

NORTHSTAR SURGICAL CENTER, DEPT. OF LUBBOCK HEART & SURGICAL HOSPITAL
4640 North Loop 289 • Lubbock, Texas 79416

DISCLOSURE OF OWNERSHIP

- ☐ Physician does have a financial interest in the facility.
- ☐ Physician does not have a financial interest in the facility.

PATIENT RIGHTS AND RESPONSIBILITIES

THE PATIENT HAS THE RIGHT TO:

- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services
- Expect full recognition of individuality, including privacy in treatment and in care. In addition, all communications and records will be kept confidential.
- Complete information, to the extent known by the physician, regarding diagnosis, treatment and the prognosis, as well as alternative treatments or procedures and the possible risk and side effects associated with treatment.
- Be fully informed of the scope of services available at the facility, provisions for after hours and emergency care, and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's designated representative or other legally designated person shall exercise the patient's rights.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health facility or as required by law for the third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and have the option to refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time. Change their primary or specialty physician if other qualified physicians are available.
- Be fully informed before any transfer to another facility or organization.

Form 1073 (Rev. 9/15)

- Express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient.
- Be informed as to the facility's policy regarding advance directives/living wills.

If a patient is judged incompetent under the State of Texas 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 judged 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.

Patient Initials

PATIENT RESPONSIBILITIES

- Be considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and is responsible for the outcome.
- Promptly fulfilling his or her financial obligations to the facility.
- Identifying any patient safety concerns.

Patient Initials

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ADVANCE DIRECTIVE NOTIFICATION

In the State of Texas, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to make decisions or unable to communicate decisions. NorthStar Surgical Center respects and upholds those rights.

Therefore, it is the policy of NorthStar Surgical Center, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE
READ AND UNDERSTAND ITS CONTENTS:**

(Patient/Patient Representative Signature)

DATE

WITNESS SIGNATURE

DATE

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at 806-761-4880 or by mail at:

NorthStar Surgical Center

Administrator: John Brock

4620 No Loop 289, Lubbock, TX 79416

You may also contact JCAHO by mail at:

Office of Quality Monitoring, The Joint Commission

One Renaissance Boulevard

Overbrook Terrace, IL 60181

www.jointcommission.org

Complaints and grievances may also be filed through the State of Texas--Office of Investigations at:

Texas Department of Health

Office of Investigations

1100 W. 49th Street, Austin, TX 78756

888-973-0022

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman.

Visit the Ombudsman's webpage on the web at:

www.medicare.gov/claims-and-appeals/medicare-rights/get-rights/get-help/ombudsman.html, or call

1-800-MEDICARE

NOTICE OF PRIVACY PRACTICES

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.

You have the right to obtain a paper copy of this Notice upon request.

This Notice describes the privacy practices of NorthStar Surgical Center and the physicians who provide services to patients at NorthStar Surgical Center.

Patient Health Information

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

How We Use Your Patient Health Information

We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

Examples of Treatment, Payment, and Health Care Operations

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.

Special Uses

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

Other Uses and Disclosures

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes:

- **Required by Law:** We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.
- **Public Health Activities:** As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.
- **Health oversight:** We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.
- **Judicial and administrative proceedings:** We may disclose information in response to an appropriate subpoena or court order.
- **Law enforcement purposes:** Subject to certain restrictions, we may disclose information required by law enforcement officials.

(continued on reverse)

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- **Deaths:** We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.
- **Serious threat to health or safety:** We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military and Special Government Functions:** If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.
- **Research:** We may use or disclose information for approved medical research.
- **Workers Compensation:** We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Individual Rights

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.

Confidential Communications: You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

Amend Information: If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

Accounting of Disclosures: You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect.

Changes in Privacy Practices

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area. You can also request a copy of our Notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Contact Person

If you have any questions, requests, or complaints, please contact:

Administration
Address: 4640 Loop 289
Phone Number: 806-761-4880

Independent Contractors

NorthStar Surgical Center] and the physicians who practice here are independent contractors and do not hereby assume any liability for the services or conduct of the other.

