

# ADVANCED CENTER for SPECIAL SURGERY, LLC

6 Chestnut Ridge Road, Montvale, New Jersey 07645

Tel: 201-391-4700

Fax: 201-391-4701

---

## State of New Jersey Patient Rights

As a patient of this Center, you have the following rights (under state law and regulations):

### MEDICAL CARE

- To receive the care and health services that the center is required by law to provide.
- To exercise your rights without being subject discrimination or reprisal
- To have the right to personal privacy and to receive care in a safe setting
- To receive an understandable explanation from you physician of your complete medical condition, recommended treatment, expected results, risks involved and reasonable medical alternative. If your physician believes that some of this information would be detrimental to your health or beyond your ability to understand, the explanation must be given to your next of kin.
- To give informed written consent prior to the start of specified, non-emergency medical procedures or treatments.
- Your physician should explain to you, in words you understand, specific details about the recommended procedure or treatment, any risks involved, time required for recovery, and any reasonable medical alternatives.
- To refuse medication and treatment after possible consequences of this decision have been explained clearly to you, unless the situation is life-threatening or the procedure is required by law.
- To be included in experimental research only if you give informed, written consent. You have the right to refuse to participate.
- To expect and receive appropriate assessment, management and treatment of pain as an integral component of your care.

### COMMUNICATION AND INFORMATION

- To be informed of the names and functions of all health care professionals providing you with personal care.
- To receive, as soon as possible, the services of a translator or interpreter if you need one to help you communicate with the Center's health care personnel.
- To be informed of the names and functions of any outside health care and educational institutions involved in your treatment. You may refuse to allow their participation.
- To receive, upon request, the Center's written policies and procedures regarding life-saving methods and the use or withdrawal of life support mechanisms and the use of or information regarding an Advance Directive
- To be advised in writing of the Center's rules regarding the conduct of patients and visitors.
- To receive a summary of your patient rights that includes the name and phone number of the Center staff member to whom you can ask questions or complain about a possible violation of your rights.

### MEDICAL RECORDS

- To have prompt access to the information in your medical record. If your physician feels that this access is detrimental to your health, your next of kin or guardian has the right to see your record.
- To obtain a copy of your medical record, at a reasonable fee, within 30 days after a written request to the Center.
- To expect that your medical record will be held in strict confidentiality and released only with your permission as per State and Federal laws.

### COST OF AMBULATORY SURGICAL CENTER CARE

- To receive a copy of the Center's payment rates. If you request an itemized bill, the Center must provide one and explain any questions you may have. You have the right to appeal any charges.
- To be informed by the Center if part of or your entire bill will not be covered by insurance. The Center is required to help you obtain any public assistance and private health care benefits to which you may be entitled.
- To be notified if your physician has a financial interest in the Center.

### **DISCHARGE PLANNING**

- To receive information and assistance from you attending physician and other health care providers if you need to arrange for continuing health care after your discharge from the Center.

### **TRANSFERS**

- To be transferred to another facility only when you or your family has made the request or in instances where the Center is unable to provide you with the care you need.
- To receive an advanced explanation from a physician of the reasons for your transfer and possible alternatives.

### **PERSONAL NEEDS**

- To be treated with courtesy, consideration, and respect for your dignity and individuality.
- To have access to storage space for private use. The Center must also have a system to safeguard your personal property.

### **FREEDOM FROM ABUSE AND RESTRAINTS**

- To be free from physical and mental abuse.
- To be free from restraints, unless they are authorized by a physician for a limited period of time to protect the safety of you or others.

### **PRIVACY AND CONFIDENTIALITY**

- To have physical privacy during medical treatment and personal hygiene functions, unless you need assistance.
- To confidential treatment of information about you. Information in your records will not be released to anyone outside the Center without your approval, unless it is required by law.

### **LEGAL RIGHTS**

- To treatment and medical services without discrimination based on age, religion, national origin, sex, sexual preference, handicap, or diagnosis.
- To exercise all your constitutional, civil, and legal rights.

### **PATIENT RESPONSIBILITIES**

As a patient of the Advanced Center for Special Surgery, you are responsible for:

1. Providing physicians and Center personnel with accurate information related to your condition and care
2. Following your treatment plans. Patients are responsible for medical consequences which result from refusing treatment or not following instructions of physicians and the Center's personnel.
3. Being considerate of the Center's staff who are committed to excellence in patient care.
4. Supplying accurate insurance information and paying bills promptly so that Montvale Surgical Center can continue to serve you effectively.

