

Patient Rights Under Florida Transparency Act of 2016 and 2023 Revisions

Services Provided by Center One Center, a state licensed health care facility.

Center One Surgery Center schedules patient care when your physician schedules a procedure for you at this surgery center. The facility has one fee that covers the following items: Nursing, technician and related services; use of the facility; testing for certain lab tests performed at the surgery center just as glucose (blood sugar), pregnancy, and hemoglobin; medications administered before, during and after your surgery while in the facility; surgical supplies used by the physician and staff; equipment used in the facility; surgical dressings; implants except those specifically classified as premium implants that require additional patient payment.

Separate Providers

Services may be provided in this facility by the facility as well as by other health care providers who may separately bill the patient. Those separate health care providers may or may not participate with the same health insurers or health maintenance organizations (HMOs) as this facility. Patients and prospective patients should contact each health care provider who will provide services in the facility to determine the health insurers and HMOs with which the provider participates as a network provider or preferred provider.

Another health care provider who will bill you for services includes your physician performing the procedure. Other providers who will bill separately if they provide you with health care services in this surgery center include an anesthesia provider who delivers anesthesia services to you at the facility and a pathology provider and laboratory which will analyze tissue your physician may require be sent to the laboratory to diagnose your condition.

You can contact the facility's anesthesia providers about whether they participate in your health plan. The anesthesia providers are

US Anesthesia Partners:
851 Trafalgar Court, Suite 200E
Maitland, FL 32751
833-479-0697
www.usap.com

We may be required to send tissue for analysis by a pathology lab contracted with your health plan. Your insurer's provider network information may include the pathology lab in the insurer's network of providers. You may want to check with your insurer. Or, you can contact the laboratory directly about whether they participate in your health plan.

The pathology labs we send tissue to for analysis include

Aurora Diagnostics / Bernhardt Labs
5008 Mustang Rd
Jacksonville, FL 32216
P: 904-296-2333
www.auroradxbernhardt.com

Quest Diagnostics:
5248 Sunbeam Rd
Jacksonville, FL 32257
P: 866-697-8378
www.questdiagnostics.com

LabCorp
2545 Riverside Ave Unit 3
Jacksonville, FL 32204
P: 904-387-3078
www.labcorp.com

Estimate of Charges

Patient or prospective patients may request from this facility and other health care providers an estimate of charges prior to receiving services. We must respond to you within seven days of your request.

Our estimate will be based upon the procedure your physician tells us that he or she plans to perform and the insurance information that you provide to us. We normally will contact your insurer to learn of your eligibility for the procedure and will then base our estimate upon what the insurer tells us about the payment they will make for the procedure. The procedure your physician actually performs may differ from the initial one planned based upon your medical condition at the time of the procedure. Since we cannot forecast the change, the estimate will be based upon the planned procedure as scheduled by your physician. You may pay less or more for this procedure or service at another facility or in another health care setting.

We will inform you if your co-payment responsibility exceeds what you would pay if you choose to pay 100% of the bill in cash as part of our cash discount payment policy.

Financial Assistance Arrangements

We only schedule procedures at this facility by physicians who are on the medical staff at the facility. If your physician has determined that special financial assistance may be warranted and the physician agrees to those special financial arrangements for his or her services, you may be eligible for special financial assistance at the facility. If your physician or the physician's office staff have agreed to provide special financial assistance to you for a procedure the physician wants to schedule at this facility, please contact us. Please be advised that **we do not provide charity care**. However, we may provide a reduced fee depending upon your financial assistance needs and our verification of eligibility.

We will require you to complete an application for financial assistance that provides us with information about your income and expenses. This will allow us to access your need and qualifications for special financial assistance. Confirmation of eligibility includes verification of your household income through paycheck stubs, receipts for payment of mortgage or rent and utilities, last year's tax filing, and information regarding changes since the last tax filing occurred. We follow the most recent poverty guidelines set by the U.S. Department of Health and Human Services.

Since these special financial arrangements do not apply to all patients, each patient should request individualized information particular to his or her financial situation.

Collections

Prior to your scheduled procedure, we will contact you with the results of the verification of your insurance benefits to advise of your insurance deductible and co-payment amounts that will be due from you prior to your surgery. We expect the amount estimated due to be paid on the day of your surgery when you register at our admission desk.