Effective Date: The effective date of this Notice is **April 14, 2003.**



Kirk Cole, Interim Commissioner

PATIENT NOTIFICATION OF DATA COLLECTION

PERSUANT TO: 84TH TEXAS LEGISLATIVE REGULAR SESSION, HB 764 SECTION 108.0095. NOTIFICATION OF DATA COLLECTION which states: A provider shall provide to a patient whose data is being collected under this chapter written notice on a form prescribed by the department of the collection of the patient's data for health care purposes. The notice provided under this section must include the name of the agency or entity receiving the data and of an individual within the agency or entity whom the patient may contact regarding the collection of data. The department shall include the notice required under this section on an existing department form and make the form available on the department's internet website.

NAME OF FACILITY/PROVIDER NorthStar Surgical Center, Dept. of Lubbock Heart and Surgical Hospital

This document shall provide notice to patients that the Texas Department of State Health Services, Texas Healthcare Information Collection program (THCIC) receives patient claim data regarding services performed by the named Provider. The patients claim data is used to help improve the health of Texas, through various methods of research and analysis. Patient confidentiality is upheld to the highest standard and is not subject to public release. THCIC follows strict internal and external guidelines as outlined in Chapter 108 of the Texas Health and Safety Code and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

For further information regarding the data being collected, please send all inquiries to:

Chris Aker
THCIC
Dept. of State Health Services
Center for Health Statistics, MC 1898
PO Box 149347
Austin, Texas 78714-9347

Location
Moreton Building, M-660
1100 West 49th Street
Austin, TX 78756
Phone: 512-776-7261
Fax: 512-776-7740
Email: theichelp@dshs.state.tx.us



NORTHSTAR SURGICAL CENTER, DEPT. OF LUBBOCK HEART & SURGICAL HOSPITAL

State Required Ethnicity and Race Questions

BACKGROUND INFORMATION

Texas law requires the Texas Health Care Information Council to collect information on the race/ethnic backgrounds of hospital patients. Hospitals are required to ask patients to identify their own race and ethnic backgrounds.

The data obtained through this process will be used to assist researchers in determining whether or not all citizens of Texas are receiving access to adequate health care.

If patients fail or refuse to identify their own race and ethnic backgrounds, facility staff will use its best judgment in making the identification.

QUESTIONS

Question #1: Nationality or Ethnic Background

(mark the box that most accurately identifies the patient's ethnic background)

Is the patient . . . ?

- ☐ (1) Hispanic/Latino (21352)
- ☐ (2) Not Hispanic/Latino (21865)
- ☐ I (patient or patient's legal guardian) refuse to answer the question.

Question #2: Race

(mark the box that the patient believes most accurately identifies his/her race)

Is the patient . . . ?

- ☐ (1) American Indian/Eskimo/Aleut (10025)
- ☐ (2) Asian or Pacific Islander (20289)
- ☐ (3) Black (20545)
- ☐ (4) White (21063)
- ☐ (5) Other *Includes all other responses not listed above. Patients who consider themselves as multiracial or mixed should choose this category. (21311)*
- ☐ I (patient or patient's legal guardian) refuse to answer the question.

Patient or Legal Guardian Signature: _____ Date: _____



January 3, 2012

Dear Patient:

We are honored that you have chosen NorthStar Surgical Center for your outpatient surgery needs. It is our mission to provide you with the most satisfying healthcare experience possible.

Your safety is of the utmost importance to us during your stay. NorthStar Surgical Center is committed to your safety pre-surgically, during the procedure and after the procedure.

Because you will receive sedation or an anesthetic during your procedure, you might experience post-sedation drowsiness following surgery. **For your safety, we require that you must be accompanied by a responsible adult who will stay with you upon release from the facility and be with you on your ride home. This would include traveling home via personal automobile or public transportation, such as a taxi.** There are also healthcare-related transportation services that your physician could assist you in arranging.

If it is not possible for you to be accompanied by a responsible adult on the day of surgery, for your safety – your procedure would need to be rescheduled for another day when a responsible adult would be available to assist.

Once again, we are honored to be your outpatient surgical facility of choice and look forward to providing with a safe healthcare experience – what we like to call *The NorthStar Experience*. In the meantime, if we can provide you with additional information, please feel free to call us at 806.761.4880.