### **QUESTIONS AND COMPLAINTS**

You may directly contact

Office of Acute Care Assessment and Survey  
Division of Health Facilities Evaluation and Licensing  
Department of Health and Senior Services  
P. O. Box 367, Trenton, NJ 08625-0358  
Tel: 800-792-9770 or 609-292-9900

or

Office of the Ombudsman for the Institutionalized Elderly  
Division of Elder Advocacy  
Department of Public Advocate  
P. O. Box 852, Trenton, NJ 08625-0852  
Tel: 877-582-6995

Medicare Ombudsman Center Web Site – <http://www.cms.hhs.gov/center/ombudsman.asp>

### **THIS CENTER'S REPRESENTATIVE**

Tina Lamberski, Administrator  
6 Chestnut Ridge Road, Montvale, New Jersey 07645  
Tel: 201-391-4700 Fax: 201-391-4701

## OWNERSHIP

### Advanced Center for Special Surgery

Public Law/Rule of the State of New Jersey/Board of Medical Examiners/ Board of Chiropractic Examiners mandates that a New Jersey physician, inform patients of any significant financial interest held in a health care service or facility. Accordingly, take notice that practitioners in this Center do have a financial interest in the following healthcare service(s) to which patients are referred:

#### Physician Owners and Governing Body:

<i>Member</i>	<i>Address</i>	<i>Phone Number</i>	<i>Member</i>	<i>Address</i>	<i>Phone Number</i>
David Gamburg, MD	305 West Grand Ave., Ste. 500, Montvale, NJ 07645	(201) 391-8282	Michael Kesler, DPM	601 Hamburg TrnPk., Ste. 100, Wayne, NJ 07470	(973) 835-8350
David Saint, DC	305 West Grand Ave., Ste. 500, Montvale, NJ 07645	(201) 391-8282	Tom Grantis, DC	305 West Grand Ave., Ste. 500, Montvale, NJ 07645	(201) 391-8282
Rick Lambert, MD	305 West Grand Ave., Ste. 500, Montvale, NJ 07645	(201) 391-8282	Archer Irby, DC	115 Grand Ave, Englewood, NJ 07631	(201) 567-4729
David Levesque, DPM	124 Third Ave. Westwood, NJ 07675	(201) 722-2929	Michael Golz, DC	719 Franklin Ave. Franklin Lakes, NJ 07417	(201) 891-6100
Brian Shannon, DC	260 Godwin Ave. St 1 Wyckoff, NJ 07481	(201) 891-1155			
Michael Czupack, DC	205 Browerton Rd., Suite 002 West Paterson, NJ 07424	(973) 812-0202	Anthony Scarpello, DC	770 Humboldt St. Secaucus, NJ 07094	(201) 348-8891
James Wolf, DC	601 Hamburg TrnPk. Wayne, NJ 07470	(973) 942-6005			
John Cintineo, DC	19-21 Fairlawn Ave. Fairlawn, NJ 07410	(201) 796-7772			
Michael Cocilovo, DC	20 Squadron Blvd. New City, NY 10956	(845) 634-8877			
William Thimmel, DC	0-99 Plaza Rd. Fairlawn, NJ 07410	(201) 794-6868	Solomon Halioua, MD	289 Market Street Saddle Brook, NJ 07663	(201) 845-6555
Antonio Esposito, DC	175 Washington Ave. Dumont, NJ 07628	(201) 384-3300	Peter Ferraro, DC	224 Midland Ave. Saddle Brook, NJ 07663	(973) 478-2212
Vincent Taffuri, DC	7 College Ave. Nanuet, NY 10945	(845) 624-8605	Robert Luca, DC	305 West Grand Ave., Ste. 500, Montvale, NJ 07645	(201) 391-8282
Joseph Young, DC	7 Newark-Pompton Tpk. Riverdale, NJ 07457	(973) 831-1100	David Abend, DO	550 Kinderkamack Rd. Ste. 203 Oradell, NJ 07649	(201) 599-4100

\*You may of course, seek treatment at a healthcare service provider of your own choice. A Listing of alternative healthcare providers can be found in the classified section of your telephone director under the appropriate heading.