If you need special consideration for payment of the amount due, you must contact us prior to the date of the planned procedure so we can evaluate your eligibility. You may be eligible to pay your balance monthly over a period of three months. This is based upon your income and expenses that are verified per our charity care policy and take into consideration that, while you do not meet federal poverty guidelines for charity care, you may qualify for a payment plan if we can verify your income is less than four times the federal poverty level.

If we received denial of payment from your insurer or Health Maintenance Organization, we will notify you. If we receive payment from your insurer or HMO that is less than projected, we will notify you of

additional payment due. Payment will be expected within 15 days of notification of the balance due. Failure to pay the balance due by the deadline will result in your account being turned over to a collection agency.

If you have notified us in advance that you have no insurance and will pay cash for your procedure, you may be eligible to receive a discount on your estimated charges for payment in advance of the scheduled procedure. You must attest that you have no insurance. If the procedure performed by your physician differs from the one scheduled, you may owe the difference between the scheduled procedure and the actual procedure performed. The balance, if any, will be due within 15 days. Failure to pay the balance will result in the discount arrangement being null and void and a full payment will be due.

Health Related Data and Pricing

Health related data, including quality measures and statistics for defined procedures can be found on the Agency for Healthcare Administration website <https://quality.healthfinder.fl.gov/> the service bundle Information is a non-personalized estimate of costs that may be incurred by the patient for anticipated services and that actual cost will be based on services actually provided to the patient. The average pricing for bundled procedures can be found on the Agency for Healthcare Administration website at <http://pricing.floridahealthfinder.gov>.

PATIENT'S STATEMENT OF RIGHTS AND RESPONSIBILITIES

The staff of this health care facility recognizes you have rights while a patient receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. This statement of rights and responsibilities is posted in our facility in at least one location that is used by all patients.

Your rights and responsibilities include:

A patient, patient representative or surrogate has the *right* to

- Receive information about rights, patient conduct and responsibilities in a language and manner the patient, patient representative or surrogate can understand.
- Be treated with respect, consideration and dignity.
- Be provided appropriate personal privacy.
- Have disclosures and records treated confidentially and be given the opportunity to approve or refuse record release except when release is required by law.
- Be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Receive care in a safe setting.
- Be free from all forms of abuse, neglect or harassment.
- Exercise his or her rights without being subject to discrimination or reprisal with impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- Voice complaints and grievances, without reprisal.
- Be provided, to the degree known, complete information concerning diagnosis, evaluation, treatment and know who is providing services and who is responsible for the care. When the patient's medical condition makes it inadvisable or impossible, the information is provided to a person designated by the patient or to a legally authorized person.
- Exercise of rights and respect for property and persons, including the right to
 - Voice grievances regarding treatment or care that is (or fails to be) furnished.
 - Be fully informed about a treatment or procedure and the expected outcome before it is performed.
 - Have a person appointed under State law to act on the patient's behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
- Refuse treatment to extent permitted by law and be informed of medical consequences of this action.
- Know if medical treatment is for purposes of experimental research and to give his consent or refusal to participate in such experimental research.
- Have the right to change providers if other providers are available.
- A prompt and reasonable response to questions and requests.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care and know, upon request and prior to treatment, whether the facility accepts the Medicare assignment rate.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- Formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his/her medical record.

- Know the facility policy on advance directives.
- Be informed of the names of physicians who have ownership in the facility.
- Have properly credentialed and qualified healthcare professionals providing patient care.

A patient, patient representative or surrogate is *responsible* for

- Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, unless specifically exempted from this responsibility by his/her provider.
- Providing to the best of his or her knowledge, accurate and complete information about his/her health, present complaints, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements, any allergies or sensitivities, and other matters relating to his or her health.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Following the treatment plan recommended by his health care provider.
- Be respectful of all the health providers and staff, as well as other patients.
- Providing a copy of information that you desire us to know about a durable power of attorney, health care surrogate, or other advance directive.
- His/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to his health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Keeping appointments.

COMPLAINTS

Please contact us if you have a question or concern about your rights or responsibilities. You can ask any of our staff to help you contact the Administrative Director at the surgery center. Or, you can call

904-652-2328

We want to provide you with excellent service, including answering your questions and responding to your concerns.

You may also choose to contact the licensing agency of the state,

Agency for Health Care Administration

2727 Mahan Drive, Tallahassee, FL 32308

1-888-419-3456

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227) or on line at <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

The role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help you need to understand your Medicare options and to apply your Medicare rights and protections.



