



## Patient Quick Start Guide Laser/Surgical Procedure

HOW TO COMPLETE YOUR HEALTH HISTORY WITH BRIGHTON SURGERY CENTER & OUR ELECTRONIC MEDICAL RECORD SYSTEM.

You will receive a message on your CELL phone and/or you will receive E-MAIL with a link to our electronic medical record system to complete your health history.

**If you still have a landline phone OR have not received the link/website,** a Health History Nurse will contact you by phone prior to surgery.

Once completed, if you have questions or if your health history has changed, please call at 585-295-9320

## **WELCOME TO THE BRIGHTON DIFFERENCE**

**Brighton Surgery Center** is a privately-owned and operated, “Freestanding Ambulatory Surgery Center”.

We are dedicated to providing quality medical care while making you comfortable in a pleasant and friendly environment. We are here to answer any of your questions.

Our physicians, anesthesiologists, and employees focus on our patients. This has allowed us to provide some of the highest quality of care in Rochester.

**Brighton Surgery Center** is a multi-specialty, New York State Licensed and AAAHC Accredited Ambulatory Surgery Center. Our 20,000-square-foot facility was designed explicitly for outpatient surgical procedures.

We provide a wide-range of services for our patients. Some of the specialties we serve are Ophthalmology, Podiatry, Urology, and Pain Management.

**For Your Convenience and Comfort** • Free parking next to the building

- Handicapped and wheelchair accessibility
- Covered portico for easy drop-off and pick-up
- Six state of the art operating rooms with full anesthesia capabilities
- Waiting room with free coffee, a wireless internet, vending machine and satellite television

**SMOKING IS PROHIBITED THROUGHOUT OUR FACILITY**

## WHAT TO DO TO PREPARE FOR YOUR PROCEDURE

- Complete your medical history online, you will receive a link 3 weeks prior to surgery.**

You may have received a text or e-mail with a link that will connect you to the SIS complete Electronic Medical Record health history portal for completion, please go ahead and complete.

OR

If you have not received the information, please call us at 585-295-9320.

- Arrange Transportation**

Your eye may be dilated for your procedure. If you feel this may affect your driving, ability please arrange for transportation.

- Confirming your procedure**

Brighton Surgery Center will call you in the afternoon the day before your surgery to confirm the time of your surgery. If you haven't received a call from us by 3:00 p.m. on the day prior to your scheduled procedure, please call us between 3:00 p.m. – 5:00 p.m., at (585) 295-8500 and ask to speak with a pre-op nurse.

- Unexpected Illness**

If you are ill on the day before your procedure, please call your surgeon. If you are ill the morning of surgery, call us directly at (585) 295-8500 and ask for a pre-op nurse.

## WHAT TO DO ON THE DAY OF SURGERY

*Please follow all pre-procedure instructions; otherwise your procedure could be DELAYED AND/OR CANCELLED*

- You may continue your normal diet prior and after surgery

### DO NOT WEAR MAKE-UP

- Please arrive promptly at your scheduled time.
  - Bring your photo ID and insurance card along with any copayment and deductibles due at time of service.
  - Brighton Surgery Center is not responsible for lost valuables.
- **IF YOU HAVE A COPY OF YOUR HEALTHCARE PROXY AND POWER OF ATTORNEY, PLEASE BRING THE DAY OF SURGERY.**

### **A Note to Friends and Family:**

As your family member waits during your surgery or procedure, they will enjoy a waiting room with televisions, a food vending machine, free coffee and tea, and free wireless Internet.

Please do not bring along siblings, or additional children, as the child having surgery will need all of your attention.

## **The Brighton Difference Our focus is on our patients; that is the Brighton difference**

### **FINANCIAL ARRANGEMENTS**

The Brighton Surgery Center fee will vary according to your insurance policy and the type of procedure performed. Please contact your insurance company to determine if we are a participating provider and what your coverage will be. We will submit all insurance claim forms for covered procedures. Please be sure to bring your insurance cards and picture ID the day of your surgery.

You are responsible for all non-covered services. Co-payment/coinsurance is due prior to your procedure along with any other non-covered items.

