery, you may bring their special toy or blanket. Bring formula or any special food your child needs after surgery. Also, please bring diapers and a bottle or sipper cup if your child uses them. Any child under the age of 8 years old will require a child restraint seat to be transported home.

SLEEP APNEA PATIENTS

- Please bring your CPAP/BiPAP equipment to USC if scheduled to have sedation or general anesthesia. This includes cords, hoses, headgear, mask or nasal appliance.

VALUABLES

- Please leave all of your valuables at home. Also, do not wear any jewelry the day of your procedure, including body piercings.

REPORTING TO USC

- Report promptly at your scheduled arrival time to complete forms. You will also have the opportunity to visit with your anesthesiologist to discuss what will happen before, during and after surgery and to ask questions (if applicable).
- Persons under 18 years old must have a parent or legal guardian to sign forms.
- Bring your insurance cards with you on the day of your surgery.

After Surgery Instructions

After surgery, you will be monitored in the recovery room. Before you are discharged, your questions will be answered and you will be provided written instructions as ordered by your physician.

A nurse will either call you or send a letter to check on your progress in 1 to 2 days.

If you are having sedation or general anesthesia, please arrange for a **responsible adult** to drive you home. After sedation, you must have a **responsible adult** stay with you at least four hours, and you may not drive until the next morning at the earliest. After general anesthesia, you must have a **responsible adult** stay with you until the next morning and you may not drive until the next morning at the earliest.

Prior to executing a power of attorney document, you should talk with the person to ensure that he or she is willing to serve. A power of attorney document may be used to designate a health care representative. Health care powers are granted in the power of attorney document by naming your attorney in fact as your health care representative under the Health Care Consent Act or by referring to the Living Will Act. When a power of attorney document is used to name a health care representative, this person is referred to as your health care power of attorney. A health care power of attorney generally services the same role as a health care representative advance directive. Including health care powers could allow your attorney in fact to:

- (1) Make choices about your health care
- (2) Sign health care contracts for you
- (3) Admit or release you from hospitals or other health facilities
- (4) Look at or get copies of your medical records; and
- (5) Do a number of other things in your name.

The Indiana Powers of Attorney Act is found at Indiana Code §30-5. Your power of attorney document must be in writing and signed in the presences of a notary public. You can cancel a power of attorney at any time but only by signing a written cancellation and having the cancellation delivered to your attorney in fact.

If your “power of attorney” is currently acting for you, Unity Surgical Center requires a copy of your “power of attorney” document prior to surgery. Please bring any documents related to your “power of attorney” to the surgical center on the day of surgery. If there is a “power of attorney” acting for you, this individual must be present at the surgical center the day of surgery.

What advance directives should be used?

The choice of advance directives depends on what you are trying to do. The advance directives listed above may be used alone or together. Although an attorney is not required, you may want to talk with one before you sign an advance directive. The laws are complex and it is always wise to talk to an attorney about questions and your legal choices. An attorney is often helpful in advising you on complex family matters and making sure that your documents are correctly done under Indiana law. An attorney may be helpful if you live in more than one state during the year. An attorney can advise you whether your advance directives completed in another state are recognized in Indiana.

If you have written advance directives, it is important that you give a copy to your physician. He or she will keep it in your medical chart. You do not always know when or where an illness or accident will occur. It is likely that your family would be the first ones called in an emergency. They are the best source of providing advance directives to a health care provider.

Health care representative

A “health care representative” is a person you choose to receive health care information and make health care decisions for you when you cannot. To choose a health care representative, you must fill out an appointment of health care representative document that names the person you choose to act for you. Your health care representative may agree to or refuse medical care and treatments when you are unable to do so. Your representative will make these choices based on your advance directive. If you want, in certain cases and in consultation with your physician, your health care representative may decide if food, water or respiration should be given artificially as part of your medical treatment.

Choosing a health care representative is part of the Indiana Health Care Consent Act, found at Indiana Code §16-36-1. The advance directive naming a health care representative must be in writing, signed by you and witnessed by another adult. Because these are serious decisions, your health care representative must make them in your best interest. Indiana courts have made it clear that decisions made for you by your health care representative should be honored.

