



BOULDER COMMUNITY MUSCULOSKELETAL SURGERY CENTER, LLC  
4740 PEARL PARKWAY, #100, BOULDER, CO 80301

PRE-REGISTRATION/RECEPTION: 303-938-5470  
PRE-SURGERY TESTING: 303-938-5480  
**WWW.BOULDERSURGERYCENTER.COM**

PLEASE GO ONLINE AND COMPLETE YOUR MEDICAL HISTORY (password: BSC303SURG)

**PROCEDURE DATE:** \_\_\_\_\_

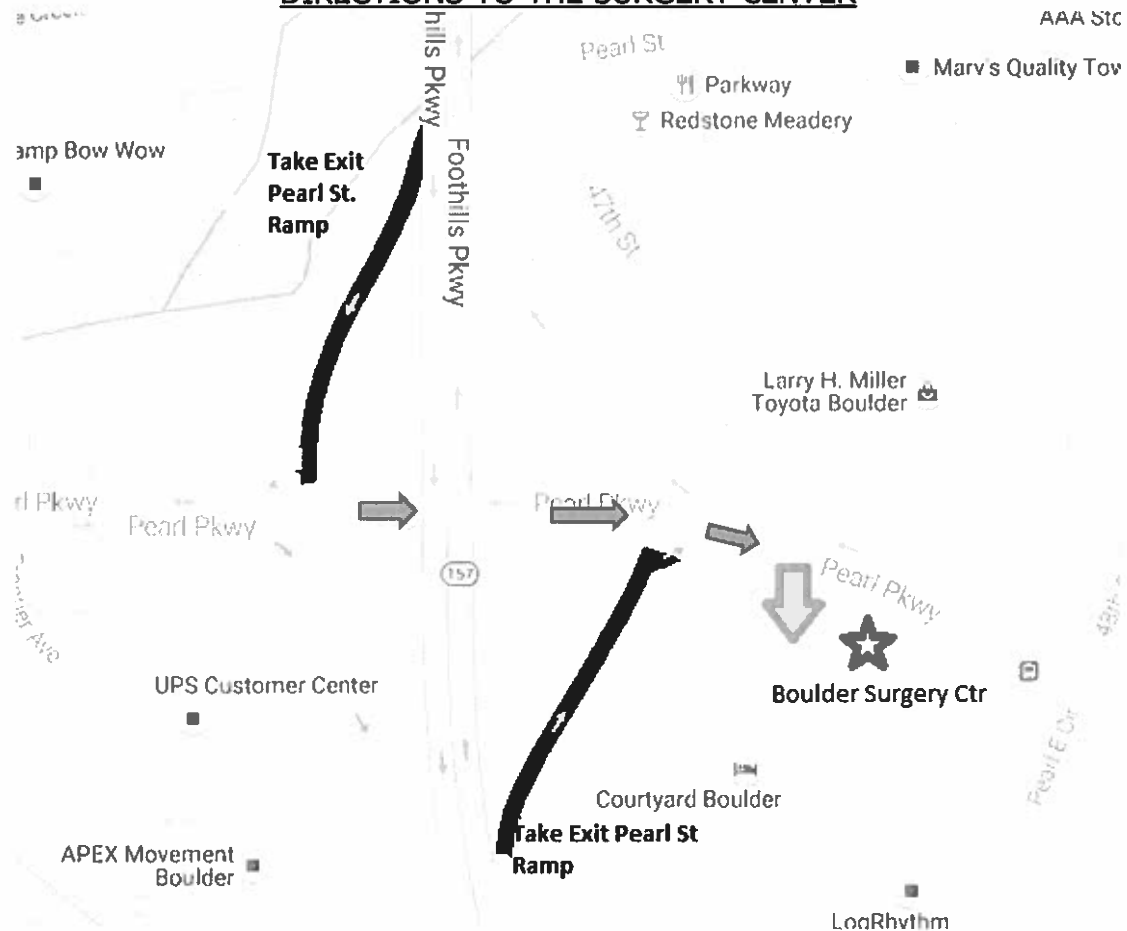
**ARRIVAL TIME\*:** \_\_\_\_\_ AM / PM

Boulder Surgery Center requests that you log onto [www.bouldersurgerycenter.com](http://www.bouldersurgerycenter.com) and elect "Complete Your Medical History" on our home page. A nurse will call you if further review and/or testing is necessary and to provide instructions regarding your surgery. If you have any questions or do not receive a call, please contact the Boulder Surgery Center at **303-938-5470** *\*Please be aware that the actual procedure and arrival time is subject to change.*

***PAYMENT IS EXPECTED AT TIME OF SERVICE***

Please contact the Business Office at 303-938-3290 if you have any questions.

