

## *Welcome*

- ❖ Thank you for scheduling your procedure with Sweetwater Surgery Center.
- ❖ We have limited space in our waiting area so please **only bring one responsible adult over the age of 18 to be with you on the day of your procedure.**
- ❖ **Before** arriving to the center read and complete the enclosed *paperwork*.

Bring with you the signed:

- **Medical Data Sheet**
- **Assignment of Benefits**
- **Completed list of the Medications you are currently taking, including the dosage.**
- **A list of all Allergies and Past Surgeries.**
- **Notice of Rights and Responsibilities**
- **Advanced Directive Policy**
- **Insurance Card(s)**
- **Photo ID:** If the address is not current, please provide a Utility bill or other identifying document that confirms the current address of patient or responsible party.
- **If you are the legal guardian** or have a child in foster care who is the patient, please make sure you bring all **LEGAL** documentation needed to prove guardianship. **ALL** paperwork must be signed by the legal guardian or birth parent if parental rights have not been removed. Signatures on all facility and operative consents must match the legal paperwork provided prior to any procedure being performed at Sweetwater Surgery Center.

***If you do not present these items, your procedure will be canceled until the documents can be provided. These are Federal and State laws to which the surgery center must comply.***

- ❖ In addition to the paperwork received in advance, all consents and financial policies will need to be signed the day of procedure.
- ❖ If you are diabetic or on blood thinners such as Coumadin, Heparin, or Plavix, you must consult your physician for instructions regarding diet and/or medication adjustments.
- ❖ If you use insulin, a blood sugar monitor or inhaler, please bring them with you.
- ❖ Nothing to eat or drink after midnight the night before your surgery or procedure unless otherwise instructed by your physician or Sweetwater Surgery Center Staff.
- ❖ ***NO GUM, MINTS, or TOBACCO PRODUCTS 4 HOURS PRIOR TO PROCEDURE-***  
This can promote gastric acid and can be a reason for cancellation.
- ❖ Please remember it is the patient's responsibility to preauthorize all procedures. Insurance is billed as a courtesy through Sweetwater Surgery Center, and all Co-Insurance is due at the time of service.
- ❖ It is crucial that all patients bathe the night before or day of procedure and be prepared to remove ALL clothing as you will be going into a sterile operating room.

***You MUST have a RESPONSIBLE ADULT stay at the facility during your procedure, listen to your discharge instructions and drive you home afterward. If no one is here when you are ready to go in the OR your procedure will be CANCELED!***  
***You cannot operate a motor vehicle until the day after your procedure.***

Our goal is to provide you with the best health care available. Please don't hesitate to tell us if there is anything we can do to make your stay with us more comfortable.

***Medical Data Sheet***

**Patient Information**

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Legal Name: \_\_\_\_\_  Male  Female

Mailing Address/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Minor

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Responsible Party (If under the age of 18 Or if there is a POA)**

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Legal Name: \_\_\_\_\_  Male  Female

Mailing Address/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Relationship To Patient:  Spouse  Parent  Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Insurance Information**

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**Primary Insurance Company**

Mailing Address/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ ID#: \_\_\_\_\_

**Sweetwater Surgery Center, LLC**  
2761 Commercial Way • Rock Springs, Wyoming 82901  
Phone: 307-382-6873 • Fax: 307-382-6869

Secondary Insurance Company

Mailing Address/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Social Security#: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_ ID#: \_\_\_\_\_

**Emergency Contact**

Who should we contact in the event of an emergency? \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

***Sweetwater Surgery Center***

***Assignment of Benefits:*** I hereby assign, transfer, and sign over to Sweetwater Surgery Center, all of my rights, title and interest to my medical reimbursement benefits under the insurance policy(s) I have named above for professional facility services provided. I understand that I am financially responsible for any balance not covered by my insurance.

***Authorization to Release Information:*** I hereby authorize Sweetwater Surgery Center to release any medical or incidental information that may be necessary for either medical care or in the processing of my insurance claims.

***Medicare-Medicaid:*** I certify that the information given by me in applying for payment is correct. I authorize the release of all records on request. I request that payment of authorized benefits be made on my behalf.

Print Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Please Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *Medication Record*

Please list all medications you are currently taking with strength and frequency below. Please include both prescription and over-the-counter medications.

<b>Medication</b>	<b>Strength</b>	<b>Frequency</b>
<i>Example: Prevacid</i>	<i>30mg</i>	<i>Once a day</i>

Nurses Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *ALLERGIES*

### *MEDICATION ALLERGIES*

**NO KNOWN DRUG ALLERGIES**

MEDICATION	REACTION

### *FOOD ALLERGIES*

**NO KNOWN FOOD ALLERGIES**

FOOD	REACTION

## *HOSPITALIZATIONS/SURGERIES*

**NONE**

HOSPITALIZATION/SURGERY
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### Medication Warning

If you take any of the following medications, you must stop them for one week (7 days) prior to your procedure. The last dose should be taken on \_\_\_\_\_.

