

## PATIENT RIGHTS

- Be treated with respect, consideration and dignity and receive care in a safe setting.
- Be free from all forms of abuse and harassment.
- Participate in decisions involving your health care and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent.
- Be provided with complete information concerning your diagnosis, evaluation, treatment, prognosis, and expected outcome before your procedure is performed. When it is medically inadvisable, the information shall be provided to a person designated by the patient or to a legally authorized person.
- Expect full recognition of individuality, including personal privacy and respect to beliefs, personal and cultural values and preferences, in treatment and care. In addition, all disclosures and records will be treated confidentially, and, except when required by law, patients are given the opportunity to approve or refuse their release. Written permission shall be obtained before medical records are released.
- Receive copies of your medical record upon written request.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. You accept responsibility for your actions should you refuse treatment or not follow instructions of the physician or facility.
- Be informed of any human experimentation or other research/educational projects affecting your care or treatment and you can refuse participation in such experimentation or research without compromise to your care.
- Be informed as to the facility's Advance Directive policy verbally and in writing prior to your arrival to the surgery center.
- Be informed of credentials of health care professionals if requested.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer. When it is medically inadvisable, the information shall be provided to a person designated by the patient or to a legally authorized person.
- You have the right to exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, nation of origin, sexual orientation, marital status, the source of payment for care, or reprisal.
- Have initial and regular reassessment of pain.
- Be informed of your right to change your provider if other qualified providers are available.
- Be provided with information concerning services available at the facility; provisions for after-hours care and emergency care; fee for services; payment policies.
- You have the right to voice grievances regarding treatment or care that is (or fails to be) furnished and to be informed of grievance procedures for expressing suggestions, complaints or grievances. All grievances will be investigated and a written notice of the Center's decision will be provided to you.
- In the event you feel we have not satisfactorily met your needs or have concerns regarding your experience at East Valley Surgical Center, please contact:

DIRECTOR OF NURSING  
East Valley Surgery Center  
1855 E. Southern Ave.  
Tempe, Arizona 85282  
(480) 829-6100

In the event that your grievance was not addressed to your satisfaction, you may contact:

## ARIZONA DEPARTMENT OF HEALTH SERVICES

Office of Medical Facility Licensing  
150 N. 18th Ave, Suite 450  
Phoenix, AZ 85007-3245  
(602) 364-3030 or (602) 364-3031

## PATIENT RESPONSIBILITIES

- Provide complete and accurate information to the best of your ability about your health, any medications, including over the counter products and dietary supplements and any drug allergies or sensitivities.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you.
- Inform your provider about any living will, medical power of attorney, or other directive that could affect your care.
- Provide payment to the facility for copies of the medical records that you request.
- To examine your bill and ask any questions you may have regarding charges or methods of payments, and for assuring that the financial obligations of your health care are fulfilled as promptly as possible.
- Be respectful of all the health care providers and staff, as well as other patients.
- Follow the treatment plan prescribed by your provider.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours.
- Be considerate of patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Provide a preferred phone number and emergency contact phone number in order for a facility representative to contact you within the first 72 hours following your procedure.
- Contact EVSC at 480-829-6100 in the event that you or your emergency representative are not contacted by a facility representative within 72 hours of your discharge, or sooner if you are having problems.

## INFORMATION ON ADVANCE DIRECTIVES/LIVING WILLS

You have the right to be informed of East Valley Surgery Center's policy regarding Advance Directives. An Advance Directive is a general term that refers to your oral or written instructions about your future medical care in the event that you become unable to communicate those instructions. As a provider of outpatient services, it is the policy of East Valley Surgery Center that Advance Directives will NOT be honored. We will provide full resuscitative efforts for any patient requiring life saving support. You, your conservator or guardian will be given an opportunity to cancel the surgical procedure. Upon request, an official Advance Directive form shall be provided to you.

## NOTICE OF FINANCIAL INTEREST/ OWNERSHIP

East Valley Surgery Center is an Ambulatory Surgery Center (ASC) owned and operated by a group of physicians (Dr. Michael Orris and Dr. John DeBarros) who have come together to provide you with an alternative to the Hospital. ASCs are recognized for their lower infection rates, minimal wait times and optimal patient care. Your surgeon may be among those physician owners who have invested their time and resources into making this surgery center a reality; providing you a health care alternative that better meets your needs. You have the right to choose any other organization for the purpose of obtaining the services ordered or requested.

## Surgery Information

Patient Name: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Surgery Time: \_\_\_\_\_

## Directions to East Valley Surgery Center

### From I-10 East (Airport and Phoenix)

Take I-10 East to I-60 East. Exit at McClintock and turn left (north). Turn right (east) at East Southern Avenue. We are on the right side of the road at 1855 East Southern Avenue.

### From I-10 West (Tucson)

Take I-10 West to I-60 East. Exit at McClintock and turn left (north). Turn right (east) at East Southern Avenue. We are on the right side of the road at 1855 East Southern Avenue.

### From the 101 North (Scottsdale)

Exit at Southern Avenue and turn right (west). We are on the left side of the road at 1855 East Southern Avenue.

### From 101 South (East Valley)

Exit at Southern Avenue and turn left (west). We are on the left side of the road at 1855 East Southern Avenue.