Online bill pay is available for your convenience, by visiting our website at [www.brightonsurgery.com](http://www.brightonsurgery.com), click **PATIENT INFO TAB** and select **PAY MY BILL**.

You may receive three separate bills:

- Brighton Surgery Center
- Surgeon
- Anesthesiologist

Our Anesthesia provider is Westside Anesthesia of Rochester (aka: WAAR). Please contact them directly for your potential cost of anesthesia services. **1-800-495-9889**.

If you need extended payment terms for your procedure, you can apply for a health services credit card through:

Care Credit: 1-800-365-8295 or visit <https://carecredit.com>

*Please call our billing office at (585) 295-8500, extension 104 if you have any questions.  
Our billing office hours are from 7:30 a.m. to 4 p.m., Monday through Friday*

## **SUMMARY OF ADVANCE CARE DIRECTIVES POLICY**

The federal Patient Self-Determination Act gives people the right to accept or refuse treatment. Advanced Care Directives are defined as instructions a person gives to family and healthcare providers to communicate such decisions. They provide direction regarding future medical care. They are used when an individual becomes unable to make decisions. They can also be used when the person can't communicate decisions personally. Advanced Directives can be written or verbal.

**ADVANCED CARE DIRECTIVES** may include the following:

1. Living Will
2. Health Care Power of Attorney
3. Advance Health Care Directive (such as New York's Health Care Proxy)

In accordance with New York State law and Medicare's Condition of Coverage, the Brighton Surgery Center must provide the patient or the patient's representative, as appropriate, the following information in writing, prior to the start of the surgical procedure:

1. Deciding about Health Care – A guide For Patients and Families (From DOH) <http://www.health.ny.gov/publications/1503.pdf>
2. Appointing your Health Care Agent – New York State's Proxy Law (From DOH) <http://www.health.state.us/nysdoh/hospital/healthcareproxy/1430.pdf>
3. A summary of the Facility's Policy regarding the implementation of the Advance Directives

Therefore, the above information will be provided to the patient or their representative at the time of booking of the procedure /case. In addition, BSC staff will inquire if the patient has any advance directives, such as the New York State Proxy. If the patient has executed or wishes to execute a Health Care Proxy, a copy of such form will be obtained and prominently displayed in the patient's record. If the patient indicates that there are other type of advanced directives, such as a Do Not Resuscitate (DNR) Order, the Charge Nurse, Clinical Manager, Chief Operating Officer or Medical Director will meet with the patient and/or his agent to discuss the scope of the DNR Order. As a result of this review, the status of the DNR Order during the perioperative period should be affirmed, clarified, or modified based on the preferences of the patient. Any clarifications or modifications will be documented in the medical chart by the anesthesiologist.

Prior to surgery, if a patient/health care agent does not agree to suspend the DNR order during the surgery, a physician who objects must promptly inform the person who consented to the DNR Order of his or her objection. The physician must take all reasonable efforts to arrange to transfer the patient to another facility.

# STATEMENT OF PATIENTS RIGHTS & RESPONSIBILITIES

## Patient Rights

As a patient at Brighton Surgery Center, LLC (“BSC”), you have the right, consistent with law to:

### Information

- Understand and use these rights. If for any reason you do not understand these rights or you need help, BSC will provide assistance, including an interpreter.
- Be informed of the services available at BSC.
- Be informed of the provisions for off-hour emergency coverage.
- Be informed of the name and position of the doctor who will be in charge of your care at BSC.
- Be informed of any financial interest or ownership your physician may have in the ASC.
- Know the names, positions and functions of any BSC staff involved in your care and refuse their treatment, examination or observation.
- Receive complete and current information, to the degree known, concerning your diagnosis, evaluation, treatment and prognosis in terms you can be reasonably expected to understand. When it is medically inadvisable to give such information to you, the information will be provided to a person designated by you or to a legally authorized person. (patient surrogate)
- Receive all the information that is necessary to give informed consent for any proposed procedure or treatment. This information shall include at a minimum, information concerning the specific procedure or treatment or both the reasonably foreseeable risks involved and any alternatives for care or treatment.
- Receive verbal and written discharge instructions, including contact information which you may use if you have any complications or questions after discharge.
- Receive information regarding BSC’s process for provider credentialing.
- List of owners: Allan Robbins, M.D., Andrew Goodfriend, M.D., Brian Connolly, M.D., Bryant Shin, M.D., Donald Tingley, M.D., Edward F.Hall, M.D., Gary Markowitz, M.D., Gregory Zazulak, M.D., Joseph Armenia, M.D., Kenneth Lindahl, M.D., Mark Jacobson, M.D., Matthew Witmer, M.D., Philip Sheils, M.D., Richard Seeger, M.D., Sean P. Mogan, M.D., Steven J. Rose, M.D., William Cosman, M.D.