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

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

We

- Provide free aid and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact an employee who will assist you in obtaining the services.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Beverly Teague

10475 Centurion Parkway N #101 Jacksonville, FL 32256

Fax: 904-565-9213

Email: Teaguebjt@msn.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the administrator or another manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

CENTER ONE

Surgery Center

ATTENTION: If you speak one of the following languages, assistance is available to you free of charge.

Please ask a staff member for assistance.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Pida asistencia de un empleado.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Arabic: بالمجان لك تتوافر في اللغة اذكر تتحدث كنت إذا ملحوظة
والبكم الصم هاتف برقم اتصل

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

Gujarati: -ચુન: જો તમે -જરાતી બોલતા હો, તો િન: -લુ ભાષા સહાય સેવાઓ તમારા માટ -
ઉપલબ્ધ છ.

Thai: เรียม: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี

CenterOne Surgery Center

- WHAT WE ARE:** We are an outpatient surgical and procedural facility licensed in the State of Florida.
- WHO WE ARE:** We are wholly or partially owned by physicians who desired to provide a safe and comfortable medical facility that would provide efficient and effective services to patients.
- YOUR RIGHTS AS A PATIENT:** You have the right to choose the provider and the facility for your health care services. You will not be treated differently by your physician if you obtain health care services at another facility.
- YOUR CHOICE:** Your physician may have ownership interest in this facility. You have the right to know this, so if you want to know, please ask. Please discuss with your surgeon your questions or concerns, if you may want to have your procedure at an alternative health care facility.
- CREDENTIALS:** All of the physicians and anesthesiologists have been credentialed according to regulations and standards. Information is available upon request.
- PATIENT GRIEVANCE:** If patients have complaints or concerns in regard to care at our facility, they are encouraged to let the manager know. If further review is indicated, patients are urged to fill out a grievance form, which is available upon request at the front desk. Contact information for the Center manager, for the State and for Medicare are available below.
- ADVANCE DIRECTIVES:** If you have an advance directive or living will and a medical emergency arises, a surgery center will transfer you to the closest hospital. A surgery center will not follow do not resuscitate requests. Please discuss with your physician if you have questions. A hospital will make decisions about following any advance directive or living will or a request to not resuscitate should your heart stop or if you should stop breathing. You have a right to have your living will or advance directive information present in our medical record and to be informed of the facility's policy prior to the procedure. State information and forms to prepare an advance directive or living will, if you decide to have one, are available at the registration desk upon your request or can be found at the following web site:
- www.floridahealthfinder.gov/reports-guides/advance-directives.aspx

Please let us know if you have a complaint or concern by asking for the Administrator.

Consumer Complaints can also be made at state and federal offices:

Write the State: Agency for Health Care Administration 2727 Mahan Drive MS #6 Tallahassee, FL 32308

State web site: http://www.ahca.myflorida.com/contact/call_center.shtml

Call the State: Complaint hotline at (888) 419-3456

For Medicare Office of the Medicare Ombudsman at <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

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 describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. We must follow the privacy practices described in this Notice while it is in effect. We reserve the right to change the terms of this Notice and to make the new Notice effective for all future protected health information we maintain. We will post the most current Notice and make the new Notice available to anyone. You may request a copy of current Notice at any time. This Privacy Notice also describes your rights to access and control your protected health information which is health information that is created or received by your health care provider.

We may contract with business associates through the course of our operations such as those companies that process your health care claim, review insurance information, provide coding and billing services. We require the business associate sign an agreement and agree to safeguard the security and privacy of your health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We will use and disclose health information to provide treatment, obtain payment, and conduct health care operations.