**East Valley Surgery Center**  
1855 East Southern Avenue, Suite 2  
Tempe, Arizona 85282  
480-829-6100  
[www.eastvalleysurgerycenter.com](http://www.eastvalleysurgerycenter.com)



BRING THIS PAMPHLET  
ON YOUR DAY  
OF SURGERY.



1855 E. SOUTHERN AVE., SUITE 2  
TEMPE, ARIZONA 85282  
[WWW.EASTVALLEYSURGERYCENTER.COM](http://WWW.EASTVALLEYSURGERYCENTER.COM)

**480-829-6100**  
Facsimile 480-446-7602



## BEFORE SURGERY

*Please follow the guidelines the day before your surgery to ensure that your operation goes smoothly:*

- Notify your surgeon as soon as possible if there is any change in your physical condition, such as a cold or fever.
- You will receive a phone call from our Nursing and Administrative Staff 1-3 days prior to surgery to review all instructions regarding your procedure and payment information. To protect your privacy, only a message to return our call will be left on your answering machine.
- If you wear contact lenses or glasses, bring a case for their safekeeping. We provide containers for removable dentures and bridgework.
- The night before your surgery, you may eat a light snack before midnight. Do not eat or drink anything after midnight not even coffee or water. This will reduce the possibility of nausea and vomiting following anesthesia. You may brush your teeth, remembering not to swallow anything. Refrain from the use of mints, chewing gum or cigarettes. Failure to follow these instructions may result in the cancellation of your surgery.
- Please do not take any medication after midnight unless instructed by your physician or our office. If you take medications on a daily basis for heart disease, blood pressure, seizure disorders, or asthma, you may continue taking them with a small sip of water. If you take aspirin, blood thinning medications or herbal supplements, please notify your surgeon and anesthesiologist. Failure to do so may result in the cancellation of your surgery.

## DAY OF SURGERY

- It is your responsibility to arrange in advance for a responsible adult (18 years of age or older) to drive you home and remain with you for the first 24 hours after surgery. You cannot drive or be left alone during this period. If you fail to arrange for a responsible adult to care for you, your surgery may be cancelled. Transportation by taxi or limousine is not generally acceptable.
- Please bathe or shower prior to your surgery. Remove all makeup. Do not use lotions, perfume or oils after bathing.
- Wear loose, comfortable clothing such as sweat suits and easy to button shirts or blouses that are big enough to accommodate a large bandage after surgery. Wear comfortable shoes, no high heels, please.
- Leave all valuables, including jewelry and cash, at home. We cannot be responsible for lost or damaged property.
- Bring a list of your medications and supplements with you on the day of your surgery, both prescription and non-prescription.
- Be prepared to sign a form giving your consent for the operation. If the patient is under 18, a parent or legal guardian must accompany the patient and sign the consent form.
- Bring all insurance cards and your driver's license with you to the center. Please see the section on insurance and billing.
- Please arrive one hour before your scheduled procedure.
- A nurse will provide you with a patient gown, slippers and a bag to store your clothing in once you are in the preoperative area. We will also check your temperature, blood pressure and pulse and ask you to empty your bladder before surgery. An intravenous line will be started to administer anesthesia and medications. An anesthesiologist will meet you before surgery to discuss your treatment plan and answer any questions you may have.
- Your family will be asked to wait in the front lobby. The surgeon will speak with your family immediately following surgery.



## AFTER SURGERY

- Before you leave the center, you will be given written instructions for your care at home.
- After you have returned home, be sure to follow your doctor's orders regarding diet, rest, medication and activity.
- It is not unusual to feel sleepy, lightheaded, dizzy, and/or experience pain for several hours after your operation. Do not sign any important papers or make any significant decisions for at least 24 hours.
- If you have any questions or problems after surgery, please contact your doctor.
- A nurse from the center will phone you within a few days after your surgery to see how you are and answer any additional questions you may have.
- Do not drive a car, smoke, drink alcoholic beverages, operate machinery or cook for 24 hours after surgery.
- While on narcotics or sedative pharmaceuticals you cannot drive.
- For endoscopy patients, you cannot drive, operate machinery, or make decisions of importance for at least 24 hours post procedure.
- For weight loss surgery patients only (Unless directed differently by your physician):
  - Week One: Clear liquids for a week with the exception of approved protein shakes.
  - Week Two: A blended diet such as baby food, oatmeal, yogurt, and applesauce.
  - Week Three: Soft foods such as, ground meat, flakey fish, beans, and cooked vegetables.
  - Forth Week and Beyond: Return to regular foods that are recommended by your dietician.

## INSURANCE AND BILLING

- Please remember to bring all insurance cards and other pertinent documents with you on the day of surgery so that we may process your insurance papers for you. Any amounts not covered by your insurance, deductibles, or co-insurance will be collected at your preoperative appointment. We accept all major credit cards, cashiers checks, and CareCredit®. We do not accept personal checks and require payment at least two weeks before your surgery date. The bill may not include the services of your surgeon, anesthesiologist or any lab or x-ray fees.
- EVSC may or may not be out of network with your insurance company. It is the patient's responsibility to confirm this with your insurance. Your deductible may or may not be applied to your in-network deductible.

For anesthesiology, we use the following independent company:

Grand Canyon Anesthesiology  
5110 N 44th St, L200

Phoenix, AZ 85018

602-343-2900

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

- It is your right as a patient to request information or have questions answered regarding fee or payment policies. If you have any questions or problems regarding your bill for EVSC, please contact our business office at 480-829-6100. We will be happy to help you between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday.