### Treatment

- Participate in decisions regarding your care, unless such participation is contraindicated for medical reasons.
- Receive treatment without regard to your race, age, marital status, color, religion, sex, national origin or sponsor, disability, sexual orientation or source of payment.
- Receive care in a clean and safe environment free of unnecessary restraints.
- Be treated with consideration, respect and dignity, including privacy in treatment.
- Receive emergency care if you need it.
- Change your provider if another qualified provider is available.
- A no-smoking room.
- Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of your action.
- Refuse to participate in experimental research. In deciding whether or not to participate, you have the right to a full explanation of the proposed research.
- Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available upon request.

## Medical Records

- Privacy and confidentiality of all information and records regarding your care.
- Approve or refuse the release or disclosure of the contents of your medical record to any health care practitioner and/or health care facility except as required by law or third-party payment contract.
- Review your medical record without charge subject to the provisions of Section 18 of the New York Public Health Law. A reasonable fee will be charged for copies of your medical record. You cannot be denied a copy solely because you cannot afford to pay.
- If you are denied access to your medical records, you shall be informed, in writing, of the reasons for denial and your right to obtain a review of the denial by the New York State Department of Health.

## Billing

- Receive an itemized bill and explanation of all charges upon request.
- Be informed of the charges for services, payment policies, eligibility for third-party reimbursements and, when applicable, the availability of reduced cost care.

## Advance Directives

- Receive the following material regarding advance directives:
- The Department of Health's publication entitled "A Guide for Parents and Families," which summarizes the rights, duties and requirements related to Orders Not to Resuscitate and Health Care Agents and Proxies;
- The Department of Health's publication entitled "Appointing Your Health Care Agent—New York State's Proxy Law," containing a sample health care proxy form; and
- A summary of BSC's policy regarding the implementation of these rights.
- Formulate an advance directive.

## Make Complaints

- Voice grievances and recommend changes in policies and services to BSC's staff, the operator and the New York State Department of Health without fear of reprisal.
- Express complaints about the care and services you are provided and to have BSC investigate such complaints. Upon your request, BSC will provide you or your designee with a written response within thirty (30) days indicating the findings of the investigation. Such complaints should be made to the nurse or doctor caring for you and, if you remain dissatisfied, to the Administrator or Nursing Manager. If you are not satisfied with BSC's response, you may complain to either the New York State Department of Health at:

**Brighton Surgery Center** – COO - 585-295-8500

**New York State Department of Health**

Centralized Hospital Intake Program Mailstop: CA/DCS

Empire State Plaza Albany, NY 12237

1-800-804-5447

**or The Office of the Medicare Ombudsman**

<http://www.cms.gov/Center/Special-Topic/Ombudsman-Center>

Questions or Comments: [hospinfo@health.state.ny.us](mailto:hospinfo@health.state.ny.us)

**or AAAHC – 1-847-853-6060**

If you have any questions about your rights, please speak with a staff member, especially the doctor or nurse caring for you.



## Patient Responsibilities

At BSC, we believe patients and families are partners in ensuring that the best possible care is provided in a healthy and safe environment. We count on you to participate in your care in the following ways:

- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities
- Provide upon admission a copy of any advance directives that you may have including any power of attorney or health care proxy.
- Report any changes in your condition to your nurse or doctor.
- Inform your nurse or doctor if you do not clearly understand the proposed plan of care and what is expected of you. Follow the treatment plan prescribed by his/her provider and participate in his/her care. This may include following the instructions of nurses and other health care staff who are involved in your care.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
- Accept personal financial responsibility for any charges not covered by his/her insurance.

