

The Massachusetts Avenue Surgery Center is conveniently located in Bethesda, Maryland - serving Maryland, Virginia, and the District of Columbia. Our Center specializes in outpatient surgery specifically, orthopedic, ENT, colorectal, plastics, oculoplastics, ophthalmology, podiatry, gynecology, pain management, and spine. We provide cost effective, safe and convenient patient care.

Your physician has chosen the Center because of its state-of-the-art equipment, and highly skilled staff. The Center's team of professionals is dedicated to providing you with the highest quality care, comfort and compassion.

In accordance with state and federal guidelines attached please find important information for your review.

- Privacy Policy
- Patient Rights and Responsibilities
- Advance Directives
- Physician Ownership Disclosures

To start the pre-surgical assessment process, we request that you go online to complete your medical history utilizing One Medical Passport. We recommend that you enter your medical history online as soon as your surgery has been scheduled. Once you do this, our pre-surgical assessment staff will be able to access the information you entered and begin planning for your procedure.

To begin your online Pre-Surgical Assessment,

- Go to www.onemedicalpassport.com
- Register as a new patient—create a username and password

The staff wants to make your time with us as pleasant as possible. For more information about the Center or any questions you may have concerning your procedure, please visit us at www.massurg.com or call 301-263-0800.

PRIVACY POLICY

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.

Patient Health Information

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment and related medical information. Your health information also includes payment, billing, and insurance information.

How We Use Your Patient Health Information

We use health information about you for treatment, to obtain payment and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

Example of Treatment, Payment and Health Care Operations

..Treatment: We will use and disclosed your health information to provide you with medical treatment or services, for example, nurses, physicians, and other members of your treatment team will record and use it to determine the most appropriate course of care.

We may also disclose the information to other healthcare providers who are participating in your treatment, to pharmacists who are filling your prescriptions and to family members who are helping with your care.

..Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

..Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment and to assess the care and outcomes of your case and others like it.

Special Uses

We may use your information to contact you about your health, treatment and other health related benefits and services that may be of interest to you.

Other Uses and Disclosures

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes:

Required by Law: We may be required by law to report subjected abuse or neglect or similar injuries and events.

Public Health Activities: as required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products and similar information to public health authorities.

Health Oversight: We may be required to disclose information to assist in investigations and audits, eligibility for government programs and similar activities.

Judicial and Administrative Proceedings: We may disclose information required by subpoena or court order.

Law Enforcement Purposes: Subject to certain restrictions, we may disclose information required by law enforcement officials.

Serious Threat to Health or Safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person,

Military and Special Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

Workers Compensation: We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health formation about you. If you choose to sign an authorization to disclose any future uses and disclosures.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information and to abide by the terms of the Notice currently in effect.

Changes in Privacy Practices

We may, at any time, change our policies. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area. You may also request a copy of the notice by calling the Center or stop by reception.

You have the right to complain to the Center if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the Center—Nancy Arenas, CEO, 6400 Goldsboro Road, Suite 400, Bethesda, MD 20817 or Office of Health Care Quality, Hospital Complaint Unit, Spring Grove Hospital Center, Bland Building, Catonsville, Maryland, 21228—Attn: Complaint Department. Telephone 800-492-6005 or directly to Medicare at www.medicare.gov/ombudsman/resources.asp.

PATEINT RIGHTS & RESPONSIBILITIES

Respecting the unique individuality of every patient is a major goal of The Massachusetts Avenue Surgery Center. To attain this goal, we have determined that the rights and responsibilities of every patient should be protected and preserved.

You Have the Right:

- To be informed of the rules and regulations as they apply to your conduct.
- To expect privacy and dignity in treatment consistent with providing you with good medical and psychiatric care.
- To receive considerate, respectful care at all times and under all circumstances.
- To expect prompt and reasonable responses to your questions.
- To know who is responsible for authorizing and performing your procedures or treatments.
- To know the identity and professional status of your care giver.
- To have the right to change providers if another qualified provider is available.
- To know what patient support services are available, including access to an interpreter if language is a problem. .
To have access to your medical record according to Center Policy.
- To be informed of the nature of your condition, proposed treatment or procedure, risks, benefits and prognosis, and any continuing health care requirements after your discharge in terms you can understand.
- To be informed of medical alternatives for care or treatment
- To refuse treatment, except as otherwise provided by law, and to be informed of the consequences of your action. .
. To receive impartial access to medical treatment or accommodations regardless of race, sex, creed, sexual orientation, national origin, religion, physical handicap, or sources of payment.
- To know if the medical treatment prescribed is for experimental purposes and to give your written consent to participate if you choose.
- To participate in the decision-making process related to the plan of your care.
- To have access to professionals to assist you with emotional and/or spiritual care.
- To exercise your cultural values and spiritual beliefs if they do not interfere with the well-being of others, or the planned course of any medical care.
- To participate in the discussion of ethical issues that arise.
- To express concerns regarding any of these rights in accordance with the grievance process.
- To formulate advance directive and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law.

