

The Surgery Center

— OF THE MERRIMACK VALLEY —

ADVANCE DIRECTIVES

If you are 18 years or older you have the right to make decisions about your health care. This includes the right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of health care you may receive in the future if you become unable to express your wishes. You can do this by completing an Advance Directive document.

Examples of Advance Directives include Health Care Proxies and Living Wills. A Health Care Proxy is used to indicate who you wish to make health care decisions on your behalf in the event you become unable to do so. A Living Will is a document which indicates how you wish certain aspects of your health care be provided in the event you were to develop a condition which rendered you unable to communicate, such as terminal illness or severe trauma. Living Wills are commonly used to express wishes about life-sustaining procedures such as ventilation, feeding tubes, or other procedures you wish or may not wish to have. Although Massachusetts does not recognize living wills as binding legal documents, they can still provide useful guidance about certain choices a person would make under the circumstances if they were able to communicate. Advance Directives do not include decision making for mental health issues or treatment.

We respect and uphold your rights under state law to make health care decisions including the right to accept or refuse medical or surgical treatment and the right to formulate Advance Directives. We will not condition the provision of health care or otherwise discriminate against you based on whether or not you have executed an Advance Directive.

We have adopted a policy on Advance Directives. The following requirements are applicable to both Health Care Proxies and Living Wills.

- A Health Care Proxy or a Living Will must be physically produced at the surgery center or available in your medical record in order to be given effect.
- Legible photocopies or electronic facsimile copies of an original Health Care Proxy or Living Will are presumed to be as valid as the original.
- A Health Care Proxy or Living Will that appears to have been voluntarily executed and witnessed in accordance with its terms and applicable requirements of Massachusetts law will be presumed valid.
- In the event of any inconsistency between surgery center policy and Massachusetts law, Massachusetts law will control.

Sample Health Care Proxy and Living Will documents are available at the surgery center. Health Care Proxy forms are also available at the Commonwealth of Massachusetts website www.mass.gov. You are not required to obtain a lawyer to complete these forms. Massachusetts law requires two persons to witness your signature to a Health Care Proxy for it to be valid and binding. If you complete the forms at home, the witnesses (a) must be at least 18 years old, (b) not named as the health care agent/proxy, (c) affirm by signing that you are 18 years old, of sound mind and under no constraint or undue influence to execute the Health Care Proxy.

We hope this information is helpful in answering your questions. Please do not hesitate to call us with any additional questions at **844-484-4258**.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that is not in your health plan’s network.

“Out-of-network” describes providers and facilities that have not signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you cannot control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You **cannot** be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **cannot** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **cannot** balance bill you, unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan’s network.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

You may have additional rights under Massachusetts state law. See below for where to find more information.

When balance billing is not allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you have been wrongly billed, you may contact Shields Health Care at 877-712-3075.

Visit <https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059 for more information about your rights under federal law.

Visit <https://www.mass.gov/how-to/file-a-health-care-complaint> for more information about your rights under Massachusetts law.



Chelmsford Surgery Center, LLC doing business as The Surgery Center of the Merrimack Valley is a multispecialty ambulatory surgery center (ASC) located at:

10 Research Place, Suite 101, North Chelmsford, MA 01863

The Surgery Center of the Merrimack Valley provides same day, outpatient surgery services to members of the community, as well as, those within Merrimack Valley, Middlesex County, Massachusetts and beyond.

The Surgery Center of the Merrimack Valley is a joint venture between:

Lowell General Hospital

295 Varnum Avenue
Lowell, MA 01854

Shields ASC, LLC

700 Congress Street, Suite 204
Quincy, MA 02169

Individual Physician Investors Include:

Steven Alter, MD
Samuel Gerber, MD
Howard Wu, MD
Scott Sigmund, MD
Timothy Downs, DPM
Christopher Baker, MD
Elisabeth Gennis, MD
Kevin Malone, MD
Jeremy Moses, MD
Kevin Tomany, MD
Henry Ty, MD

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.

This Notice is being provided to you because federal law gives you the right to be informed about the following concerning your medical information, also referred to as “protected health information” or “health information”:

1. How we will handle your protected health information
2. Our legal obligations with respect to your protected health information
3. Your rights with regard to your protected health information

Uses and Disclosures for Treatment, Payment and Health Care Operations

We will generally only disclose medical information about you for purposes of treatment, payment or health care operations. Examples of these types of disclosures include, but are not limited to, the following:

- Disclosure of medical information for treatment purposes occurs when disclosing medical information by sending the results of any diagnostic test to the physician who ordered the test
- Disclosure of medical information for payment purposes occurs when we submit medical records and bills concerning your treatment to an insurer for payment
- Disclosure for healthcare operations purposes occurs when we perform activities such as quality assessment, quality improvement, training programs, credentialing, and clinical guidelines development

Patient Contact

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

Permitted Communications with Family Members.