**DIRECTIONS TO THE SURGERY CENTER**





Dear Surgical Guest,

Welcome to Boulder Surgery Center. Important information follows regarding your upcoming surgical or interventional procedure.

- When choosing to have outpatient surgery, many factors are taken into consideration to ensure your safety. We strive to accommodate requested surgical times. However, the surgery time assigned to you at the time of your office visit is not guaranteed. When a time change is necessary our staff will notify you in advance. Your cooperation is required.
- As soon as possible, please visit our website: [www.bouldersurgerycenter.com](http://www.bouldersurgerycenter.com) on the home page select the "**Complete Your Medical History**" tab. You will need a list of your current medications to complete the questionnaire. One of our nurses will contact you and give you further instructions in preparation for your surgery.
- Based on the medial history you provide, additional diagnostic may be ordered: lab tests, X-rays and EKGs. (These tests are not routinely performed on all surgical patients). It is important that you complete these diagnostic tests as quickly as possible.
- Understanding your insurance coverage is your responsibility. **Our policy is to collect 50% of your remaining deductible and/or a co-payment, if applicable, on the date of service. If a payment is required on the date of service you will be informed prior to your procedure by a phone call or payment letter from Boulder Surgery Center. You will have multiple bills for your procedure. There is a facility charge, physician charge and an anesthesia and/or surgical assistant charge if applicable.** You may call us directly at (303)938-5470.
- You will be going home the same day. **Arrange for a responsible adult to drive you home.** If you are using public transportation to return home, you **must** have a responsible adult escort you home. It is **strongly suggested** that someone stay with you until the following day.
- Call your surgeon's office if you develop a cold, sore throat, fever or any other illness that occurs within 48 hours of your surgery.
- **DIETARY RESTRICTIONS:**  
It is very important that you **do not eat or drink anything after midnight** the night before surgery, unless the nurse has provided special eating or drinking instructions. This includes no gum, hard candy, cough drops, coffee, tea or water. If you do not follow these instructions, your procedure may be cancelled or delayed.
- It is important that you bathe or shower using soap on the eve before or morning of surgery. Do not shave hair near or around the surgical area. Do not apply lotions, cosmetics or other alcohol-based products after showering.

**WHAT TO BRING:**

- This Boulder Surgery Center packet.
- Your insurance card and a photo ID
- A form of payment (when applicable): cashier check or credit card



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- A case for contacts, glasses and dentures
- Crutches for knee or foot surgery – to check for proper fit and receive instructions for use
- Any medical devices, slings, braces, walkers that have been provided to you prior to surgery
- Wear loose fitting clothing, easy to cover surgical dressings

#### **WHAT TO LEAVE AT HOME**

- ALL jewelry and valuables. BSC is not responsible for valuables.
- Juvenile children, they will not be permitted into patient care area.
- Do not apply makeup, deodorant, lotion or creams

#### **LABORATORY SITES:**

Boulder Community Health, 4747 Arapahoe Ave., Boulder 303-415-7000

Boulder Medical Center, 2750 Broadway, Boulder - 303-440-3026

Community Medical Center, 1000 W. South Boulder Road, Lafayette - 303-604-5066

#### **Our Mission Statement**

##### **PLAN**

Physician providers will develop a treatment plan of care for surgical or interventional treatment.

##### **PROGRESS**

Talented professionals will assess individual needs, implement the treatment plan, educate patient and family and prepare for safe discharge home.

##### **PURPOSE**

Care is coordinated between members of an interdisciplinary perioperative team with purpose to optimize the patient experience.

Boulder Surgery Center does not discriminate on the basis of race, color, national origin, age, or disability; in admission of, access to, treatment, or employment in, its programs and activities.

To obtain information about Advanced Medical Directives, please see our website at [www.bouldersurgerycenter.com](http://www.bouldersurgerycenter.com) and click on the "Advanced Directive" icon or visit [www.coloradoadvancedirectives.com](http://www.coloradoadvancedirectives.com) or call Colorado Healthcare at 1-800-658-8898.