**• Please consult your primary physician before discontinuing any prescription medications •**

- ♣ Blood Thinners: i.e., Heparin, Plavix, Lovenox, or Coumadin
  - ♣ (Unless instructed otherwise).
  - ♣ Iron Supplements or vitamins containing iron.
  - ♣ Medications containing aspirin or ibuprofen.



**Medications Containing Aspirin**

Alka-Seltzer	Alka-Seltzer Plus	Anacin Products	Anexia with Codeine
Anodynos	Arthritis Pain Formula	A.S.A.	Ascriptin
Aspergum	Axotal	Azdone	B-A-C
Bayer Products	BC Powder	Bexophene	Buffaprin
Bufferin	Buffinol	Cama Arthritis Pain	Congesprin
Cope	Damason-P	Darvon	Dia-Gesic
Disalcid	Doan's Pills	Dolprin #3 Tablets	Doxaphene
Easprin	Ecotrin	Emagrin Forte	Equagesic
Equazine M	Excedrin	Fiogesic	Fiogen PF
Fiorinal	4-Way Cold Tablets	Gelpirin Tablets	Gemisyn
Lortab ASA	Magan	Magnaprin	Marnal
Measurin	Meprobamate	Methocarbamol	Midol
Mobigesic	Momentum	Norgesic	Norwich
Orphenogesic	Oxycodone	Pabalate	P-A-C
Pepto-Bismol	Percodan	Persistin	Presaline
Propyxphene	Robaxisal	Roxiprin	S-A-C Tablets
Saleto	Salocol	Sine-Off	Soma Compound
SK-65	St. Joseph's	Supac	Synalgos-DC
Talwin	Triaminicin	Trigesic	Trilisare
Ursinus Inlay Tab	Vanquish	Zorprin	

**Medications Containing Ibuprofen**

Aches-N-Pains	Advil	Aleve	Anaprox
Arthrotec	Cataflam	Celebrex	Alinopril
Daypro	Dolobid	Etodolac	Feldene
Haltran	Ibuprofen	IBU-Tab	Indocin
Ketoprofen	Lodine	Medipren	Midol
Motrin	Naprelan	Naprosyn	Naproxen
Nuprin	Orudis	Oruvail	Pedia Profen
Percodan	Percogesic	Peroxycam	Relafen
Rufen	Sulindac	Toradol	Trendar
Voltaren			

**• • You may take acetaminophen or Tylenol for pain • •**

## 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.

### **Uses and Disclosures**

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Sweetwater Surgery Center, LLC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law-enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing the use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### **Additional Uses of Information**

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical conditions. We may also send you information describing other health-related products and services that we believe may interest you.

### **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information.
- the right to receive confidential communications concerning your medical condition and treatment.
- the right to inspect and copy your protected health information.
- the right to amend or submit corrections to your protected health information.
- the right to receive an accounting of how and to whom your protected health information has been disclosed.
- the right to receive a printed copy of this notice.

***Sweetwater Surgery Center, LLC***  
2761 Commercial Way • Rock Springs, Wyoming 82901  
Phone: 307-382-6873 • Fax: 307-382-6869

**Sweetwater Surgery Center, LLC Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

**Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the receptionist or the Clinical Director/privacy official. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

**Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Clinical Director/Privacy Official  
Sweetwater Surgery Center, LLC  
2761 Commercial Way  
Rock Springs, WY 82901

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

**Contact Person**

The name and address of the person you may contact for further information concerning our privacy practices is:

Clinical Director/Privacy Official  
Sweetwater Surgery Center, LLC  
2761 Commercial Way  
Rock Springs WY 82901  
307-382-6873

**Effective Date**

This notice is effective on or after April 14, 2003.



## **PATIENT BILL OF RIGHTS**

1. The patient has the right to be treated with respect, consideration and dignity.
2. The patient has the right to have an advance directive, such as a living will, health care proxy or durable power of attorney for health care. These documents express your choices about your future care or designate another person of your choice to make health care decisions if you cannot speak for yourself. Further, the patient has a right to expect that their advance directive will be honored to the extent permitted by law and the policies of Sweetwater Surgery Center.
3. The patient has the right to obtain from his physician current and understandable information concerning his diagnosis, treatment, and prognosis. When it is not medically advisable to give such information to the patient, the information will be made available to an appropriate person on his behalf. The patient has the right to know the name of the physician responsible for coordinating his care.
4. Except in emergencies, when the patient lacks decision-making capacity and the need for treatment is urgent, the patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person(s) who will implement the procedures and/or treatment.
5. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the possible medical consequences of his action.
6. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly.
7. The patient has the right to expect all communications and records pertaining to his care to be treated as confidential unless reporting is permitted or required by law.
8. The patient has the right to expect that, within its capacity, the Center must make a reasonable response to a request of a patient for services. The Center must provide evaluation, service, and/or referral as indicated by the urgency of the case.
9. The patient has the right to obtain information about business relationships with other health care and educational institutions that may influence his treatment and care.
10. The patient has the right to be advised if the Center proposes to engage in or perform research studies or human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such projects.
11. The patient has the right to expect reasonable continuity of care and to be informed by his physician, or a delegate of the physician, of the patient's continuing health care requirements following discharge.