**Note: CMS limits what an ASC may charge its patients for the facility fee. An ASC may charge its patients the coinsurance, and deductible, if applicable. For Medicare - certified facilities, the responsibility of the patient outlined in 1.M.4 is therefore limited to any applicable deductible and coinsurance**

- Keep appointments. When you are unable to keep an appointment for any reason, notify BSC in advance.
- Provide accurate insurance information and promptly pay all balances not covered by your insurance or other third party payers.
- Behave respectfully toward healthcare professionals, staff patients and visitors.
- Be considerate of the rights of other patients and the BSC staff by assisting with the control of noise and limiting the number of visitors to the facility.
- Be respectful of other patients' rights to privacy.
- Be respectful of the property of other persons and of BSC.

For your information the following items and behaviors are prohibited at BSC:

- Alcoholic Beverages
- Disruptive or Violent Behavior
- Smoking
- Illegal drugs
- Weapons

If patients are unable to maintain safe and respectful behavior, their activities may be restricted. In extreme situations, BSC may terminate their treatment and offer an alternative plan for care.

# Brighton Surgery Center, LLC

## PRIVACY NOTICE

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 Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Privacy Notice describes how Brighton Surgery Center (the "Facility" or "We") may use and disclose your protected health information ("PHI") to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights with respect to your PHI. Your "PHI" means any written and verbal health information about you, including demographic data, that can be used to identify you, and includes health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

### I. Uses and Disclosures of PHI

We may use your PHI for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your PHI may be used or disclosed only for these purposes unless the Facility has obtained your authorization or unless the use or disclosure without an authorization is otherwise permitted by HIPAA or state law.

A. Treatment. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, We may disclose your PHI to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose PHI to physicians who may be treating you or consulting with the Facility with respect to your care. In some cases, We may also disclose your PHI to an outside treatment provider for purposes of the treatment activities of the other provider.

B. Payment. Your PHI will be used, as needed, to obtain payment for the services that We provide. This may include certain communications to your health insurance company to get approval for the procedure that We have scheduled. For example, We may need to disclose information to your health insurance company to get prior approval for the surgery. We may also disclose PHI to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for the services We provide to you, We may also need to disclose your PHI to your health insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose your PHI to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to anesthesia care providers for payment of their services.

C. Operations. We may use or disclose your PHI, as necessary, for the Facility's own health care operations. Health care operations include such activities as: quality assessment and improvement activities, employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities.

D. Other Uses and Disclosures. As part of treatment, payment and health care operations, We may also use or disclose your PHI for the following purposes: to remind you of your surgery date, to inform you of potential treatment alternatives or options, or to inform you of health-related benefits or services that may be of interest to you.

### II. Uses and Disclosures Permitted Without Authorization

HIPAA allows the Facility to use or disclose your PHI without your authorization for a number of reasons including the following:

A. When Legally Required. We will disclose your PHI when We are required to do so by any federal, state or local law.

B. When There are Risks to Public Health. We may disclose your PHI for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as birth or death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To collect or report adverse events and product defects, track FDA regulated products; enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

C. To Report Suspected Abuse, Neglect or Domestic Violence. We may notify government authorities if We believe that you are the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when you agree to the disclosure.

D. To Conduct Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities including: audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your PHI under this authority if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

E. Judicial and Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, We may disclose your PHI in response to a subpoena to the extent authorized by state law if We receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

F. For Law Enforcement Purposes. We may disclose your PHI to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if We have a suspicion that your health condition was the result of criminal conduct.
- In an emergency to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation. We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

H. For Research Purposes. We may use or disclose your PHI for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your PHI.

I. In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if We believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public.

J. For Specified Government Functions. In certain circumstances, federal regulations authorize the Facility to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

K. For Worker's Compensation. The Facility may release your PHI to comply with worker's compensation laws or similar programs.

III. Uses and Disclosures Permitted without Authorization/ Opportunity to Object

We may disclose your PHI to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures, or We can infer from the circumstances that you do not object, or We determine, in circumstances where you are not present or cannot object because of your lack of capacity or an emergency, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, We may disclose your PHI as described.

