



Dear Client,

The Specialty Surgery Center of Connecticut is a state licensed facility.

As such, we are responsible for providing our patients with the following:

1. Written notice of your Rights and Responsibilities as a patient
2. Information regarding Connecticut Advanced Directives
3. Disclosure of physician ownership and financials interest in the facility
4. HIPAA notices

Attached, please find written information regarding your “Rights and Responsibilities” as a patient, disclosure of physician ownership, and information regarding our policies on Advanced Directives. If you have an Advanced Directive consisting of a Healthcare Proxy, Living Will and/or a Do Not Resuscitate directive and wish to provide a copy to the Specialty Surgery Center of Connecticut at the time of your procedure, we will make them part of your permanent medical record.

We realize that you had a choice today and we thank you for choosing Specialty Surgery Center of Connecticut.

We are happy to serve you.

Sincerely,

The Staff of Specialty Surgery Center of Connecticut



Specialty Surgery Center  
— OF CONNECTICUT —  
PATIENT RIGHTS

- Patients are treated with respect, consideration and dignity, without coercion, discrimination or retaliation and regardless of race, religion, sex, sexual orientation, ethnicity, age or handicap.
- Patients have the right to be free from abuse and harassment while at the facility.
- Patients are provided privacy.
- Patient disclosures and records are treated confidentially and patients are given the opportunity to approve or refuse their release, except when such release is required by law.
- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. Should it be medically inadvisable to give such information to a patient, the information will be provided to a person designated by the patient or to a legally authorized person.
- Patients are given the opportunity to participate in decisions involving their health care except when such participation is contraindicated for medical reasons.
- Patients have the right to know the services available to them at the facility.
- Patients have the right to be informed of provisions for after-hour and emergency care, if needed.
- Patients have the right to know the facility fees for services.
- Patients have the right to be informed of patient conduct and responsibilities.
- Patients have the right to refuse to participate in experimental research.
- Patients have the right to know the credentials of health care professionals providing their care.
- Patients have the right to change their provider if other qualified providers are available.
- Patients may offer suggestions, voice complaints, and/or grievances regarding their care and/or services provided per state and federal regulations.



### PATIENT RESPONSIBILITIES

- Patients must provide complete and accurate information to the best of his/her ability regarding his/her health status: medications taken, including over-the-counter products and dietary supplements; and any known allergies or sensitivities.
- Patients are expected to follow the treatment plan as prescribed by his/her provider.
- Patients must provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours following the procedure if so required by his/her provider.
- Patients are to cooperate with facility personnel and ask questions if directions and/or procedures are not understood.
- Patients are expected to accept personal financial responsibility for any charges not covered by his/her insurance plans. Patients who receive direct payment from their insurances are expected to submit that payment to us within 10 days of receipt of such payment.
- Patients must be respectful of all health care providers and ancillary staff as well as other patients.

### ADVANCED DIRECTIVES

It is the policy of the Specialty Surgery Center of Connecticut to NOT honor "Do Not Resuscitate" (DNR) directives. Regardless, if you have an Advanced Directive, please provide us with a copy so that we may add it to your facility record. If you do not have an existing Advanced Directive and would like information to this end, please let us know. We would be happy to provide you with the necessary forms and facts regarding your Connecticut Healthcare Proxy and Living Will.



### PHYSICIAN OWNERSHIP

The following physicians and entities have ownership in this facility:

Neeraj Anand, M.D.	Jason Klenoff, M.D.
James Bonheur, M.D.	Biana Lanson, M.D.
Steven Bramwit, M.D.	Michael Nurzia, M.D.
Jaquelyn Brewer, M.D.	Arthur Rosenstock, M.D.
Jeffrey Brooks, M.D.	Stephen Salzer, M.D.
Joseph D'Amico, M.D.	Richard Santarosa, M.D.
Abraham Fridman, D.O.	W. Tracy Schmidt, M.D.
Andrew Haas, M.D.	Marc Silver, M.D.
Peter Hughes, M.D.	Amy Smithline, M.D.
Andrew Illig, M.D.	Allen Troy, M.D.
Bruce Klenoff, M.D.	Merritt Healthcare Holdings

### COMPLAINTS

You may contact the following for concerns or complaints related to your experience at the surgery center:

#### **Administrator**

Specialty Surgery Center of Connecticut  
1281 East Main Street, 3<sup>rd</sup> Floor  
Stamford, CT 06902

#### **State of Connecticut Department of Public Health**

410 Capitol Avenue  
Hartford, CT 06134  
Tel: (860) 509-7400

#### **Office of the Medicare Beneficiary Ombudsman**

<https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

#### **Accreditation Association for Ambulatory Health Care**

5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
Tel: (847) 853-6060  
Fax: (847) 853-9028  
Email: [info@aaahc.org](mailto:info@aaahc.org)



To Our Patients:

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

This notice is effective as of July 2013, and we are required to abide by the terms of the *Notice of Privacy Practices* currently in effect. We reserve the right to change the terms of our *Notice of Privacy Practices* and to make the new notice provisions effective for all protected health information that we maintain. We will post, and you may request, a written copy of a revised *Notice of Privacy Practices* from this office.

You may have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us at the above address for more information regarding this notice.

For more information about HIPAA or to file a complaint:

Office for Civil Rights  
Department of Health & Human Services  
Attn: Patient Safety Act  
200 Independence Avenue, S.W., Rm. 509F  
Washington, DC 20201  
(202) 619-0403  
TDD 1-800-537-7697  
FAX: (202) 619-3818

Thank you!