Revised 01.2017  
Revised 11.2017  
Revised 03.2018  
Revised 09.2018



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## PATIENT RIGHTS AND RESPONSIBILITIES

### PATIENT RIGHTS

#### **Decision Making**

You or your representative(s) have the right to:

- Be informed before care is given or discontinued whenever possible.
- Receive accurate and current information regarding your health status in terms you can understand, allowing you to make informed decisions.
- Participate in planning for your treatment, care and discharge recommendations. A surrogate of your choice may represent you if you cannot make your own decisions according to state law.
- Receive an explanation of proposed procedure or treatment, including risks, serious side effects and treatment alternatives, including request for second opinion or specific treatment.
- Participate in managing your pain effectively.
- Refuse or discontinue a treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- Receive emergency care or transfer to higher level of care (hospital) should this be necessary, providing full explanation of the need based on your medical condition & without needing to wait for authorization and without any financial penalty.
- Have persons of your choice promptly notified of hospital admission.
- Write a Living Will, Medical Power of Attorney, and/or a CPR Directive.
- Accept, refuse or withdraw from clinical research.
- Choose or change your healthcare provider.

#### **Quality of Care**

You have the right to:

- Respectful treatment, which recognizes and maintains your dignity and personal values without discrimination.
- Accurate information about facility where services are received and credentials of health care personnel involved in your care.
- Interpreters and/or special equipment to assist language needs.
- Information about continuing healthcare requirements following discharge, including how to access care after hours.

#### **Confidentiality and Privacy**

You have the right to:

- Personal privacy and care in a safe setting free from abuse, harassment, discrimination or reprisal.
- Personal information being shared only with those who are involved in your care.
- Confidentiality of your medical and billing records.
- Notification of breach of unsecured personal health information.

#### **Grievance Process**

You or your representative has the right to:

- Fair, fast, and objective review of any complaint you have against your health plan, physician or healthcare personnel without fear of reprisal.
- Submit a formal complaint either verbally or in writing as shown below. You will receive a written notice of decision within 15 business days from when the complaint was made known.

**Administrator of ASC:** 4740 Pearl Parkway, #100, Boulder, CO 80301, 303-938-5470

**Colorado Department of Health** 303-692-2904 or email: [hfdintake@cdphe.state.co.us](mailto:hfdintake@cdphe.state.co.us)

**CMS Ombudsman** <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

CMS 1-800-MEDICARE (1-800-633-4227)

**Office of Inspector General** <https://www.oig.hhs.gov/hotlineoperations>

OIG 800-447-8477 or US Department of Health & Human Services, Attn: OIG Hotline Operations, P.O.BOX 23489, Washington D.C. 20026

**The Joint Commission for Accreditation** <http://www.jointcommission.org>.

**Accreditation Association of Ambulatory Health Care** [www.aaahc.org](http://www.aaahc.org)

**Department of Regulatory Agencies (DORA)** 800-886-7675 or <https://www.colorado.gov/dora>

### **Access to Medical Records**

You have the right to:

- Speak privately with health care providers knowing your health care information is secure.
- Review and receive a copy of your Medical Records (including electronic format) upon written request and received within 30 days by secure transmission.

### **Seclusion and Restraints**

You have the right to:

- Be free from seclusion or restraint for behavioral management unless medically necessary to protect your physical safety or the safety of others.

### **Billing**

You have the right to:

- Information specific to fees for services and payment policies prior to date of services.
- Payment privacy when you choose to opt out of insurance coverage, in accordance with federal regulations.

## **PATIENT RESPONSIBILITIES**

### **Providing Information**

You have the responsibility to:

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, current use of prescribed or OTC medications, and nutritional supplemental products and other health-related matters.
- Report perceived risks in your care and unexpected changes in your condition.
- Provide an Advanced Directive if you have one.
- Provide accurate and updated demographic and contact information for insurance and billing.

### **Involvement**

You have the responsibility to:

- Participate in your plan of care and follow the recommended treatment plan.
- Ensure you have a designated responsible adult to provide transportation and assist with your care for 24 hours.

### **Respect and Consideration**

You have the responsibility to:

- Act in a respectful and considerate manner toward healthcare providers, other patients, and visitors; physical or verbal threats or conduct which is disruptive to business operations will not be tolerated.
- Be respectful of the possessions or property of others.
- Be mindful of noise levels.