# Advanced Center for Special Surgery, LLC

6 Chestnut Ridge Road, Montvale , NJ 07645  
Tel: 201-391-4700 Fax: 201-391-4701  
Privacy Officer: Tina Lamberski, Administrator

---

## Summary of Our Notice of Privacy Practices

Effective Date: June 1, 2011

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

### **Our pledge regarding health information:**

We understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this healthcare practice, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

### **How we may use and disclose health information about you:**

The following categories describe different ways that we use and disclose health information. By coming for care, you give us the right to use your information for treatment, to get reimbursed for your care, and to operate our organization.

There are also various other ways in which we may use or disclose your information:

- To allow oversight of the quality of the healthcare we provide
- In a medical appeal process with your insurance carrier to obtain payment
- As required by subpoena in lawsuits and disputes
- Various uses as required by law or to avert a serious threat to health or safety

### **Your rights regarding health information about you:**

You have the following rights regarding health information we maintain about you:

- Right to Inspect and Copy
- Right to Amend
- Right to an Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a Paper Copy of this Notice

---

Summary of Our Notice of Privacy Practices

**Changes to this notice:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or healthcare services, we will offer you a copy of the current notice in effect.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Administrator listed above. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Other uses of health information:**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of care that we provided to you.

**Protecting your medical identity:**

Most people are aware of the risk of identity theft related to their financial records, social security number, etc. Medical Identity Theft happens when a person seeks healthcare using someone else's name or insurance information. Victims may find that their benefits have been exhausted or that their medical record has been compromised by the person receiving treatment for illnesses that could be contradictory to their own health history.

Due to these risks, we at the Advanced Center for Special Surgery take precautions to help protect your medical identity. This includes requiring our admissions staff to request that you provide a photo ID (such as current driver's license, passport, visa, etc.) at the time of admission.

In addition, we will obtain and verify complete registration and insurance information. You should also be proactive in guarding and protecting your insurance card information. We encourage you to contact the Federal Trade Commission at 1-877-FTC-HELP (1-877-382-4357) if you become aware of or have concerns about Medical Identity Theft.

**Full notice of privacy practices:**

If you have any questions about this notice, please contact the Privacy Officer. A full notice of our privacy practices is available on request.

# Advanced Center for Special Surgery, LLC

6 Chestnut Ridge Road, Montvale, NJ 07645

Tel: 201-391-4700 Fax 201-391-4701

---

## Advance Directives – Living Wills

New Jersey State and Federal law mandates that all healthcare facilities ask patients whether they have an Advance Directive or Living Will. At Advanced Center for Special Surgery, we have made this a part of the pre-admission process, with review upon admission.

An Advance Directive or Living Will is used by an individual to indicate his/her voluntary, informed choice of accepting, rejecting, or choosing among alternative courses of medical treatment.

An Advance Directive or Living Will is a document which allows you to give written instruction to those caring for you, indicating the type of healthcare you would wish to receive or reject in the event you become unable to express these decisions yourself.

By creating an Advance Directive, you are making your preferences about medical care known before you are faced with a serious injury or illness.

Patients are required to review their Advance Directive wishes with the physician who has scheduled their procedure at Advanced Center for Special Surgery. This should be done prior to the day of the procedure.

If you have prepared an Advance Directive, bring a copy with you to the Center so that it can be placed on your medical record. The Center will insure that your Advance Directive is forwarded in the event that you require additional treatment at another healthcare facility.

### **Advanced Center for Special Surgery does not honor a DNR (Do Not Resuscitate Order).**

---

For your information, there are three different types of Advance Directives:

1. **A Proxy Directive:**

This is a document in which a competent adult names a trusted relative or friend to make healthcare decisions on his/her behalf when he/she is unable to make these decisions.

2. **An Instruction Directive:**

In this document, the person writing it provides written instructions concerning the type of medical treatment he/she wants or does not want performed on him/her and under what circumstances.

3. **A Combined Directive:**

In this document, a competent adult states his/her general wishes regarding the kind of health care he/she wishes to receive and appoints a trusted relative or friend to carry them out.

A brochure containing information regarding Advance Directives and Living Wills is available from the New Jersey State Department of Health & Senior Services, Division of Aging. Copies of this brochure are available from the receptionist at Advanced Center for Special Surgery or through:

The Division of Aging  
101 South Broad Street, CN 807  
Trenton, NJ 08625  
Tel: 800-792-8820

or at the following web address: [www.nj.gov/health/healthfacilities/documents/ltc/advance\\_directives.pdf](http://www.nj.gov/health/healthfacilities/documents/ltc/advance_directives.pdf)