Power of attorney

A “power of attorney” (also referred to as a “durable power of attorney”) is another kind of advance directive. This document is used to grant another person say-so over your affairs. Your power of attorney document may cover financial matters, give health care authority or both. By giving this power to another person, you give this person your power of attorney. The legal term for the person you choose is “attorney in fact”. Your attorney in fact does not have to be an attorney. Your attorney in fact can be any adult your trust. Your attorney in fact is given the power to act for you only in the ways that you list in the document. The document must:

- (1) Name the person you want as your attorney in fact
- (2) List the situations which give the attorney in fact the power to act
- (3) List the powers you want to give; and
- (4) List the powers you do not want to give.

Recovering at Home

After anesthesia, plan to rest and recover for a few days until you feel back to normal. Patients sometimes experience minor after effects following anesthesia such as drowsiness, muscle aches, sore throat, hoarse voice, dizziness, headaches or nausea. These side effects decline rapidly in the hours following surgery.

It is very important to follow the discharge instructions written by your physician and explained to you by your nurse. If you have questions once you leave the surgical center, you must call your physician for answers. If you have a serious complication, call 911 or go to the nearest Emergency Room at the hospital of your choice immediately.

Fees and Good Faith Estimates

The Unity Surgical Center’s fees include charges for operating room, recovery room services, medications and supplies provided by the center. This does not include surgeon, anesthesiologist, pathologist, radiologist or lab fees. These fees will be billed separately if applicable.

Federal law requires healthcare providers and facilities to provide uninsured patients or those not utilizing their insurance with an estimate of the expected charges for medical items and services at least 1 business day before the scheduled services are to be performed.

If you are uninsured or not using insurance to pay for your healthcare services and receive a bill for the greater of \$100 or 5% more than your Good Faith Estimate, you can dispute the bill.

Any Patient has the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services, within 3 business days of the request. This includes related costs like medical tests, equipment, Radiology, and facility fees.

For questions or more information about your right to a Good Faith Estimate, visit [cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers) or call the Unity Billing Office at 765-446-5112 or 765-446-5382.

Financial Disclosure

I understand that I am free to determine which facility to utilize for health care services and neither Unity nor my physician shall discriminate in the care provided to me should I desire to use a facility other than Unity Surgical Center.

Patient Bill of Rights

At Unity Surgical Center, we want our patients to have the best possible care. We want you to know your rights as a patient as well as your responsibilities to yourself, your doctor, and Unity Surgical Center. These rights and responsibilities are supported by Unity Surgical Center and have been developed with the utmost concern and respect for the patient, physician and staff.

As a patient, or the patient's representative, or the patient's surrogate you have a right to:

1. Treatment with dignity and to receive courteous, considerate and respectful care.
2. Exercise his or her rights while receiving care without being subjected to discrimination or reprisal, coercion, or retaliation.
3. Treatment without regard to: race, sexual orientation, creed, color, ethnic origin, nationality, gender, marital status, sex, handicap, age, affiliation with fraternal or religious organizations, cultural, economic, or educational background, or the source of payment for care.
4. The knowledge of the name of the surgeon who has primary responsibility for coordination of his/her care and the names and professional relationships/credentials of other practitioners who participate in his/her care.
5. Be fully informed about a treatment or procedure. Receive to the degree known, all complete and current information from his/her surgeon concerning diagnosis, evaluation, treatment, expected outcome, and prognosis in terms, in a language, and/or manner that he/she can understand. If not medically advisable to give information to the patient, the information is provided to another person designated by the patient or to a legally authorized person on their behalf.
6. Except in emergencies, this information shall include a description of all the procedure(s) or treatment(s), the medically significant risk(s) involved in this treatment, an alternate course of treatment or non-treatment, and the risk(s) involved in each, and the name of the person who would carry out the treatment(s) or procedure(s).
7. Participate actively in decision(s) regarding his/her medical/surgical plan of care, except when such participation is contraindicated for medical reasons. To the extent it is permitted by law, includes the right to refuse treatment and be informed of the medical consequences of such refusal.
8. Personal Privacy-Full consideration of privacy concerning the patient's care/treatment at USC. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
9. Confidential treatment of all communications and medical records pertaining to his care. Except as directed by law, the patient's written permission shall be obtained before his medical records are made available to anyone not concerned with the patient's care.
10. Reasonable responses to any reasonable request made for services.

Are advance directives required?