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency. We may also use or share your health information to notify a family member or other person thought to be responsible for you of your location, your general medical condition or death.

Other Permitted Uses and Disclosures of Protected Health Information.

We may use and/or share your protected health information with others for the following purposes without your specific permission as permitted by law:

- a. As required by state and federal laws and regulations
- b. Public health activities including required reports to public health and child protection authorities and to agencies such as cancer registries
- c. Health oversight activities
- d. Legal and administrative proceedings
- e. Law enforcement purposes under specific conditions
- f. To avert a serious threat to health or safety.
- g. As authorized by applicable workers compensation laws.

- h. Permissible public health, health care operations and research purposes involving limited identifiable orde-identified information.

Uses and Disclosures that Require Your Written Authorization.

If we desire or are requested to use or disclose your protected health information for other than the purposes listed above, we must first obtain your written permission. If you provide written permission for the use or disclosure of your protected health information, you may revoke such consent at any time in writing or, in certain cases verbally, except to the extent that providers have already acted upon your previously provided consent.

Your Health Information Rights

The health and billing records we maintain are the physical property of the affiliated surgery center that rendered medical treatment to you. You have the following rights with respect to your protected health information:

- a. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office/facility—we are not required to grant the request but we will comply with any request granted
- b. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our facility
- c. Right to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our facility or by using the form we provide to you upon request
- d. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our facility or by using the form we provide to you upon request. (Please note that we not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information
- e. Right to receive an accounting of disclosures of your health information made in the six years prior to the date on which the accounting is requested as required to be maintained by law by delivering a written request to our facility or by using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request or disclosures made to family members or friends in the course of providing care
- f. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office/hospital using the form we give you upon request

If you want to exercise any of the above rights please contact the surgery center in person or in writing, during normal hours. We will provide you with assistance on the steps to take to exercise your rights.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

Our Responsibilities

We are required to:

- Maintain the privacy of your health information as required by law
- Provide you with notice as to our duties and privacy practices as to the information we collect and

maintain about you

- Comply with the terms of this Notice
- Request that you sign an acknowledgement that you have received this notice
- Notify you if we cannot accommodate a requested restriction or request
- Accommodate your reasonable requests regarding methods to communicate health information with you
- Accommodate your request for an accounting of disclosures

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain without notification. If our information practices change we will amend this Notice. You are entitled to receive a revised copy of this Notice by calling and requesting a copy or by visiting the surgery center and picking up a copy. We will post a copy of the current notice in our affiliated providers admitting areas and on our website.

To Request Information or File a Complaint

If you have questions, would like additional information or want to report a problem regarding the handling of your information you may contact the surgery center in person or in writing. If you believe your privacy rights have been violated, you may file a written complaint by delivery to the surgery center Administrator. You may also file a complaint by mailing it to:

U.S. Department of Health and Human Services
Regional Manager
JFK Federal Building –Room 1875
Boston, MA 02203
Telephone: 617-565-1340

We will take no retaliatory action against you if you file a complaint about our privacy practices. We cannot, and will not require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from the surgery center or our affiliated providers.

NOTICE of PATIENT RIGHTS

Patient Rights

This medical facility is dedicated to providing the highest quality medical care in a manner that respects your rights.

Under Massachusetts law, your rights include the following:

- A. Freedom of choice in the selection of a facility, a physician or a health service mode except in the case of emergency medical treatment or as otherwise provided for by contract provided the physician, facility or health service mode is able to accommodate the patient exercising such right of choice
- B. Upon request, to obtain from the facility in charge of his/her care the name and specialty, if any, of the physician or other person responsible for his/her care or the coordination of his/her care
- C. Confidentiality of all records and communications to the extent provided by law
- D. To have all reasonable requests responded to promptly and adequately within the capacity of the facility
- E. Upon request, to obtain an explanation as to the relationship, if any, of the facility to any other health care facility or educational institution insofar as said relationship relates to his/her care or treatment
- F. To obtain from a person designated by the facility a copy of any rules or regulations of the facility which apply to his/her conduct as a patient
- G. Upon request, to receive from a person designated by the facility any information which the facility has available relative to financial assistance and free health care
- H. Upon request, to inspect his/her medical records and to receive a copy thereof, and the fee for said copy shall be determined according to applicable law except that no fee shall be charged to any applicant, beneficiary or individual representing said applicant or beneficiary for furnishing a medical record if the record is requested for the purpose of supporting a claim or appeal under any provision of the Social Security Act or federal or state financial needs-based benefit program, and the facility shall furnish the medical record requested pursuant to a claim or appeal under any provision of the Social Security Act or any federal or state financial needs-based benefit program within 30 days of the request; provided, however, that any person for whom no fee shall be charged shall present reasonable documentation at the time of such records request that the purpose of said request is to support a claim or appeal under any provision of the Social Security Act or any federal or state financial needs-based benefit program. With respect to any requests for medical records, please note that the facility retains images resulting from procedures performed at the facility for five years after the date of service. The facility retains all medical records, other than images, for a period of 20 years after the date of service
- I. To refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing access to psychiatric, psychological, or other medical care or attention
- J. To refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic
- K. To privacy during medical treatment or other rendering of care within the capacity of the facility
- L. To prompt lifesaving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment unless such delay can be imposed without material risk to his/her health, and this right shall also extend to those persons not already patients or residents of a facility if said facility has a certified emergency care unit
- M. To informed consent to the extent provided by law
- N. Upon request, to receive a copy of an itemized bill or other statement of charges submitted to any third party by the facility for care of the patient, the right to examine any explanation of said bill including third party credits, regardless of the source of payment, and to have a copy of said itemized bill or statement sent to the attending physician of the patient
- O. If refused treatment because of economic status or the lack of a source of payment, the right to prompt and safe transfer to a facility which agrees to receive and treat such patient. Any facility refusing to treat such patient shall be responsible for contacting a facility willing to treat such patient, arranging the transportation, accompanying the patient with necessary and appropriate professional staff to assist in the safety and comfort to the transfer, assuring the receiving facility assumes the necessary care promptly, providing pertinent medical information about the patient's condition and maintaining records of the foregoing
- P. Upon request, to obtain an explanation as to the relationship, if any, of the physician to any other health care facility or educational institutions insofar as said relationship relates to his/her care or treatment, and such explanation shall include said physician's ownership or financial interest, if any, in the facility insofar as said ownership relates to the care or treatment of said patient or resident.

Under Centers for Medicare and Medicaid Services (CMS) regulations, you are given the opportunity to exercise the following additional rights:

- A. To be free from any act of discrimination or reprisal
- B. To voice grievances regarding treatment or care that is or fails to be provided
- C. To be fully informed about a treatment or procedure with the expected outcome before it is performed
- D. To receive care in a safe setting
- E. To be free from all forms of abuse or harassment

If you have a concern regarding your patient rights, you may contact any or all of the following:

The Surgery Center of the Merrimack Valley
10 Research Place, Suite 101
Chelmsford, MA 01863
844-484-4258

Massachusetts Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
Tel: 781-876-8200

Massachusetts Department of Public Health
Division of Health Care Quality
99 Chauncy St.
Boston, MA 02111
Tel: 617-753-8000

Office of the Medicare Beneficiary Ombudsman
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Patient Responsibilities

In order for the facility to provide you with the best care and treatment possible, your responsibilities as a patient include the following:

- A. To provide complete and accurate information regarding your identity, medical history, hospitalizations, medications, and other relevant information
- B. To pay close attention to the care you are receiving and to let the person(s) involved in your care know if you have any problems or concerns
- C. To be considerate and respectful of other patients and the facility's staff
- D. To cooperate with the facility to ensure that financial obligations related to your care are met
- E. To know your health insurance coverage and related policies concerning required pre-approvals, co-pays, covered services, hospitals, physicians and providers covered by your insurance plan
- F. To follow the treatment plan recommended by the primary provider involved in your care
- G. To be responsible for your actions if you refuse treatment, leave the facility against the advice of your provider and/or do not follow your provider's instructions relating to your care
- H. To ask questions if you do not clearly understand the information regarding your procedure and recovery
- I. To arrange for an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hour after surgery
- J. To provide copies of any Health Care Proxy or other Advanced Directive that you would like followed to the surgery center.
- K. To observe surgery center policies, rules and regulations including rules on visitors, noise control and smoking. All are expected to be respectful of other patients, visitors, staff, and property

Nondiscrimination and Accessibility Notice

The Surgery Center of the Merrimack Valley (the Center) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Center provides at no additional cost:

- Assistive devices and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats.
- Language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need any of the above services please call us at 844-484-4258. If you believe the Center has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Division
Office of the Attorney General
One Ashburton Place
Boston, MA 02108
Phone: (617) 727-8400
TTY: (617) 727-4765

You can file a grievance in person or by mail, fax, or email. If you need assistance filing a grievance, the Civil Rights Division of the Office of the Attorney General is available to assist you. You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights:

- Electronically through the Office for Civil Rights Complaint Portal available at:
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- By Mail or Phone:
 - U.S. Department of Health and Human Services
 - 200 Independence Avenue
 - SW Room 509F, HHH Building
 - Washington, D.C. 20201
 - Phone: 800-368-1019
 - TTD: 800-537-7697
- Complaint forms are available at:
<https://www.hhs.gov/ocr/complaints/index.html>