### **Insurance Billing**

You have the responsibility to:

- Know the extent of your insurance coverage.
- Know your insurance requirements such as pre-authorization, deductibles and co-payments.
- Call the billing office with questions or concerns regarding your bill.
- Fulfill your financial obligations as promptly as possible.

This ASC is a Joint Venture with Boulder Community Health

The following physicians may have a financial interest in the Boulder Surgery Center:

Jonathan Bravman, MD  
David Conyers, MD  
Dirk Dolbeare, MD  
Lorri Fulkerson, MD  
John Jachimik, DPM  
William Kramer, MD  
Robert Leland, MD  
Daniel Master, MD  
Eric McCarty, MD

Stephen Paul, MD  
James Rector, MD  
Khemarin Seng, MD  
Thomas Shonka, DPM  
Sonja Stilp, MD  
Lynn Voss, MD  
Drigan Wieder, MD  
Elizabeth Yurth, MD



## Boulder Surgery Center HIPAA 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 carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. This notice describes our privacy practices, legal duties and your rights concerning your Protected Health Information (PHI) and includes provisions outlined in the 2013 HIPAA Final Omnibus Rule.

**Your Protected Health Information**  
We may collect, use and share your PHI for the following reasons:

**For payment:** We use and share PHI to manage your account or benefits and to obtain reimbursement for the health care services we provide.

**For health care operations:** We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you receive.

**For treatment activities:** We use and share PHI to ensure you receive the treatment you need.

**To you:** We must give you access to your own PHI. We may send you reminders about required follow-up care.

**To others:** You may tell us in writing that it is okay for us to give your PHI to someone else for any reason. Also, if you are present and tell us it is okay, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is okay, we may give your PHI to a family member, friend or

other person if sharing your PHI is in your best interest.

**As allowed or required by law:** We may also share your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and with coroners, funeral directors or medical examiners (about decedents). PHI can also be shared with organ donation groups for certain reasons, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for Workers' Compensation, to respond to requests from the U.S. Department of Health and Human Services, and to alert proper authorities if we reasonably believe you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be used to report certain information to the U.S. Food & Drug Administration about medical devices that break or malfunction.

**Authorization:** We will obtain permission from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may withdraw your authorization, in writing, at any time. We will then stop using your PHI for that purpose. If we have already used or shared your PHI based on your authorization, we cannot undo any actions we took before you told us to stop.

### **How We Protect Information**

We are dedicated to protecting your PHI and have set up a number of policies and practices to make sure your PHI is kept secure.

We keep your oral, written and electronic PHI safe using physical, electronic and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include securing offices that hold PHI, password-protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These policies limit access to PHI to only those employees who need the data to perform their job. Employees are also required to wear ID badges to help keep people who do not belong out of areas where sensitive data is kept.

**Your Rights:** You may:

- Receive a copy of this Notice of Privacy Practices
- Request limits on disclosure of your PHI
- Receive access to view some or all of your medical record
- Receive a paper or electronic copy of your medical record within 30 days of your documented request
- Request an amendment to your PHI
- Expect your record to be amended within 60 days of your request
- Restrict disclosure of PHI to a health plan when you pay in full at the time of service
- Receive a record of how we have used and/or shared your health information
- Receive information on how to file a complaint if you feel your privacy has been violated
- Opt out of fundraising efforts (when applicable)

**We will:**

- Not sell your PHI
- Notify you in the event of a breach of your PHI

**Contact for further information concerning our privacy practices:** You may contact the Privacy Officer at 303-938-5470

**Complaints:** If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health & Human Services. We will not take action against you for filing a complaint.



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## **Advance Directives**

### **The Patient Self-Determination Act**

**The Patient Self-determination Act is a federal law that requires hospitals to “provide written information” to adult inpatients concerning “an individual’s right under state law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.” To help patients make these choices, Colorado law provides for advance directives. This brochure outlines what advance directives are and what Colorado statutes require.**

Advance directives are papers that state a patient’s choices for treatment. This includes decisions like refusing treatment, being placed on life support, and stopping treatment at a point the patient chooses. It also includes requesting specific life sustaining treatments.

There are several kinds of advance directives. The three that are most common are the living will; durable power of attorney for healthcare and the pre-hospital do not resuscitate order.

#### **The Living Will**

A form that states that life sustaining procedures should be withheld or withdrawn. This only goes into effect when the patient can no longer make decisions. Medical procedures which are necessary to provide comfort or pain relief are not considered life-sustaining procedures. For the Living Will to be effective, two physicians must personally examine the patient and determine that the patient has a terminal illness. The physicians must agree that death will occur with or without intervention. The living will must be notarized or signed by two witnesses. These witnesses must be two adults that are not involved with the patient’s care or financially responsible for the patient.

