



**PLEASE READ THIS BOOKLET  
AND COMPLETE YOUR ONLINE  
REGISTRATION AT  
SOUTHWESTSURGICAL.ORG  
AS SOON AS POSSIBLE.**

Your surgery is scheduled at the Southwest Surgical Center in  
Byron Center on \_\_\_\_\_ .

Procedure \_\_\_\_\_

Follow Up Appointment Date/Time \_\_\_\_\_



Located on the Mercy Health Southwest Campus



Enclosed in this booklet you will find a wealth of information related to your visit with us. It is important that you review all of the information contained in the booklet. **Should you have any questions or concerns please feel free to call us at (616) 685-3975.**

Once again, we look forward to providing you with an exceptional care experience.

Sincerely,  
Your Southwest Surgical Team

Southwest Surgical Center  
2373 64th Street SW, Suite 2200  
Byron Center, MI 49315  
Phone: (616) 685-3975  
[www.southwestsurgical.org](http://www.southwestsurgical.org)

# Contents

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Online Pre-Surgical Registration .....	2
Surgery and Patient Information .....	3
Pediatric and Adolescent Patients.....	3
Pre-Surgery Checklist.....	4
Day of Surgery .....	5
Estimate, Billing and Payment Expectations.....	6
Patient Rights & Responsibilities .....	7
Registration Consent .....	11
Satisfaction.....	13
Advance Directive .....	13
Common Interest Disclosure Statement .....	14
Owners.....	14
Notice of Privacy Practices .....	15

# Online Pre-Surgical Registration - One Medical Passport



You will receive an automated call from One Medical Passport after your surgery has been scheduled at Southwest Surgical Center. This call is a reminder to complete your online registration and medical history. You may also receive a reminder text on your phone. Please complete the online registration as soon as possible. This will allow our Pre-Surgical Assessment nurse to access the information you entered online. This information will assist the nurse in organizing and documenting your complete medical history to prepare for your surgery. If you have completed your registration prior to the automated call, you may disregard the call. Your registration only needs to be completed one time and will only need to be updated in the future if something in your medical history changes (surgeries, medications, conditions, etc). If you do not have Internet access, our Pre-Surgical Assessment nurse will contact you for a telephone interview.

**Please go to the following site to begin your Pre-Surgical Assessment:  
[www.southwestsurgical.org](http://www.southwestsurgical.org) (NOT.com)**

Be sure to have the following information available before starting One Medical Passport:

- Your health insurance information
- The names, addresses, and phone numbers of your physicians
- A list of all medications you are taking, their dosage, and frequency
- A list of surgical procedures you have ever had and their approximate dates

## **About: *One Medical Passport***

Completing a One Medical Passport medical history online is easy. For most patients, filling out the entire questionnaire takes less than 30 minutes. Please fill out the questionnaire accurately, and be assured that all of your information is kept confidential and will be thoroughly reviewed by your medical team. At any time, you can quit filling out the questionnaire and come back and complete the unfinished portion at a more convenient time.

*One Medical Passport* is a website that allows you to enter your information at any time from anywhere. You can also print out a copy of your medical history after you create it online and keep it with you or with your other health care documents, as well as have access to it online anytime you need it or want to update it.

## **Information Security:**

One Medical Passport uses the highest grade of Internet security available: 128 bit encryption with SSL (secure socket layer) technology. Your information is stored on servers at a secure web hosting site and will only be released to your medical team at Southwest Surgical Center. Southwest Surgical Center will never release personal health information without written permission from the patient/guardian. You, the patient/guardian, may release your information to anyone you choose by accessing One Medical Passport using your login ID and Password.

# Surgery and Patient Information

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## What to Expect

### Pre-Admission Phone Call and Nurse Assessment

You will receive a phone call from a nurse before your scheduled procedure. We gather as much information as possible in advance to make the day of your procedure less stressful. The call also aids us in being fully prepared to care for you. If you would prefer to contact the nurse directly, please call 616-685-3983, Monday through Friday, 8 am to 4 pm.

### Pre-Admission Testing

Please refer to any pre-admission instructions provided by your surgeon. You may need lab work or other testing prior to your admission. The anesthesiologist may also require you to obtain lab work or testing. If this is the case, our phone nurse will contact you to help with arrangements. Please complete all tests at least one week before your scheduled procedure so we will have all the information we need on the day of your arrival.