IV. Uses and Disclosures which you Authorize

Uses and/or disclosures of your psychotherapy notes (if applicable) that do not fall within an exception, use of your PHI for marketing purposes, disclosures resulting from the sale of your PHI, and any other use and or disclosure not described above will be made only with your written authorization. You may revoke your authorization in writing at any time, except to the extent that we have taken action in reliance on the authorization.

V. Your Rights

You have the following rights regarding your PHI:

A. The right to inspect and copy your PHI. You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your surgeon and the Facility use for making decisions about you.

Under HIPAA, however, you may not inspect or copy certain records. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

To inspect and copy your PHI, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your PHI, We may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

Please contact our Privacy Officer if you have questions about access to your PHI.

B. The right to request a restriction on uses and disclosures of your PHI. You may ask us not to use or disclose certain parts of your PHI. Your request must state the specific restriction requested and to whom you want the restriction to apply. The Facility is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the Facility does agree to the requested restriction, We may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. The Facility must agree to a request to restrict disclosure of your PHI to a health plan if: disclosure is for the purpose of carrying out payment or health care operations and is not required by law, and the PHI pertains solely to a health care item or service for which you or someone else has paid the Facility in full. Under certain circumstances, We may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

C. The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that We communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to the Privacy Officer.

D. The right to request amendments to your PHI. You may request an amendment of your PHI as long as We maintain the information. In certain cases, We may deny your request. If We deny your request, you have the right to file a statement of disagreement with us and We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

E. The right to receive an accounting. You have the right to request an accounting of certain disclosures of your PHI made by the Facility. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. The request for an accounting must be made in writing to the Privacy Officer. The request should specify the time period sought for the accounting. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. The right to obtain a paper copy of this notice. Upon request, We will provide a separate paper copy of this Notice even if you have already received a copy of the Notice or have agreed to accept this Notice electronically.

G. The right to notice of a breach. You have the right to be notified following a breach of your unsecured PHI if so required by law.

VI. Our Duties

The Facility is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all of your PHI that we maintain.

VII. Complaints

You have the right to express complaints to the Facility and to the Secretary of Health and Human Services, Office of Civil Rights if you believe that your privacy rights have been violated. You may contact a regional office of the Office of Civil Rights, which can be found at [www.hhs.gov/ocr/office/about/rgn-hqaddress.html](http://www.hhs.gov/ocr/office/about/rgn-hqaddress.html). You may complain to the Facility by contacting the Facility's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your PHI. You will not be retaliated against in any way for filing a complaint.

VIII. Contact Person

The Facility's contact person for all issues regarding your PHI and your rights under HIPAA is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by this Facility, you may submit a complaint to the Privacy Officer by sending it to:

Brighton Surgery Center,  
LLC 980 Westfall Road  
Rochester, New York  
14618 ATTN: Privacy  
Officer

The Privacy Officer can be contacted by telephone at 585-295-

8500 IX Organized Health Care Arrangement

The Facility includes physicians and other providers who provide health care services to you but are legally independent from the Facility. Although these providers are independent, as you would expect they cooperate to provide an integrated system of care to you. This type of clinically integrated setting in which you receive health care from more than one health care provider is called an organized health care arrangement ("OHCA") under HIPAA. The Facility may share your PHI with participants in the OHCA for treatment, payment and health care operations. Those participating in the OHCA include, but are not limited to, certified nurse anesthetists, anesthesiologists, and physicians assistants. This Notice is provided as a joint notice made by each of them. Each of them will abide by the terms of this Notice. However, some of the participants in the OHCA may instead provide you with their own privacy notice. If that occurs, they are still part of the OHCA, but will abide by the terms of their own privacy notice.

X. Effective Date

This Notice is effective August 1, 2013.

# Directions/Contact Us



**Brighton Surgery Center**  
**980 Westfall Road, Suite 300**  
**Rochester, NY 14618**  
**(585)295-8500**  
**(585)295-9300 - FAX**  
**Hours 6:30 a.m.-5 p.m.**