Advance directives are not required. Your physician or surgical center/hospital cannot require you to make an advance directive if you do not want one. No one may discriminate against you if you do not sign one. Physicians and hospitals often encourage patients to complete advance directive documents. The purpose of the advance directive is for your physician to gain information about your health care choices so that your wishes can be followed. While completing an advance directive provides guidance to your physician in the event that you are unable to communicate for yourself, you are not required to have an advance directive.

What happens if you do not have an advance directive?

If you do not have an advance directive and are unable to choose medical care or treatment, Indiana law decides who can do this for you. Indiana Code §16-36 allows any member of your immediate family (meaning your spouse, parent, adult child, brother, or sister) or a person appointed by a court to make the choice for you. If you cannot communicate and do not have an advance directive, your physician will try to contact a member of your immediate family. Your health care choices will be made by the family that your physician is able to contact.

What types of advance directives are recognized in Indiana?

Talking directly to your physician and family, Health care representative, Do not resuscitate declaration and order (This directive is not enacted at Unity Surgical Center), Power of attorney

Talking to your physician and family

One of the most important things to do is to talk about your health care wishes with your physician. Your physician can follow your wishes only if he or she knows what your wishes are. You do not have to write down your health care wishes in an advance directive. By discussing your wishes with your physician, your physician will record your choices in your medical chart so that there is a record available for future reference. Your physician will follow your verbal instructions even if you do not complete a written advance directive. Solely discussing your wishes with your physician, however, does not cover all situations. Your physician may not be available when choices need to be made. Other health care providers would not have a copy of the medical records maintained by your physician and therefore would not know about any verbal instructions given by you to your physician.

In addition, spoken instructions provide no written evidence and carry less weight than written instructions if there is a disagreement over your care. Writing down your health care choices in an advance directive document makes your wishes clear and may be necessary to fulfill legal requirements.

Advance Directives

The purpose of this section is to inform you of ways that you can direct your medical care and treatment in the event that you are unable to communicate for yourself.

This section covers:

What is an advance directive?

Are advance directives required?

What happens if you do not have an advance directive?

What are the different types of advance directives?

The Importance of Advance Directives

Each time you visit your physician, you make decisions regarding your personal health care. You tell your physician about your medical problems. Your physician makes a diagnosis and informs you about available medical treatment. You then decide what treatment to accept. That process works until you are unable to decide what treatments to accept or become unable to communicate your decisions.

Advance directives are a way to manage your future health care when you cannot speak for yourself.

What is an advance directive?

“Advance directive” is a term that refers to your spoken and written instructions about your future medical care and treatment. By stating your health care choices in an advance directive, you help your family and physician understand your wishes about your medical care. Indiana law pays special attention to advance directives.

Advance directives are normally one or more documents that list your health care instructions. An advance directive may name a person of your choice to make health care choices for you when you cannot make the choices for yourself. If you want, you may use an advance directive to prevent certain people from making health care decisions on your behalf.

Your advance directives will not take away your right to decide your current health care. As long as you are able to decide and express your own decisions, your advance directives will not be used. This is true even under the most serious medical conditions. Your advance directive will only be used when you are unable to communicate or when your physician decides that you no longer have the mental competence to make your own choices.

11. Reasonable continuity of care and to know in advance the time and location of appointment(s), as well as the practitioner providing the care.

12. Be advised if the surgeon proposes to engage in or perform human experimentation/ research affecting his or her care or treatment. The patient has the right to refuse to participate in such research projects.

13. Be informed by his surgeon, or designee, of his/her continuing health care requirements.

14. Examine and receive an explanation of his bill regardless of the source of payment.

15. Have all patients' rights explained to the patient, or to person who has legal responsibility to make decisions regarding medical care on behalf of the patient in a language or method of communication that the patient/surrogate understands.

16. Express any grievances or suggestions verbally or in writing regarding treatment or care provided. The patient has the right to prompt resolution of grievances or complaints without coercion, discrimination, or retaliation. Unity Surgical Center views complaints and concerns as valuable opportunities to improve services.

17. Change physician provider, if desired.

18. Receive quality care in a safe setting.

19. Be free from all forms mental and physical abuse, harassment, and/or exploitation.

20. Have pain treated as effectively as possible. This includes the right to participate in the plan of care for pain assessment and pain management.

21. Know the relationship of the facility to other persons or organizations participating in the provision of his/her care.