## Pediatric and Adolescent Patients

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Tours are available for children, adolescents and their parents prior to the day of the procedure. Please call to schedule an appointment with one of our nurses. The day of the procedure, a parent or legal guardian must accompany children/adolescents under 18 years of age to the center and remain onsite until the child is ready for discharge. Children are encouraged to bring a blanket or favorite toy to comfort them the day of their surgical procedure. Adolescents may bring a hand held game, books or other forms of entertainment. We have DVD players for movies for all ages.

# Pre-Surgery Checklist

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## Prior to your surgery expect to be contacted by:

- ❑ A nurse – to review your past medical and surgical history, and review your medications.
- ❑ A staff member – will call prior to your surgery – to confirm your arrival time.
- ❑ Our billing department to make you aware of your financial obligations.

## Important reminders related to the day of surgery:

- ❑ Please bring your driver's license (or a picture ID), a valid insurance card, and any required payment.
- ❑ A parent/legal guardian will need to accompany patients under 18 years of age. **All patients must be accompanied by a responsible adult for transportation.** You are limited to two (2) visitors in the patient care areas.
- ❑ Please leave all jewelry and valuables at home. However, we encourage you to bring books, games, or an activity to pass the time. You may bring your laptop as wireless internet is available. We do not have TVs.
- ❑ If you require glasses for reading, please bring them with you, as you will be asked to review a number of documents during your stay.
- ❑ **REMEMBER** – Please follow the instructions provided by the nurse during your pre-admission telephone call regarding eating and drinking.

# Day of Surgery

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## Arrival Time

You will be asked to arrive 1-2 hours before your scheduled surgery. This provides us with the time necessary to prepare you for the procedure. Please try to arrive on time.

## Eating/Drinking/Smoking

Do not eat or drink anything after midnight the day of your scheduled procedure, unless given direction by our phone nurse. This includes no water, food, gum, candy, or chewing tobacco. We encourage you to avoid smoking preoperatively to decrease risk of postoperative complications.

## Medications

If you are taking medications, consult your surgeon or the phone nurse concerning your dosage and what to take the day of surgery.

## Identification and Insurance Cards

Please bring your driver's license, or other photo identification, and insurance card(s) along with you, as you will need them during the admission process.

## Personal Preparation

Shower or bathe the morning of your surgical procedure. Wear loose, comfortable clothing. Avoid wearing cosmetics – especially eye make-up. Please remove nail polish, and ALL jewelry (including body piercings).

## Valuables

Do not bring valuables with you. Avoid bringing excess cash, jewelry, electronics or other items of value. Your personal belongings may be put in a locker or held by your family during your stay. Southwest Surgical Center is not responsible for lost items.

## Your Driver

During your procedure, we will do our best to keep family and friends who accompanied you informed and comfortable. We have a relaxing lobby area and we encourage our guests to take a tour of our beautiful building and stop by the café, located on the first floor, for coffee or snacks.

While we do not have televisions in order to maintain a quiet, relaxed environment, we provide wireless Internet service. We encourage your family and friends to bring books, games, laptops or other activities to pass the time. To ensure the privacy of our patients, we limit each patient to two (2) visitors.

**One visitor must remain on site throughout your stay.**

## Going Home

You will receive written instructions for your at-home care. The nurse will review instructions with you and answer any questions you might have. If you desire, we can make your prescriptions available at discharge using the Southwest Family Pharmacy. If you have questions after you go home, we are available until 5 pm. After that time, please contact your physician's office or go to an emergency room. You will receive a call from a nurse 24 to 72 hours after you go home to see how you are doing and answer any remaining questions you may have.

## Estimate, Billing and Payment Expectations

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### Billing Team

As a courtesy to our patients, a member of our billing team will contact your insurance company in order to provide you with information concerning any deductibles, co-pays or co-insurances you may be responsible for "out-of-pocket".

**We encourage you to contact your insurance company as well, to review your insurance benefits.**

### Your Cost Estimate

Based on the information given to us by your insurance company, you will be contacted by telephone or mail with the anticipated **facility** out-of-pocket costs. This figure includes co-pays, co-insurances and/or deductibles. Your insurance carrier will determine the final payment amount.

