



**WELCOME TO
ST. LOUIS SPINE & ORTHOPEDIC SURGERY CENTER!**

We look forward to seeing you at your upcoming appointment.

In preparation for your scheduled appointment, you can save time by completing the forms provided in the New Patient Package in as much detail as possible prior to your scheduled procedure. For your convenience the New Patient Forms are available to print from our website. Please complete the forms as thoroughly as possible before arriving. If the surgery center does not have these documents prior to your admission date, you may be required to complete them again prior to beginning your procedure.

One day before your scheduled procedure, a nurse will be calling to inform you of your arrival time, which may differ from the time given by your doctor's office. We will also ask for your health history, and give you some instructions. Please bring all of your medications with you and **DO NOT EAT OR DRINK AFTER MIDNIGHT**, unless otherwise instructed by your pre-op nurse.

You can learn more about our surgery center, education about your scheduled procedure, and we even offer online bill pay. Visit us @ stlspine-ortho.com!

With Regards,

St Louis Spine & Orthopedic Surgery Center

Patient Registration Packet

Welcome to St Louis Spine and Orthopedic Surgery Center. To expedite the admitting process and provide you with adequate time to read and consider the information contained in this Registration Packet, we have developed the following documents for you to review and complete prior to your admission to St Louis Spine and Orthopedic Surgery Center.

This packet should contain the following documents:

- Patient Rights
- HIPAA Policy
- Patient Medical History/Medication Record
- General Information about Anesthesia

If any of these documents are missing or you have any questions about them, please call the center at (636) 256-0320 and we will make arrangements to send you additional copies and answer your questions.

If possible, please mail or bring the documents to the center several days before your scheduled procedure. If you choose to mail them please make sure to allow enough time for the US Postal Service to deliver them prior to your procedure date. **If the surgery center does not have these documents prior to your admission date, you may be required to complete them again prior to beginning your procedure.** If you are unable to mail or deliver them to the surgery center before your procedure date, please make sure to bring them with you on the date of your procedure. **We also ask that you bring a picture ID and your insurance card the day of your procedure.**

We hope this Registration Packet assists you with a convenient and expedient admission process. We look forward to seeing you soon and providing you with a comfortable health care experience.

Please call with any questions (636) 256-0320.

PATIENT'S RIGHTS AND RESPONSIBILITIES

RIGHTS OF THE PATIENT:

- 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 value and beliefs.
- Every patient has the right to every consideration of his privacy and individuality as it relates to his social, religious and psychological well being.
- 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 reprisals.
- 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 provided complete information regarding diagnosis, treatment and prognosis, as well as alternative treatments or procedures and the possible risks and side effects 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 authorized individual.
- 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.
- 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/managements of pain.
- Every patient has the right to understand facility charges. You have the right to an explanation of all facility charges related to your health care.
- Every patient has the right to all resuscitative measures; therefore we will not honor Advance Directives.
- If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.
- If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State laws may exercise the patient's rights to the extent allowed by State law.

RESPONSIBILITIES OF THE PATIENTS:

- 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 accurate past and present medical history, present complaints, past illnesses, hospitalizations, surgeries, existence of advance directive, medication and other pertinent data.
- 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 do not follow 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, or other people's property and the property of the Surgery Center.
- Patients are to observe safety and no smoking regulations.

ADVANCE DIRECTIVES:

- In the state of Missouri, 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.
- St Louis Spine & Orthopedic Surgery Center does not honor advance directives. St Louis Spine & Orthopedic Surgery Center provides full resuscitative services for all patients requiring emergency life saving/support measures. All patients are asked if they have an advance directive, which is placed in their medical record. All patients are also informed that an advance directive will not be honored while a patient at St Louis Spine & Orthopedic Surgery Center.
- If an adverse event occurs during your treatment at St Louis Spine & Orthopedic Surgery Center, 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 St Louis Spine & Orthopedic Surgery Center.

PATIENT COMPLAINT OR GRIEVANCE:

To report a complaint or grievance you may contact the facility Administrator Christine Slattery by phone at 636.256.0320 or by mail at the address listed at the top of this page.

Complaints and grievances may also be filed through the following: 1. State of Missouri Department of Health and Senior Services Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65109 or by phone at 573-751-6170. 2. Accreditation Association for Ambulatory Health Care, Inc. 5250 Old Orchard Road, Ste 200, Skokie, IL 60077.