#### **The Durable Power of Attorney for Health Care**

A form in which a person gives someone else the right to make decisions about their health care. This person is called an “agent.” An agent cannot be a physician or other health care provider, unless the health care provider is related by blood or marriage to the person signing the document. This document must also be notarized or signed by two witnesses. These witnesses must follow the same criteria as the Living Will.

#### **The Pre-Hospital “Do Not Resuscitate Request”**

A form that lets the patient prohibit medical procedures outside the hospital. The form must be signed by a doctor and given to emergency personnel if they are called.

**Boulder Surgery Center’s Policy** is if an adverse event occurs during your treatment at our facility we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital along with a copy of your advance directive. If you have an advance directive, please bring a copy with you to the surgery center.

For further information please visit the website at: [www.caringinfo.org/stateaddownload](http://www.caringinfo.org/stateaddownload) or 1-800-658-8898 or [www.healthfacilities.info](http://www.healthfacilities.info)



## **FREQUENTLY ASKED QUESTIONS**

### **What are the hours of operation for Boulder Surgery Center?**

Our hours of operation are 6:00 am to 6:00 pm. Nurses remain until the last patient is discharged.

### **Do you have a cafeteria at BSC?**

No. Spruce Confections, a bakery, is located within the building. We do provide coffee and tea in our reception area for visitors.

### **What does NPO mean?**

NPO stands for "nothing by mouth". This includes food and beverages of any kind, water, gum and hard candy (these increase natural saliva production), and chewing tobacco.

### **Why can't I have anything to eat or drink before surgery?**

When sedation and/or anesthesia is delivered for surgery, anything present in your stomach places you at risk for regurgitation, vomiting, or inhalation of stomach contents into your lungs. This may cause serious complications, including severe pneumonia.

### **Should I take my prescriptive medications on the morning of surgery?**

You will be advised by a nurse which medications are appropriate to take on day of surgery.

### **What should I wear the day of my procedure?**

You will be provided a surgical gown during your procedure. Please wear loose, comfortable clothing and sturdy walking shoes. Please keep in mind what procedure is being performed and bring clothes that are appropriate for your return home. For example, for shoulder surgeries, loose button-up shirts are best. For leg surgeries, loose shorts or pants are recommended. Whichever site you are having worked on, wear something that will facilitate a bandage, cast or other type of dressing. If you are having a spinal injection, wear elastic loose fitting pants and avoid wearing jeans or pants with metal around the waist area, such as zippers, grommets or buttons.

**What about valuables?** Please leave all jewelry at home. Bring photo ID, insurance card and form of payment to complete our registration, these articles will be surrendered to your "responsible adult".

**May I bring my smart phone?** Yes. Due to healthcare privacy rules, you will be asked to surrender your smart phone to your "responsible adult" or contained with your personal belongings. We ask that you refrain from taking any photos when you are in patient care area. You may use your phone to contact your "responsible adult" to arrange for transport home.

### **Why do I have to arrive so early before my surgery?**

There are many things which need to be accomplished in preparation for your surgery. Our nurses will obtain vital signs, remove hair from your surgical area and wash the surrounding skin and start an IV. A quick review of your medical history and medications will be conducted. We will take the time you need to discuss your surgery, answer any questions you may have and review instructions for discharge. The anesthesia provider assigned to your care will conduct an interview, recommend an anesthesia plan and obtain your consent. Your surgeon will confirm and mark your surgical site.

### **Will my scheduled surgery time change?**

Sometimes it is necessary for us to change your original surgical time. This happens when all the patients scheduled for a given day are evaluated on multiple criteria. The order cases are performed is based on clinical judgement, so please maintain flexibility when making arrangements for your surgical day.





**Will my surgery start on time?**

Our first case of day begins at 7:30 am with an on time start rate of 75% or better. The amount of time scheduled for surgery is estimated based on trends for specific surgery types. Some surgeries take more time than planned; when this happens, we will keep your family/friend informed. We strive to maintain an on-time surgery schedule so, when delays become known we will keep you informed of an adjusted start time.