In the event that additional procedures, testing, or services are provided the day of your surgery, you may be responsible for additional charges after insurance processes the claim.

### Payment Expectations

**We require full payment of your expected out-of-pocket expenses in full at time of surgery.** A member of the billing team will contact you by mail or phone prior to the date of surgery with your anticipated out-of-pocket obligation. We accept cash, check, debit, and credit cards (Visa, MasterCard, Discover, and American Express). In the event of a returned check a fee of \$25 will be added to your account. Financing is available through United Medical Credit. See online application on the center's website [www.southwestsurgical.org](http://www.southwestsurgical.org), Financial and Information tab.

### Billing

You may receive more than one bill for your surgical experience at the Southwest Surgical Center. The Surgical Center bill reflects the **facility** charges – charges for services provided by the non-physician members of our team. You may receive separate bills from the surgeon and the anesthesia provider. In addition, you may receive a bill from Mercy Health Saint Mary's if your physician orders lab work or x-rays. We apologize for any inconvenience or confusion this may create for you. Please feel free to contact the Surgical Center if you have questions about the bills that you receive.

# Patient Rights & Responsibilities

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At the Southwest Surgical center, we seek to provide an exceptional experience for you and your family. We want to ensure that you receive superior, quality personal care.

## ***Patients Have the Right to Caring, Respectful, Personal, and Quality Care***

As a patient at the Southwest Surgical Center you can expect:

- That your care will be caring and respectful at all times.
- The health care providers will welcome, respect and serve all people regardless of gender, ethnicity, color, national origin, religion, disability, age, HIV status, sexual orientation or source of payment for care received.
- Sign and spoken language interpreting services, free of charge, if needed.
- Treatment, services, and referral as needed. If we are unable to meet your medical needs, we will arrange a transfer to another facility. Referrals will be made only after you are given full information about why the transfer is needed.
- To exercise your rights without being subjected to discrimination or reprisal.
- Pastoral/spiritual care as desired from your pastor, priest, rabbi, or other religious leader.
- To use protective and advocacy services if needed.
- To be told how to file complaints and settle disputes, arguments, or conflicts. These include services such as the Ethics Committee or assistance in contacting a regulatory agency listed below or as required by law.

Michigan Department of Community Health  
Bureau of Health Systems, Complaint Investigation Unit  
PO Box 30664, Lansing, MI 48909  
1-800-882-6006 [www.michigan.gov.bhs](http://www.michigan.gov.bhs)

Joint Commission on Accreditation of Healthcare Organizations  
Office of Quality Monitoring  
One Renaissance Blvd., Oakbrook Terrace, IL 60181  
1-800-994-6610 [www.JCAHO.org](http://www.JCAHO.org)

Office of the Medicare Beneficiary Ombudsman  
1-800-994-6610  
<http://www.cms.hhs.gov/center/ombudsman.asp>  
<http://www.medicare.gov/ombudsman/resources.asp>



## ***Patients Have the Right to Receive Information About Their Treatment and Health Care Team***

You can expect the health care team to provide:

- Explanations of diagnosis and treatment in a way that is clear to you.
- Information about specific treatments or procedures, including their benefits and risks, the medically reasonable options to these treatments, and the expected outcome before it is performed.
- The names and professional titles of the physician in charge of your care and the names and titles of other health care providers.
- Results of treatments, including unexpected results, from your physician.
- Access to your medical record, although we encourage patients to review the record with their physician. You also have the right to ask for and receive a copy of your own medical record for a fair fee.

## ***Patients Have the Right to Make Decisions About Their Own Care***

You or your legally designated representative can expect:

- To make decisions about your own health care.
- To have the choice to accept or refuse medical care and treatment to the extent allowed by law and to be told of the medical results of these decisions.
- The opportunity to obtain information regarding an Advance Medical Directive and know the Southwest Surgical Center does not honor Advance Directives.
- To have the right to check with another physician, at your own request and expense.
- To seek the advice or opinion of the Ethics Committee.
- To make decisions to include or exclude any or all family members or significant others in the involvement of your care.
- An explanation of your bill. You have the right to receive a copy of your bill, regardless of payer.