All Medicare beneficiaries may file a complaint or grievance with the Medicare Beneficiary Ombudsman online at:

www.cms.hhs.gov/center/ombudsman.asp



1130 Town & Country Commons Dr. • Chesterfield, MO • 63017 • (636) 256-0320 • Fax (636) 256-0327

PHYSICIAN OWNERSHIP DISCLOSURE: The following is a list of physician-investors at this facility:

<u>Physician</u>	<u>Address</u>	<u>NPI Number</u>
Dr. David Brown	14825 N. Outer Forty Rd, Chesterfield, MO	1285637959
Dr. Michael Chabot	2325 Dougherty Ferry Rd, St. Louis, MO	1588635353
Dr. Matthew Gornet	14825 N. Outer Forty Rd., Chesterfield, MO	1962406207
Dr. Patricia Hurford	3009 N Ballas Rd., St. Louis, MO	1083602999
Dr. John Krause	14825 N. Outer Forty Rd, Chesterfield, MO	1902809577
Dr. David Robson	3009 N Ballas Rd., St. Louis, MO	1710976394
Dr. Kevin Rutz	2325 Dougherty Ferry Rd, St. Louis, MO	1548231210
Dr. Brett Taylor	14825 N. Outer Forty Rd, Chesterfield, MO	1023083011
Symbion Healthcare	40 Burton Hills Blvd, Nashville, TN	

Notice of Privacy Practices

St Louis Spine and Orthopedic Surgery Center

THIS 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.

We may use and disclose Protected Health Information (PHI) about you in order to carry out your treatment, to obtain payment for services rendered to you and carry out the operations of this facility. Examples of how we may use and disclose information about you for providing treatment, obtaining payment and operating are:

Examples of uses and disclosures for treatment

We will use your PHI to provide medical care and service to you. We will disclose your PHI as necessary to the physician who referred you to us.

Examples of uses and disclosures to obtain payment

We may submit a claim form to your insurance company containing your name, address, social security number, diagnosis and the medical test provided to you.

Examples of uses and disclosures to carry out the operations of the facility

The facility may audit your chart in order to track and improve our performance in making sure that the appropriate tests are done.

We may contact you to provide appointment reminders, information about treatment alternatives or other health related benefits and services that may be of interest to you.

The facility may use or disclose PHI about you for other purposes, without your consent, if we are required by law to disclose to governmental authorities. Such uses or disclosure may include:

For uses and disclosures required by law

- For certain public health activities (such as the reporting of disease)
To a government authority authorized to receive reports of abuse, neglect, or domestic violence.
- To a health oversight agency for oversight activities authorized by law (audits, licensure, inspections, etc.)
- For judicial and administrative proceedings (for example in response to a court order, or to a subpoena, or discovery request.)
- For certain law enforcement purposes (such as grand jury subpoena; request by law official during an investigation.)
- In the provision of care to inmates.
- To victims of a crime
- For specialized government functions (such as military missions or lawful intelligence, counterintelligence, or national security activities.)
- To comply with worker's compensation laws
- For identification and location purpose (example – location of patient's room in a hospital)
- Research which has been approved by an institutional review board.
- To a coroner, medical examiner, or funeral director, to assist the recipient in performing his or her legal duties.
- To an organ procurement organization in order to facilitate donation or transplantation
- To prevent or lessen a serious and imminent threat to the health and safety of an individual or the public.
- Fundraising (can only use the patient's demographic data and dates of healthcare.)

You have rights regarding your protected health information. You may:

- a. Request restrictions on certain uses and disclosures of PHI, but we are not required to agree to a requested restriction.
- b. Request that you receive confidential communications of PHI
- c. Request to inspect and copy your own PHI
- d. Request that your information be amended
- e. Request a paper copy of this notice

The facility is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. The facility is required to abide by the terms of this notice and to provide individuals with revisions to the notice.

You may complain to the facility or the Secretary of Health and Human Services if you believe that your privacy rights have been violated. File a complaint with the facility in writing with the Privacy/Contact Officer.

We have the right to revise this notice when there are material changes to the uses or disclosures, your rights, our legal duties or other privacy practices stated in this notice. The revision will be effective for all PHI we retain and the revised notice will be posted at the facility and be available at the front desk.

For more information about this notice, contact the facility administrator, Christine F. Slattery, at 636-256-0320.