**Pre-Procedure**

**Should I fill prescriptions given to me by my physician before I have my surgery?**

Yes, after surgery you may be tired and groggy and may not be up to a trip to the pharmacy. Filling your prescriptions beforehand will be easier on you and having the pain medications on hand when you need them. Please bring them with you when you have surgery.

**Do I need crutches or another medical device?**

The surgery center does not provide crutches or other orthopedic medical devices. Ask your physician about any medical device you may need after surgery. Examples: crutches, ice machine, brace, boot, sling or walker. Please obtain these devices before date of surgery and bring the device with you.

**What else should I bring?**

Bring a case for your glasses, contacts and dentures. Bring reading glasses if needed. Bring your folder with all the printed materials you have received at the doctor's office. Bring your inhaler, CPAP machine, and insulin if discussed.

**Will my family be able to stay with me while I am being prepared for my surgery?**

Yes, you may have a friend or family member with you during the preparation for surgery. We prefer that you limit visitors to one friend or family member as the rooms are small. Make other arrangements for someone else to care for your children the day of the surgery, as children are not allowed in our patient care area.

**Post-Procedure**

**Will I be able to see my family after my surgery?**

There is a period of time immediately following surgery that you will be at rest in the recovery room. One friend or family member may join you in the recovery room when the nurse determines you are ready.

**How will I feel after my procedure?**

You may feel groggy, tired, disoriented, chilled, nauseous, and suffer from surgical site pain. Noises may seem louder than usual. Your vision may be blurred and you may have a dry mouth. Your recovery room nurse will treat your symptoms, including giving you medication for pain and nausea as needed.

**What can I do to minimize pain after surgery?**

Following surgery, it is normal to experience pain. The nurse will assess if your pain is tolerable or intolerable, and manage your care accordingly. At home, stay on top of your pain by taking the medication as prescribed. Remember to always eat before taking oral medications to avoid nausea. To minimize pain after an orthopedic procedure, rest, ice, compression and elevation of the effected extremity will help minimize swelling, and reduce pain.

**When will I be allowed to go home?**

Everyone reacts differently to surgery and anesthesia, so recovery time depends upon the individual. When you are awake, doing well and feel ready to go home, your nurse will review post-operative instructions with your responsible adult, then allow you to go home. This person should be available to assist you at home for up to 24 hours.



**Do I need someone to drive me home and stay with me after my procedure?**

Yes, you will need to have a responsible adult take you home after any procedure when anesthesia or sedation is given. Do not drive a motor vehicle for 24 hours following anesthesia and while taking medication to manage pain.

**When do I remove my dressings?** Wound care instructions will be given to you prior to discharge. Please keep dressing intact and surgical wound dry as outlined in your instructions. Notify your surgeon if your wound becomes red, swollen, separates or begins oozing blood or other drainage.

**Why is it important to complete the patient satisfaction survey?** We are interested in your experience, offering us an opportunity to improve the way in which we provide care and services. Before discharge, your nurse will ask you to complete our survey (electronic format) which should take 5 minutes or less.

**When can I resume my usual activities? Go back to work? Drive a car?**

Your surgeon will advise you on your recovery plan. Returning to normal activity too quickly may compromise the surgical repair performed.

**What danger signs should I watch for when I go home?**

Notify your physician immediately if you experience any of the following signs or symptoms: increased or worsening surgical site pain, sudden onset of lower leg pain, fever of 100.6 or above, difficulty breathing or shortness of breath, chest pain, prolonged nausea and vomiting, inability to urinate. In case of an emergency, call 911 or present yourself to local hospital emergency department.

**Contacting BSC**

**Who do I contact for questions regarding insurance coverage for an upcoming procedure?**

Please contact the Boulder Surgery Center Business Office at 303-938-5363.

**Who do I contact for questions regarding my bill?**

Please contact Specialty Billing Solutions at 720-359-2104. Please identify Boulder Surgery Center as your surgical facility to ensure that you are connected to the correct representative.

**Who do I contact for questions regarding preoperative clinical questions?**

Please call 303-938-5480 to speak with a nurse. If it goes to voice mail, please leave a message as we check it frequently throughout the day.

**Who do I contact for questions regarding lab or pathology results?**

Please contact your physician's office as they receive these results and can pass them on to you.

**Who do I contact for questions regarding medical records?**

Please contact the Business Office at 303-938-5363. A release authorization will be required.

**Who do I contact if I have a grievance?**

Please call 303-938-5470 and ask to speak with a Management Representative to register a formal grievance.