## ***Patients Have the Right to be Comfortable and Safe***

You can expect:

- To have care provided in a safe, secure and efficient environment, free from abuse and harassment. Chemical or physical restraints will only be used in emergencies to protect you and/or others.
- To have ongoing assessment of your pain and be involved in plans to manage pain. You can expect:
  - To have information about pain and pain relief options
  - A concerned staff, dedicated to preventing pain
  - Health professionals who respond quickly to reports of pain
- To receive care in a setting that maintains your dignity through personal space and clothing suited to your condition.
- To be told of the experimental nature of suggested procedures or treatments and have the right to refuse those treatments without affecting your care.

## ***Patients Have the Right to Have Privacy and Confidentiality***

You can expect:

- To have personal privacy, including privacy of personal medical information.
- To have the right to refuse to talk with or see anyone not officially connected with the Southwest Surgical Center. This includes visitors or others not directly involved in providing care.
- To have the use of a telephone for private conversations.
- To be interviewed and examined in a setting that provides reasonable privacy in sight and sound.
- To have a person of the same sex present during certain types of exams or procedures.
- To remain disrobed only as long as is needed to complete the medical purpose which required disrobing.

- To be asked for written consent for any filming or recording to be used for any purpose other than identification, diagnosis, and treatment.
- To be asked for written consent for the release of any identifiable health information (your medical record), or other personal information to third parties, to be used for any purpose other than as required by law for treatment, payment, or healthcare operations.

### ***Patient Responsibilities***

In order to provide you with the best care, we ask that you:

- Provide a complete, accurate and honest medical history.
- Speak up and ask questions if you do not understand the treatment plan and your role in the plan.
- Make informed decisions about your care.
- Provide a responsible adult to transport you home from the center.
- Follow the jointly agreed upon recommendations, advice and treatment course arranged by the health care team and that you have willingly agreed to.
- Follow the Southwest Surgical Center rules about patient care and conduct to support quality care and a safe environment, such as:
  - Conducting yourself in a way that respects the rights of other patients and employees of the surgical center.
  - Respecting our Smoke Free Campus Environment policy
- Provide complete, accurate and timely information about the sources of payment for the care the surgical center provides and fulfill financial obligations to the surgical center prior to surgery.
- Accept and recognize responsibility for the medical results if you refuse treatment or do not follow the health care provider's instructions.

# REGISTRATION CONSENT

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## 1. CONSENT TO MEDICAL CARE AND TREATMENT:

While at the surgical center, I consent to all medical and surgical care, examinations and tests determined to be necessary for me. Though I expect the care given to meet customary standards, I understand that there are no guarantees concerning the result of my care. If I refuse treatment that is suggested for me, or if I leave the surgical center against medical advice, I will not hold the surgical center or any individual responsible for any of the consequences.

## 2. RELEASE OF INFORMATION:

I authorize the Surgical Center to release any medical information, written, verbal, or faxed to bill my insurance company or their authorized representative, or [Worker's Compensation and to receive preadmission or continued length of stay certifications].

I authorize the Surgical Center to release medical information to my family physician, referring physician, or agency(ies) needed to facilitate continuity of care. I authorize the Surgical Center to release medical information, written, verbal, faxed, or electronic to companies who provide billing services for physicians involved in my care.

This authorization includes any information concerning diagnosis of alcoholism, drug abuse, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or testing for Human Immunodeficiency Virus (HIV). This authorization shall remain valid for one (1) year.

## 3. ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received or been offered a copy of Southwest Surgical Center's Notice of Privacy Practices and have had a chance to object to the use or disclosure of my information for directory, disaster relief, or to provide information to family or persons involved in my care.

## 4. ASSIGNMENT OF INSURANCE BENEFITS:

I authorize payment of my insurance benefits directly to the surgical center. I understand that I am financially responsible for charges not covered by my insurance carrier.

## 5. STATEMENT TO PERMIT PAYMENT OF MEDICAL BENEFITS AND/OR COMMERCIAL INSURANCE BENEFITS TO PROVIDER AND PHYSICIAN:

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release this information to the Health Care carriers. I request that payment of authorized benefits be made on my behalf.