Effective Date: February 13, 2006

St Louis Spine & Orthopedic Surgery Center

PATIENT MEDICATION ALLERGIES / ILLNESSES

PATIENT NAME _____

DATE OF SURGERY _____ SURGEON _____ AGE _____ DOB _____

PROCEDURE _____

DESCRIBE REACTION OR LIST AS NEEDED BELOW

Patient/Family History of problems with anesthesia/sedation	<input type="radio"/> Yes <input type="radio"/> No	
Drug Allergies	<input type="radio"/> Yes <input type="radio"/> No	
Latex allergy	<input type="radio"/> Yes <input type="radio"/> No	
Food Allergies	<input type="radio"/> Yes <input type="radio"/> No	
Home medications/Dose ** Include supplements List AND bring bottles with you	<input type="radio"/> Yes <input type="radio"/> No	
Previous Surgery	<input type="radio"/> Yes <input type="radio"/> No	
If you have an allergy not listed above, please list here		

CURRENT ILLNESSES AND DIAGNOSIS: Please respond to each question with the response that best describes you. Has your doctor ever told you that you have any of the following conditions: Please check all that apply.

	YES	NO
Mitral valve prolapse, heart murmur, heart attack, Pacemaker, chest pain, palpitations, arrythmia, atrial fib		
High blood pressure (hypertension)		
Asthma, shortness of breath, COPD, Emphysema, difficulty breathing		
Cold, cough, recent respiratory infection, Flu or fever in last 2 weeks?		
Infectious Disease (HIV, Hepatitis, TB, MRSA, etc.)		
Sleep apnea, snoring		
Tobacco: How much? Years? Quit? (when)		
Stroke, mini stroke, frequent headaches, neurologic disease		
Seizures, nervous disorder		
Diabetes, thyroid disease		
Liver disease, kidney disease, Hepatitis		
Heartburn, acid reflux, ulcer, hiatal hernia		
Drink alcoholic beverages: How much? How long?		
Drug use (please specify)		
Cancer (please specify)		
Vision or hearing problems		
Chipped or loose teeth, dentures, special dental work		
Is there a possibility you're pregnant? LMP:		
Recent Tests		
Labs: _____ Where: _____		
What is your height: _____ Weight: _____		
EKG:		
Stress test/Cardiac Cath		
Primary Care Physician:		

Pre-op Instructions

- Nothing to eat or drink after midnight
- Wear loose fitting/comfortable clothes
- No contacts/denture adhesive
- Bring driver's license/insurance cards
- Leave valuables/jewelry at home
- List of medications and **bring actual bottles**

Name of Driver _____

Patient Signature: _____ Date: _____

**ST LOUIS SPINE & ORTHOPEDIC SURGERY CENTER
GENERAL INFORMATION ABOUT ANESTHESIA:**

Modern anesthesia techniques are generally safe and well tolerated by most patients. An Anesthesiologist will talk to you prior to surgery and discuss your individual method for anesthesia. It is important that you familiarize yourself with the anesthesia techniques and issues written below so that you may discuss them more fully with your Anesthesiologist. This form has been developed to assist you in making an informed healthcare decision, but it should not be your only source of information in making a decision.

Minor issues experienced from anesthesia may include nausea and vomiting, headache or injury to teeth or dental work. The major techniques and their related issues are outlined below. Although rare, unexpected severe complications can occur and include the remote possibilities of: infection, bleeding, medication reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or possibly death.

It is important for you to understand that these risks apply to all forms of anesthesia and that additional or specific risks are identified below. The anesthetic technique to be used during your procedure is determined by many factors including your physical condition, the type of procedure you are having, your doctor's preference, as well as your own desire(s).

In some cases, an anesthesia technique that involves the use of local anesthetics, with or without sedation, may not succeed completely. All forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of your procedure or treatment.

TYPES OF ANESTHESIA:

<input type="checkbox"/> GENERAL ANESTHESIA	Expected Result	Total unconscious state, vital signs monitored and maintained, no patient recall.
	Technique	Drug injected into bloodstream, breathed into lungs, or by other routes. Possible placement of a tube into the windpipe.
	Risks (including but not limited to)	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia.
<input type="checkbox"/> MONITORED ANESTHESIA CARE (with sedation)	Expected Result	Reduced anxiety and pain, partial or no patient recall.
	Technique	Drug injected into bloodstream, breathed into lungs, or by other routes producing a semi-conscious state.
	Risks (including but not limited to)	An unconscious state, depressed breathing, injury to blood vessels, some degree of awareness.
<input type="checkbox"/> REGIONAL ANESTHESIA (for post operative pain relief)	Expected Result	Marked reduction in post operative pain
	Technique	Local anesthetics injected near nerve to block pain sensation
	Risks (including but not limited to)	Infection, convulsions, incomplete pain relief, bruising, nerve damage

As a patient you have the right to have all of your questions answered prior to the induction of anesthesia. Please consult with the staff or physician at any time regarding any issue.