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12. The patient has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
13. The patient has the right to know what rules and regulations apply to his conduct as a patient.
14. The patient has the right to express (formally and informally) any grievance or suggestion regarding their care.
15. The patient has the right to file a complaint with the Wyoming Department of Health. The Wyoming Department of Health is the responsible agency for ambulatory surgical center's complaint investigation. Complaints may be registered with the department by phone, 307-777-7123 by fax at 307-777-7127, E-mail at [WDH-OHLS@health.wyo.gov](mailto:WDH-OHLS@health.wyo.gov) or in writing to the Wyoming Department of Health, Office of Healthcare Licensing and Surveys, Hathaway Building, Suite 510, 2300 Capital Avenue, Cheyenne, WY 82002. Medicare Beneficiaries may file complaints with the Medicare Beneficiary Ombudsman at <http://www.medicare.gov/Ombudsman/activities.asp>. A complainant may provide his/her name, address, and phone number to the Department. Anonymous complaints may be registered. All complaints are confidential.

As a patient at Sweetwater Surgery Center, you also have responsibilities that affect your care. You are responsible for providing information about your health, including past illnesses, hospital stays and use of medication. You are responsible for asking questions when you do not understand information or instructions, or if you do not believe you can follow through with the treatment prescribed by your physician.

The Center has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All these activities must be conducted with an overriding concern for the patient, and above all, the recognition of his dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

## ADVANCE DIRECTIVE POLICY

All patients have the right to participate in their own health care decisions and to make Advance Directive or to execute a Power of Attorney that authorizes 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 communicate decisions. Sweetwater Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, the Surgery Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your question as to its risks, your expected recovery and care after your surgery.

Therefore, it is our policy, regardless of the contents of an Advance Directive or instructions from a Health Care Surrogate or Power of Attorney, 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. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive or Health Care Power of Attorney.

The Wyoming Statutes Title 35 - Public Health And Safety Chapter 22 - Living Will Article 4 - Wyoming Health Care Decisions Act Section 35-22-408 - Obligations of health care for Ambulatory Surgery Centers and can be accessed at <https://law.justia.com/codes/wyoming/2017/title-35/chapter-22/article-4/section-35-22-408/>

The Wyoming Department of Health provides detailed information related to Advance Directive, Directive to Physician, and Power of Attorney and can be accessed at <http://www.health.wyo.gov/aging/resources/advance.html>.

At the time of admission to the Surgery Center, each patient must sign the Advance Directive Notice acknowledging they have read and understand this policy. Signing the Advance Directive Notice does not invalidate any current Health Care Directive or Health Care Power of Attorney.

If a patient does not agree to this policy, their procedure will be rescheduled at another facility.

Surgery Center patients or patient's representative will be notified in writing prior to date of surgery of Center's policies regarding advance directive. The physician's office scheduling the procedure will be responsible for distributing a copy of this written Advance Directive Policy.

## OWNERSHIP DISCLOSURE

Drs Peter M. Jensen, DO Jared B. Barton, MD, Raoul Joubran, MD, Robert A. Schlidt, MD Jason P. Haack, MD Todd Hammond, MD. L. Clark Romney DMD, and John Iliya, MD directly have financial interests and ownership in the Surgery Center.

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Signature

Date/Time



### **Anesthesia Services**

Anesthesia services are provided by one of the following providers and are billed as a separate service through their respective billing organizations. We will notify you of the anesthesia provider when we contact you during your preoperative phone call. We will also notify you of the provider on the day of your procedure. You will have a chance to speak to the anesthesia provider the day of your procedure prior to being transferred to the procedure room. At this time the anesthesia provider will discuss your health history, the plan for sedation and have you sign consent for anesthesia services.

- **Randy Rice, MD**
- **Jeffrey Fowler, MD**
- **Mark Wilson, CRNA**
- **Gary Griffin, CRNA**
- **Christopher Lincoln CRNA**
- **Jason Jones CRNA**
- **Jeffrey McGee CRNA**
- **Krysta Padilla CRNA**

Each of these providers is board certified in anesthesiology and has been practicing anesthesia for several years. If you have questions or concerns about any of our providers, please feel free to contact the Clinical Director of Sweetwater Surgery Center.