I also assign the benefits payable for physician services to my physician(s) or his/her private practice organization, providing, however, that should my physician NOT ACCEPT THIS ASSIGNMENT AS PAYMENT IN FULL for his or her services, I understand I am responsible for full charges.

#### **6. FINANCIAL AGREEMENT:**

As responsible party, I agree to pay the Surgical Center the expected patient cost share amount at the time of service. If other procedures are performed, I may be billed additional cost share amounts after insurance claim processing is complete. Payment for any additional cost share is due within 30 days unless other arrangements are made. I understand other providers treating me during my stay will bill their charges separately. In the event my account is forwarded for outside collection, a one time 28% fee may be added to cover the additional cost to the facility. Should any legal action be pursued, the venue for such action will be Kent County.

#### **7. PERSONAL VALUABLES:**

I have read the patient brochure, which advised me not to bring personal valuables to the Southwest Surgical Center. I understand that the Surgical Center does not assume responsibility for any valuables I choose to bring with me the day of my surgery.

#### **8. NON-COVERED SERVICES:**

I understand that services rendered to me may not be covered under Medicare, Medicaid, other insurances or payers. These services may include cosmetic surgery. These may also include services which your physician determined were medically necessary for you but which were later determined unnecessary by the paying agency.

#### **9. SOCIAL SECURITY ADMINISTRATION RELEASE:**

I authorize the Social Security Administration to release to the Surgical Center information pertaining to my Medicare entitlement.

#### **10. ACKNOWLEDGMENT OF MICHIGAN PUBLIC ACT 488, Section 333.5133, Subsection #12.**

I understand that as a patient of this facility I may be tested for the presence of Human Immunodeficiency Virus (HIV), and HIV antibody, and/or Hepatitis, without my consent, if a health care professional or employee is exposed to my blood or other bodily fluids. I understand that the expenses for such testing will not be my responsibility.

**PLEASE REVIEW THIS DOCUMENT PRIOR TO CHECKING IN.  
YOU WILL BE ASKED TO SIGN A COPY OF THIS DOCUMENT  
UPON YOUR ARRIVAL TO THE SURGERY CENTER**

# Satisfaction

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It is extremely important to us that you leave Southwest Surgical Center delighted with your experience. We are also interested in your suggestions and feedback. You can share your feedback with any employee, but feel free to see the Clinical Manager, Business Manager, or Administrator during your stay. If you would like to speak with the Clinical Manager, Business Manager, or Administrator after you have gone home, you may call 616-685-3975.

You may receive a patient satisfaction survey. Please complete the satisfaction survey at your convenience. The survey provides us with valuable ideas for improvement and helps us recognize and reward our staff.

If you do not feel that your concerns have been dealt with in an appropriate manner and you have concerns about patient safety or quality of care, you can contact The Joint Commission at 800-994-6610 or via their website [www.jcpatientsafety.org](http://www.jcpatientsafety.org).

# Advance Directive

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It is the Center's responsibility to inform patients about Advance Directives, which may include a living will, durable power of attorney, and Do Not Resuscitate orders. It is the policy of the center, regardless of the contents of an Advance Directive or instructions from a Health Care Surrogate or Power of Attorney that if an adverse event occurs during treatment, the center personnel will initiate resuscitative or other stabilizing measures, and transfer the patient to an acute care hospital for further evaluation.

# Common Interest Disclosure Statement

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Your surgeon has chosen Southwest Surgical Center for your surgical needs. Your surgeon is confident in the ability of the Surgical Center to provide the quality of surgical services you require. Your surgeon may hold a financial interest in Southwest Surgical Center. If you wish, you may chose another facility for the purposes of the surgical services you require. Please discuss this with your surgeon. He/she may not hold privileges at the facility of your choosing.

The Southwest Surgical Center, in its goal to provide you with a high quality, personally satisfying experience, has partnered with several physicians. These partnerships enable us to maintain the Southwest Surgical Center’s commitment to innovative, quality care. In the interest of providing our patients with all necessary information for informed decision-making, this notice is to inform you that your physician may have an investment interest in the Southwest Surgical Center. If you have questions about your surgeon’s involvement in the Southwest Surgical Center, please contact your surgeon.