- 1. Treatment:** To provide, coordinate, and manage your health care. For example, we may disclose protected health information to physicians or other health care professionals who may be treating you or consulting with us. Examples include your physicians, anesthesia provider, or pharmacist. We may disclose information to a pharmacy to fill a prescription or to a laboratory to contact a lab test or provide specimen results.
- 2. Payment:** To obtain payment for the services. This may include contact with your insurance company to get the bill paid and to determine benefits of your health plan. We may also disclose information to another provider involved in your care so the provider can get paid. For example, we may give information to anesthesia providers so they can contact your insurer about payment for their services.
- 3. Operations:** To perform our own health care activities such as quality assessment and improvement, licensing or credentialing, medical record reviews, and general business administration.
- 4. Other Uses and Disclosures:** To remind you of appointments or to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, or to notify family or others involved in your care concerning your location or condition. You may object to these disclosures. If you do not or cannot object, we will use our professional judgment to make reasonable assumptions about to whom we can make disclosures.
- 5. Other Uses and Disclosures Permitted:** to comply with laws and regulations.
 - A. When Legally Required** by any federal, state or local law.
 - B. When There Are Risks to Public Health** such as:
 - To prevent, control, or report disease, injury or disability as required or permitted by law.
 - To report vital events such as birth or death as required by law.
 - To conduct public health surveillance, investigations and interventions as required by law.
 - To collect or report adverse events and product defects, track Food and Drug Administration (FDA) regulated products, enable product recalls, repairs or replacements and review.

- 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** as required by law.
- D. To Conduct Health Oversight Activities** such as audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensing or disciplinary actions; or other activities necessary for appropriate oversight as required or authorized by law.
- E. In Connection with Judicial And Administrative Proceedings** such as in the course of any judicial or administrative proceeding or in response to a subpoena we receive.
- F. For Law Enforcement Purposes.** Examples are:
- As required by law for reporting of certain types of wounds or other physical injuries.
 - Upon 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 law enforcement if there is concern that your health condition was the result of criminal conduct.
 - In an emergency to report a crime.
- G. For Organ Donation or to Coroners or Funeral Directors** such as for organ, eye or tissue donations; identification purposes; performing other duties authorized by law.
- H. For Research Purposes** 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 protected health information.
- I. In the Event of a Serious Threat to Health or Safety** and consistent with applicable law and ethical standards of conduct, 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 and safety of the public.
- J. For Specified Government Functions** relating to military and veterans' activities, national security and intelligence activities, protective services, medical suitability determinations, correctional institutions, and law enforcement situations.
- K. For Worker's Compensation** to comply with worker's compensation laws or similar programs.

PATIENT RIGHTS

Uses and Disclosures Permitted without Authorization but with Opportunity to Object

We may disclose your protected health information 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 with your care concerning your location and condition. 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 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 that person's involvement with your care, we may disclose your protected health information.

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action based upon the authorization. At the end of this Privacy Notice is information about how to contact the Privacy Officer to request information, copies, express concerns, complain, or authorize additional uses and disclosure of your health information.

YOU HAVE THE RIGHT TO:

- 1. See and copy your medical records** and other records used to make treatment and payment decisions about you. There are some limitations, based upon the federal law. You must submit a written request. We may charge you a fee for copying, mailing or incurring other costs in complying with your request. We may deny your request to see or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger life or safety of you or another person. Depending upon circumstances, you may have the right to request a review of this decision.
- 2. Request a restriction on uses and disclosures of your protected health information.** You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes. Your request must state the specific restriction requested and to whom you want the restriction to apply. If you request that the Surgery Center not disclose your protected health information to your health plan for purposes of payment or healthcare operations (but not treatment) and if you are paying the full amount from your own money for your treatment, the Surgery Center must honor your requested restriction. Otherwise, the facility is not required to agree to a restriction, and we will notify you if we deny your request. If the facility does agree to the requested restriction, we will abide by this agreement unless use or disclosure of the information becomes essential to provide emergency treatment. You may request a restriction by contacting the Privacy Officer.
- 3. The right to request to receive confidential communications by alternative means or at an alternative location.** You have the right to request that we communicate with you in certain ways. We will not require you to provide an explanation for your request. 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.
- 4. The right to request we amend your protected health information.** A request for an amendment must be in writing and it must explain why the information should be amended. Under certain circumstances, we may deny your request.
- 5. The right to receive an accounting of disclosures.** You have the right to request an accounting of certain disclosures for purposes other than treatment, payment or health care operations. We are not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing and specify a time period. We are not required to provide an accounting for disclosures that occurred prior to April 14, 2003 or for periods of time in excess of six years. The first accounting you request during any 12-month period will be without charge. Additional accounting requests may be subject to a reasonable fee. After January 1, 2014 (or a later date as permitted by HIPAA), the list of disclosures will include disclosures made for treatment, payment, or health care operations using an electronic health record, if we have one for you.
- 6. The right to obtain a paper copy of this notice at any time.**
- 7. The right to be informed in writing of a breach** where your unsecured protected health information has been accessed, acquired, used or disclosed to an unauthorized person or entity.