22. Be informed of his or her rights to have visitors of their choosing, refuse visitors of their choosing, and be informed of any restrictions or limitation placed on visitations.

23. Have visitors receive equal visitation privileges based on the patients' wishes and have no restrictions based on race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

24. Know the professional status of any person providing his or her care/services.

25. Know the reasons for his/her transfer within or outside the surgical center.

26. Have access to assistive devices when/if those are indicated.

27. Be free from physical or chemical restraints or seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.

28. A discharge plan.

29. Know if their physician has ownership in Unity Surgical Center, LLC

30. Receive information about Advance Directives and to know that because surgery performed in the center is not likely to be “high risk” or on patients who are not deemed to be appropriate candidates for outpatient procedures, our policy is to resuscitate and stabilize all patients experiencing life threatening circumstances and transfer them to a hospital where their Advance Directives will be carried out.

As a patient you have a right:

If you would like to report a complaint regarding your treatment at Unity Surgical Center you may contact Karl Bennett, USC Administrator at 765-446-5000 or you may submit a complaint in writing to:

Unity Surgical Center
ATTN: Karl Bennett
1411 South Creasy Lane, Suite 200
Lafayette, IN 47905

If a patient would like to report a grievance with the Indiana State Department of Health you may call 1-800-246-8909 or may submit a written grievance to:

Indiana State Department of Health
Health Care Facility Complaint Program
2 North Meridian Street, 4B
Indianapolis, IN 46204

Grievances can also be faxed to 317-233-7494 or emailed to complaints@isdh.in.gov

The website for the Office of Medicare Beneficiary Ombudsman is

<https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home>

Patient Responsibilities

To continue to provide high quality services effectively and efficiently to all, the following concepts are viewed as patient responsibilities:

As a patient, or the patient's representative, or the patient's surrogate you have a responsibility to:

1. Read and understand all consents to be assigned: Ask either nurse or physician to clarify any information not understood about care or services.
2. Notify Unity Surgical Center if they need assistance of an interpreter to read and understand what is going to happen to them, and sign documents.
3. Follow the pre-operative instructions given by the physician and/or Unity Surgical Center.
4. Notify Unity Surgical Center on admission if pre-operative instructions have not been followed.

5. Be respectful and considerate of the rights of all the healthcare professionals and staff as well as other patients. This includes but is not limited to the responsibility of respecting privacy, asking visitors to adhere to the visitation and smoking policies and to use the television, radio, telephone, and lights in a manner that is not distracting.
6. The patient, or the patient's representative, or the patient's surrogate and those accompanying them are responsible to follow all healthcare facility rules and regulations and respect the rights and privacy of other patients and Unity Surgical Center personnel and follow the Center's policies and patient responsibility.
7. Assume responsibility for the loss or damage of personal property that is not turned over to the facility for safekeeping during the admission.
8. Keep scheduled appointments and to provide accurate and complete information to the best of his/her ability about symptoms, his/her health history, including but not limited to his/her past medical history including past illnesses and hospitalizations, any medications including over the counter products, dietary supplements, herbal supplements and any allergies or sensitivities and other matters relating to patient's care.
9. Arrange to have a responsible adult to transport him/her from the facility for all cases that involve sedation or anesthesia (other than purely local anesthesia). Patients who undergo a general anesthetic will need to have the responsible adult remain with them until the next morning, unless otherwise approved by the anesthesiologist. Patients who receive any sedation or Monitored Anesthesia Care (MAC) will need to have a responsible adult for at least four hours.
10. Ask questions, to seek information or clarification of things they do not understand, and to tell their doctor if they decide to stop the prescribed treatment plan.
11. Contact the physician if complications occur.
12. Follow the care prescribed by the doctor, nurse, or health care workers and to accept the responsibility for his/her actions if they refuse recommended treatment or do not follow instructions.
13. Advise their nurse, doctor, or patient care representative of any dissatisfaction they have in regard to the quality of their care.
14. Inform their doctor or nurse if they have any advance directive, living will, medical power of attorney or any other directive that could affect his/her care.
15. Provide the name and telephone number of the person they would want contacted in the event of an emergency.
16. Assure all payments for service rendered are on a timely basis and accept personal financial responsibility for any charges not covered by his/her insurance.
17. Provide financial and/or insurance information regarding who will be responsible for the bill including current address and contact information.