Sincerely,



John D. Brock
Administrator



Stephen Hallier, M.D.
Medical Director

NORTHSTAR SURGICAL CENTER,
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806.761.4880 FAX: 806.749.5944

Often when receiving medical services at a healthcare facility, there is confusion as to how the billing process works. Below is some additional information that we hope will assist you in better understanding the process here at NorthStar Surgical Center:

Facility fee: Depending on the circumstances, either you or your insurance company will be billed a facility fee for your procedure. This is the NorthStar fee.

Surgeon fee: Depending on the circumstances, either you or your insurance company will be billed a separate surgeon or professional fee for your procedure. This is the fee for the doctor that actually performed your case.

Anesthesiologist fee: Usually an anesthesiologist will be involved in your procedure to put you to sleep. When this is the case, either you or your insurance company will be billed a separate anesthesiologist fee for your procedure. This is the fee for that anesthesiologist.

Pathologist fee: With certain types of surgeries such as gastroenterology procedures, the surgeon will take a biopsy from you to be sent to a physician called a pathologist for interpretation. When this is the case, either you or your insurance company will be billed a separate pathologist fee for the interpretation of your biopsy.

Laboratory charges: Some surgeons require that a patient have specific laboratory tests pre-surgically to confirm that you are healthy enough for surgery. When this is the case, either you or your insurance company will be billed a separate laboratory fee for these pre-surgical tests.

Deductibles and co-payments: Depending on your insurance carrier and specific plan, a deductible and/or co-payment may be applicable. If it is determined that deductibles and/or co-payments are part of your health plan, NorthStar will notify you of your financial obligations prior to your surgery date so that you can make on or before the date of your surgery.

We hope that you find this information useful in better understanding the particulars of the various fees associated with your surgery. If you still have questions, please feel free to call us at 806.761.4880.

Thank you for the opportunity to be your healthcare provider.



Lubbock Heart Hospital is a physician-owned hospital and conducts its operations under the names of Lubbock Heart & Surgical Hospital and NorthStar Surgical Center, the latter being an off-campus, hospital outpatient department. Below is a list of the Hospital's owners or investors who are physicians or immediate family members of physicians. Please sign below acknowledging receipt of this disclosure form.

PHYSICIAN OWNERSHIP

PHYSICIAN INVESTOR	SPECIALTY	PHYSICIAN INVESTOR	SPECIALTY
Addington, Charles	Family Medicine	Rizzo, Joseph A.	Cardiology
Baringue, Mark	Podiatry	Robertson, Donald J.	Cardiology/Cardio Thoracic Surgery
Beck, Howard	Urology	Schaub, Lowry	Anesthesia
Mahal, Kanwaljit "Sonny"	Urology	Scioli, Mark William	Orthopedic Surgery
Borno, Mounir Y.	Cardiology	Scovell, III, John Field	Orthopedic Surgery
Britton, Jr., Carl Lee	Urology	Sharif, M. Alan	Cardiology
Carr, Robert	Orthopedics	Shephard, II, David Michael	Orthopedics
Davis, William Jewell	Anesthesia/Pain	Shoukfeh, Fawwaz M.	Cardiology
Grattan, James G.	Cardiology	Smitherman, Tony Bryan	Orthopedics
Haggard, Derick	General Surgery	Snodgrass, P.C.	Gastro Intestinal
Hallier, Stephen	Anesthesia/Pain	Spore, Scott	Urology
Hancock, Joseph	Gastro Intestinal	Solis, Roberto E.	Cardiology
Headrick, Jeff Dodson	Orthopedics	Stephenson, Kenneth Alan	Orthopedics
Hnatek, Joe D.	Anesthesia	Vallabhan, Girish	Urology
Hobgood, Brooke	Anesthesia	Wilson, Joseph Nathan	Orthopedics
McNeely, Jeffrey	Podiatry	Wilson, Selma	Pain Management
Menard, Ralph George	Pain Management		
Nguyen, Adam	Podiatry		
Overlie, Paul A.	Cardiology		
Patel, Nayankumar A.	Nephrology		
Pollock, Garry Robert	Orthopedics		
Ramsey, Jason	Orthopedics		

Signature

Date

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**NORTHSTAR SURGICAL CENTER,
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YOUR OPINION MATTERS

Dear NorthStar Patient:

NorthStar Surgical Center values our patients' input and perceptions and after your surgery we would like to e-mail you to participate in an internet survey process regarding your time at NorthStar.