OUR DUTIES

The Surgery Center is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. 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 future protected health information that we maintain. If the Surgery Center changes its Notice, we will provide a copy of the revised Notice at your next visit. In the event there has been a breach of your unsecured protected health information, we will notify you.

COMPLAINTS

You have the right to express complaints to the facility if you believe that your privacy rights have been violated. We encourage you to express any concerns you have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may complain to the facility's Privacy Officer in person, by phone, or in writing. You also have the right to express complaints to the Secretary of the United States Department of Health and Human Services.

CONTACT PERSON

TO MAKE REQUESTS, TO LEARN MORE, TO FILE A COMPLAINT, OR TO EXPRESS CONCERNS, PLEASE CONTACT THE PRIVACY OFFICER. YOU MAY MAKE CONTACT IN PERSON, BY PHONE, OR IN WRITING. CALL TO ASK FOR THE PRIVACY OFFICER OR SEND MAIL ADDRESSED TO THE PRIVACY OFFICER AT THE SURGERY CENTER.

904-652-2328

Phone #

10475 Centurion Parkway N #101 Jacksonville, FL 32256

Address

ATTN: PRIVACY OFFICER

Owners

Stephen Arndt, M.D.
Ankit Desai, M.D.
Rahul Deshmukh, M.D.
Michael Fallucco, M.D.
Peter Gloersen, M.D.
Christopher Goll, M.D.
J. Douglas Green, M.D.
Christopher Lipari, M.D.
Kevin Murphy, M.D.
Sarah Paschall, M.D.
John Redmond, M. D.
James Reiman, M.D.
Saswata Roy, M.D.
Andrew Simonsen, D.O.
Barbarann Spengeman, M.D.
George S. Tellam, DPM
Daniel L. Wohl, M.D.

**Talk to your health care provider about how to treat your pain.
Create a safe and effective treatment plan that is right for you.**

Alternatives to Opioids: Medications

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects.
- Can reduce exposure to opioids and dependency.

DISADVANTAGES:

- May not be covered by insurance.
- May not be effective for severe pain.

**Florida
HEALTH**

NON-OPIOID MEDICATIONS	DESCRIPTIONS, ADDITIONAL ADVANTAGES & DISADVANTAGES
<p>Acetaminophen (Tylenol)</p>	<p>Relieves mild-moderate pain, and treats headache, muscle aches, arthritis, backache, toothaches, colds and fevers. <i>Overdoses can cause liver damage.</i></p>
<p>Non-steroidal Anti-inflammatory Drugs (NSAIDs): Aspirin, Ibuprofen (Advil, Motrin), Naproxen (Aleve, Naprosyn)</p>	<p>Relieve mild-moderate pain, and reduce swelling and inflammation. <i>Risk of stomach problems increases for people who take NSAIDs regularly. Can increase risk of bleeding.</i></p>
<p>Nerve Pain Medications: Gabapentin (Neuraptine), Pregabalin (Lyrica)</p>	<p>Relieve mild-moderate nerve pain (shooting and burning pain). <i>Can cause drowsiness, dizziness, loss of coordination, tiredness and blurred vision.</i></p>
<p>Antidepressants: Effexor XR, Cymbalta, Savella</p>	<p>Relieve mild-moderate chronic pain, nerve pain (shooting and burning pain) and headaches. <i>Depending on medication, side effects can include: drowsiness, dizziness, tiredness, constipation, weight loss or gain.</i></p>
<p>Medicated Creams, Foams, Gels, Lotions, Ointments, Sprays and Patches: Anesthetics (Lidocaine), NSAIDs, Muscle Relaxers, Capsaicin, Compound Topicals</p>	<p>Can be safer to relieve mild-moderate pain because medication is applied where the pain is. Anesthetics relieve nerve pain (shooting and burning pain) by numbing an area; NSAIDs relieve the pain of osteoarthritis, sprains, strains and overuse injuries; muscle relaxers reduce pain by causing muscles to become less tense or stiff; and capsaicin relieves musculoskeletal and neuropathic pain. Compounded topicals prepared by a pharmacist can be customized to meet a patient's specific needs. <i>Skin irritation is the most common side effect. Capsaicin can cause warmth, stinging or burning on the skin.</i></p>
<p>Interventional Pain Management</p>	<p>Includes anesthetic or steroid injections around nerves, tendons, joints or muscles; spinal cord stimulation; drug delivery systems; or permanent or temporary nerve blocks. Medicates specific areas of the body. Can provide short-term and long-term relief from pain. <i>Certain medical conditions and allergies can cause complications.</i></p>
<p>Non-opioid Anesthesia</p>	<p>Opioids can be replaced with safer medications that block pain during and after surgery. A health care provider or an anesthesiologist can provide options and discuss side effects.</p>