## Owners

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Shannon Armstrong, MD .....	Hand and Plastics
William Cullen, MD .....	Hand and Plastics
John Healey, MD .....	Orthopedics
Timothy Henne, MD .....	Orthopedics
Tim Lenters, MD .....	Orthopedics
Andrew Livingston, MD .....	Hand and Plastics
Matthew Martin, MD .....	Hand and Plastics
James Pouillon, DPM .....	Podiatry
Steven Ringler, MD .....	Plastics
Mark Winkle, MD .....	ENT
Mercy Health Saint Mary’s Metro Health	

# Notice of Privacy Practices

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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.

## Our Legal Duty

We are required by law to protect the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We will follow the privacy practices that are described in this Notice while it is in effect. This Notice is effective beginning April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our policies and the terms of this Notice at any time. Any changes we make will be effective for all of the information we maintain, including the information we created or received before we made the changes. When we do, this Notice will be changed and the new Notice will be posted in the waiting area.

You can request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, contact us using the information listed at the end of this Notice.

## Uses and Disclosures of Your Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations. This means that we may use or disclose your health information:

- to a physician or other healthcare provider who is providing treatment to you
- to obtain payment for services that we provide to you
- to assess the care that was provided and monitor the quality and effectiveness

We will also use and disclose your health information for reasons listed below:

- When you specifically request and authorize us to do so in writing. If you do so, you can revoke (or cancel) your authorization at any time by submitting your request in writing. Once you revoke the authorization, no future uses or disclosures will occur related to your original authorization request. Without your written authorization we will not use or disclose your information except as listed in this Notice.
- We may release your health information to a friend or family member who is involved in your care, or who assists in taking care of you unless you object. If you are incapacitated or in emergency circumstances, we will release your health information if we believe, by using our professional judgment and experience, it is in your best interest.



- We will contact you to provide appointment reminders via phone or mail. We may leave messages on your answering machine for these reminders.
- We may also contact you by mail or phone to share results of medical tests that were performed or requested by your doctor. We will not leave your results on an answering machine, but we will leave you a message to call us back. If you prefer not to receive this information by phone or mail, please inform us.
- We will share your health information with our business associates. A business associate is a company that provides certain services to our practice. To protect you, we have signed agreements in place that require our business associates to keep your information private.
- When we are required by law to do so.
- When required for certain public health activities, such as disease control or public health investigations.
- If we believe that you are a possible victim of abuse, neglect, domestic violence, or the victim of other crimes. We will disclose information if we determine the disclosure is necessary to prevent serious harm to you or others.
- When law enforcement or federal officials request information or as required by certain judicial or administrative court proceedings.
- For research purposes when the research has been approved by an institutional review board that has reviewed proposals and established protocols to ensure the privacy of your health information.
- When required for certain FDA investigations and activities, such as investigations of product defects, or to permit product recalls, repairs or replacements.
- To a coroner or funeral director if necessary to complete their legal duties.
- If you are an organ, eye or tissue donor, we will disclose information to facilitate your donation.
- When authorized by and to the extent necessary to comply with workers' compensation laws.

## Patient Rights

In most cases, you have the right to look at or get copies of your health information and you may do so by completing our request form. If you request copies, we will charge you a reasonable cost-based fee for the copies that are made. If you would like to look at your health information, a time will be scheduled for you do so in the company of an office staff member and you will be charged a reasonable fee to cover the costs associated with such appointment.

You also have a right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or for healthcare operation purposes after April 14, 2003. If you request this information more than once in a 12 month period, we will charge you a reasonable, cost-based fee for fulfilling any additional requests.

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree with your restrictions, but if we do, then we will abide by our agreement (except when required by law or in an emergency).

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. You must request this in writing and we may deny your request in certain circumstances.

You have the right to receive confidential communication from us. You must submit a written request to have us communicate with you about your health information by alternate means or at an alternate location.

If you received this notice electronically, you have the right to receive a paper copy.

## Questions and Complaints

If you would like more information about our privacy practices or have questions, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, or in response to a request you made to restrict or amend the use or disclosure of your health information, or if we cannot accommodate your request to communicate with you by alternate means or at an alternate location, you may file a written complaint using the contact information below.