If you would like to participate, please provide your e-mail address in the space provided below and return this form to the registration clerk. if you are without a computer and/or an e-mail address and would like to include the e-mail address of a friend or relative who could assist you, please feel free to do so.

Note that your e-mail address will be used for the patient survey process only. We encourage you to take a minute to participate in the survey process as we value your opinion as we continue to enhance what has become known in Lubbock and the South Plains as the *NorthStar Experience*.

Sincerely,
The Physician Partners of NorthStar Surgical Center

PATIENT INFORMATION

DATE: ____/____/____

NAME: _____
(please print)

E-MAIL ADDRESS: _____
(please print)

Surgical Center Copy

NORTHSTAR SURGICAL CENTER, DEPT. OF LUBBOCK HEART & SURGICAL HOSPITAL**PATIENT INFORMATION**

PATIENT NAME			
LAST NAME	FIRST NAME	M.I.	
ADDRESS			
STREET	CITY	ZIP	
SEX	() M () F	DATE OF BIRTH	
SOCIAL SECURITY #			
HOME PHONE: ()		WORK PHONE: ()	
CELL PHONE: ()		EMAIL:	
MARITAL STATUS: () Single () Married () Divorced () Legally Separated () Widow			
RACE: () African American () Caucasian () Hispanic () Asian () Native American			
OCCUPATION:		EMPLOYER NAME:	
		ADDRESS:	
DISABLED: () YES () NO			

GUARANTOR INFORMATION

RESPONSIBLE PARTY:			
LAST NAME	FIRST NAME	M.I.	
ADDRESS:			
STREET	CITY	ZIP	
SEX:	() M () F	DATE OF BIRTH	
SOCIAL SECURITY #			
HOME PHONE: ()		WORK PHONE: ()	
CELL PHONE: ()			
MARITAL STATUS: () Single () Married () Divorced () Legally Separated			
RACE: () African American () Caucasian () Hispanic () Asian () Native American			
OCCUPATION:		EMPLOYER NAME:	
		ADDRESS:	

INSURANCE INFORMATION

INSURANCE CO. NAME:			
SUBSCRIBER (INSURED) ID#:			
GROUP NAME:		GROUP NUMBER:	
SUBSCRIBER (INSURED) NAME:			
INSURED DATE OF BIRTH:		SEX: () M () F	
INSURED SOCIAL SECURITY #:		Physician Name:	
		Date of Service:	
HOSPICE PATIENT () YES () NO			
SKILLED NURSING FACILITY PATIENT () YES () NO			
IF THE ANSWER TO EITHER QUESTION IS YES PLEASE SEE RECEPTIONIST			

NORTHSTAR SURGICAL CENTER ANESTHESIA QUESTIONNAIRE

Name _____ Surgery _____

Name of Surgeon _____

☐ No Known Drug Allergies

Allergy _____	Reaction _____
Allergy _____	Reaction _____
Allergy _____	Reaction _____
Allergy _____	Reaction _____
Allergy _____	Reaction _____

Medication	Dose	Frequency	Medication	Dose	Frequency

Please circle any of the following medical conditions that apply to you:

Heart Problems | High Blood Pressure | Stroke | Diabetes | Breathing Problems | Sleep Apnea |
Bleeding Disorders | Seizures | Reflux | Hepatitis | HIV/AIDS | Migraines | Neurological Disorders
Arthritis/Lupus | Kidney Problems/Dialysis | Cancer | Psychological Diagnoses | Chronic Pain

Please circle any of the following that apply to you:

Pacemaker | Defibrillator | Dialysis shunt | IV Catheter | Ostomy | Hip Replacement | Knee Replacement
Heart Valve Replacement | Heart Stents | Artificial Limbs | Amputation | Dentures/Partials
Braces/Retainer | Loose/Chipped/Missing Teeth | Hearing Aid | Contacts | Walker/WC/Cane

Have you ever had any trouble with anesthesia?

Nausea/Vomiting | Delayed Awakening | High Fever (Malignant Hyperthermia) | Intubation

Explain: _____

Please list any surgeries that you have had:

Do you drink alcohol? _____ Smoke? _____ Illegal Drugs? _____
How much? _____

Is there anything you would like for your anesthesia doctor to know?