Alternatives to Opioids: Therapies

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects.
- Can reduce exposure to opioids and dependency.
- Treatment targets the area of pain—not systemic.
- Providers are licensed and regulated by the State of Florida.* (apps.mqa.doh.state.fl.us/MQASearchServices)

DISADVANTAGES:

- May not be covered by insurance.
- Relief from pain may not be immediate.
- May not be effective for severe pain.

Sources: American College of Surgeons, Centers for Disease Control and Prevention, National Institutes of Health, the Food and Drug Administration, Harvard Health and Wexner Medical Center (Ohio State University)

THERAPIES	DESCRIPTIONS, ADDITIONAL ADVANTAGES & DISADVANTAGES
<p>Self-care</p>	<p>Cold and heat: Ice relieves pain and reduces inflammation and swelling of intense injuries; heat reduces muscle pain and stiffness. Can provide short-term and long-term relief from pain. <i>Too much heat can increase swelling and inflammation.</i></p> <p>Exercise and movement: Regular exercise and physical activity can relieve pain. Simply walking has benefits. Mind-body practices like yoga and tai chi incorporate breath control, meditation and movements to stretch and strengthen muscles. <i>Maintaining daily exercise and overcoming barriers to exercise can be a challenge.</i></p>
<p>Complementary Therapies</p>	<p>Acupuncture: Acupuncturists* insert thin needles into the body to stimulate specific points to relieve pain and promote healing. Can help ease some types of chronic pain: low-back, neck and knee pain, and osteoarthritis pain. Can reduce the frequency of tension headaches. <i>Bleeding, bruising and soreness may occur at insertion sites.</i></p> <p>Chiropractic: Chiropractic physicians* practice a hands-on approach to treat pain including manual, mechanical, electrical and natural methods, and nutrition guidance. Can help with pain management and improve general health. <i>Aching or soreness in the spinal joints or muscles sometimes happens—usually within the first few hours after treatment.</i></p> <p>Osteopathic Manipulative Treatment (OMT): Osteopathic physicians* use OMT—a hands-on technique applied to muscles, joints and other tissues—to treat pain. Clinically-proven to relieve low-back pain. <i>Soreness or stiffness in the first few days after treatment is possible.</i></p> <p>Massage therapy: Massage therapists* manually manipulate muscle, connective tissue, tendons and ligaments. Can relieve pain by relaxing painful muscles, tendons and joints. Can relieve stress and anxiety—possibly slowing pain messages to and from the brain. <i>At certain points during a massage, there may be some discomfort—especially during deep tissue massage.</i></p> <p>Transcutaneous electrical nerve stimulation (TENS): TENS is the application of electrical current through electrodes placed on the skin with varying frequencies. Studies have shown that TENS is effective for a variety of painful conditions. The intensity of TENS is described as a strong but comfortable sensation. <i>Allergic reactions to adhesive pads are possible.</i></p>
<p>Rehabilitation Therapies</p>	<p>Occupational therapy: Occupational therapists* treat pain through the therapeutic use of everyday activities. Can relieve pain associated with dressing, bathing, eating and working. Therapy includes activities that increase coordination, balance, flexibility and range of motion. <i>Therapy interventions and recommendations will not help if the patient does not practice as instructed.</i></p> <p>Physical therapy: Physical therapists* treat pain by restoring, enhancing and maintaining physical and functional abilities. <i>Therapy interventions and recommendations will not help if the patient does not practice as instructed.</i></p>
<p>Behavioral and Mental Health Therapies</p>	<p>Psychiatrists*, clinical social workers*, marriage and family therapists* and mental health counselors* provide therapies that identify and treat mental disorders or substance abuse problems that may be roadblocks to pain management. <i>When used to manage pain, these therapies can take time.</i></p>