- Mark Iverson, Director of Organizational Integrity  
Saint Mary's Health Care 200 Jefferson, SE  
Grand Rapids, MI 49503  
616-685-5000
- U.S. Department of Health and Human Services, Department of Civil Rights.  
We will provide you with the address upon request.
- Joint Commission on Accreditation of Healthcare Organizations  
Office of Quality Monitoring  
One Renaissance Blvd. Oakbrook Terrace, IL 60181  
1-800-994-6610 [www.JCAHO.org](http://www.JCAHO.org)

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

# Notes

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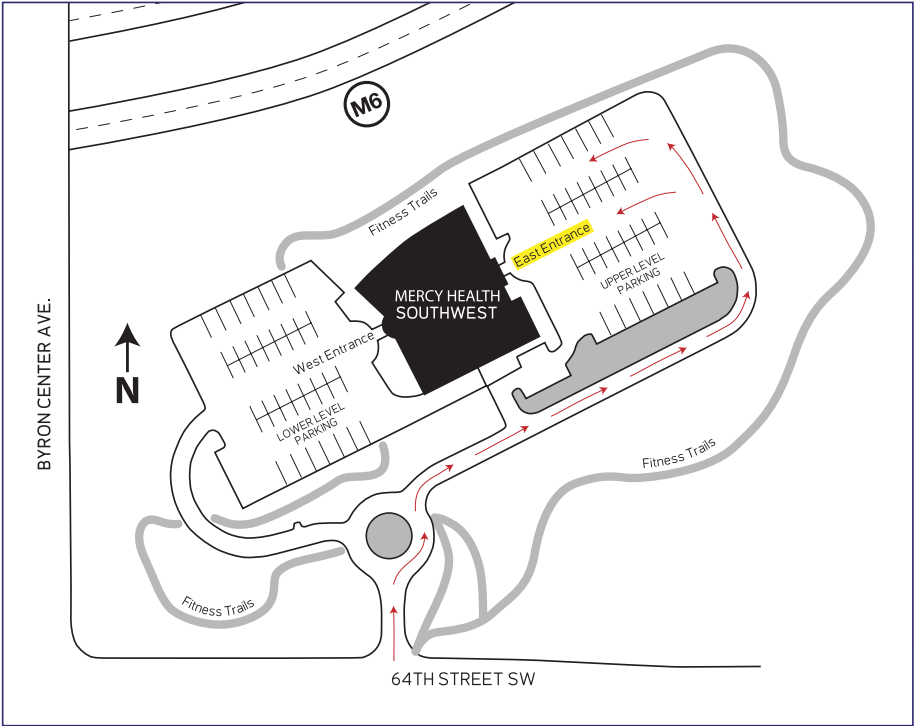
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## Facility and Parking Map



# Directions



2373 64th Street SW  
Suite 2200  
Byron Center, MI 49315  
Phone: 616-685-3975

*Upper Level,  
"East Entrance"*

*Please see page 18  
for a more detailed Facility  
and Parking Map*

## **FROM THE NORTH (CADILLAC / BIG RAPIDS)**

Take US-131 south toward Grand Rapids/Kalamazoo. Take exit 77 and stay right at the fork for M-6 west toward Holland. Take exit 5 for Byron Center Avenue and turn left. Turn left on 64th Street and your destination will be on the left.

## **FROM THE SOUTH (KALAMAZOO)**

Take US-131 north toward Grand Rapids. Take the exit toward M-6 west Holland. Take exit 77 on the left to merge onto M-6 west toward Holland. Take exit 5 for Byron Center Avenue and turn left. Turn left on 64th Street and your destination will be on the left.

## **FROM THE EAST (LANSING / DETROIT)**

Take I-96 west toward Grand Rapids. Take exit 46 and merge onto M-6 west toward Holland. Take exit 5 for Byron Center Avenue and turn left. Turn left on 64th Street and your destination will be on the left.

## **FROM THE WEST (GRAND HAVEN / MUSKEGON)**

Take I-96 east toward Lansing, to US-131 south. Take US-131 south toward Grand Rapids/Kalamazoo. Take exit 77 and stay right at the fork for M-6 west toward Holland. Take exit 5 for Byron Center Avenue and turn left. Turn left on 64th Street and your destination will be on the left.