You Are Responsible For:

- Providing accurate and complete information about present and past medical conditions and all other matters pertaining to your health.
- Reporting unexpected changes in your condition to your health care providers.
- Informing your health care provider whether you understand the plan of care and what is expected of you.
- Following the treatment plan recommended by your health care provider.
- Keeping appointments and, if you cannot, notifying the proper person.
- Knowing the consequences of your own actions if you refuse treatment or do not follow the health care provider's instructions.
- Being considerate of the rights of other patients and Center personnel and to follow Center policy and regulations affecting care and conduct/
- We welcome your comments. If you have concerns about the care you or your family member have received, we encourage you to speak with your physician or with the supervisor of the area you are in. If you are uncomfortable or cannot resolve your concerns, please feel free to contact Nancy Arenas, CEO at 301-263-0800.

If your concern is not resolved to your satisfaction, you have the right to request a review by the Maryland Department of Health and Hygiene, Office of Health Care Quality, Hospital Complaint Unit, Spring Grove Hospital Center, Bland Bryant



Building, Catonsville, Maryland 21228—Attn: Complaint Department. Telephone 800-492-6005 or directly to Medicare at www.medicare.gov/ombudsman/resources.asp.

NOTIFICATION OF NONDISCRIMINATION

Massachusetts Avenue Surgery Center, LLC complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call number 301-263-0800. (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Nancy Arenas
6400 Goldsboro Road, Suite 400
Bethesda, MD 20817
nancy.arenas@scasurgery.com

If you need help filing a complaint, call the toll-free number 301-263-0800. (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Phone: 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at: www.massurg.com

AVISO DE NO DISCRIMINACION

Massachusetts Avenue Surgery Center (MASC) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. [Name of covered entity] no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Massachusetts Avenue Surgery Center:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
- Intérpretes de lenguaje de señas capacitados.
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
- Intérpretes capacitados.
- Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con la oficina de su médico en el momento que esté coordinando su cita.

Si considera que MASC no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

Nancy Arenas, CEO, 6400 Goldsboro Road, Bethesda, MD 20817, 301-263-0800, Fax 301-2630820, Nancy.arenas@scasurgery.com. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, Nancy Arenas está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for CIVIL Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación: 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) Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

ADVANCED DIRECTIVES

It is the policy of this Center to respect and encourage patient self-determination. Patients will be encouraged and assisted to be active participants in the decision-making process regarding their care through education, inquiry and assistance as requested. Patients will be encouraged to communicate their desires regarding advance directives to their significant others and/or surrogate, to allow for guidance of significant others and/or surrogate and healthcare providers in following the patient's wishes should the patient become incapacitated, rendering them unable to make decisions. The existence of an advance directive, or lack thereof, will not determine the patient's access to care, treatment and services. The Massachusetts Avenue Surgery Center will always attempt to resuscitate each patient regardless of their advance directive wishes.

The state of Maryland Office of the Attorney General has developed a guide to Maryland law on health care decisions. You may obtain a copy by contacting the Center at 301-263-0800 or from the receptionist. Further, for more information on this you may contact the Health Policy Division of the Attorney General's Office at 410-576-6327 or email to or to obtain more information visit their site at <http://www.oag.state.md.us/healthpol/> or write to them at Office of the Attorney General, 200 St. Paul Place, Baltimore, MD 21202.

MASSACHUSETTS AVENUE SURGERY CENTER PHYSICIAN OWNERSHIP

The following physicians have financial interest in the Massachusetts Avenue Surgery Center		
Physician	Address	NPI
Ammerman, Joshua, MD	5215 Loughboro Road, NW, Suite 510 Washington, DC 20016	1043361124
Ammerman, Matthew, MD	5215 Loughboro Road, NW, Suite 510 Washington, DC 20016	1871764253
Busch, Rebecca, MD	1133 21 st NW, Building B, Suite 200 Washington, DC 20036	1871625699
Beiser, Ian, DPM	1145 19th Street, NW Suite 203 Washington, DC 20036	1225025737
Cytryn, Albert, MD	6420 Rockledge Drive, Suite 4300 Bethesda, MD 20817	1477550580
Dettelbach, MD, MD	5454 Wisconsin Avenue, Suite 1535 Chevy Chase, MD 20815	1467425546
Earl, Natalie, MD	5454 Wisconsin Avenue, Suite 1535 Chevy Chase, MD 20815	1346289394
Firestone, Lee, DPM	5530 Wisconsin Avenue; Suite 945 Chevy Chase, MD 20815	1659370641
Gilbert, James, MD	7811 Montrose Road, Suite 220 Potomac, MD 20854	1164472569
Goral, Antoni, MD	8401 Connecticut Avenue Suite 800 Chevy Chase, MD 20815	1013915487
Nadim Hallal, MD	7811 Montrose Road, Suite 340 Potomac, MD 20854	1689898066
Malaisrie, Nora, MD	5530 Wisconsin Avenue, Suite 1500 Chevy Chase, MD 20815	1932265881
Perman, Kevin, MD	6420 Rockledge Drive, Suite 4300 Bethesda, MD 20817	1457372872
Rankin, Marc, MD	5520 Wisconsin Avenue, Suite 1660 Chevy Chase, MD 20815	1760480222
Scheer, Mark, MD	1015 18th Street, NW, Suite 300 Washington, DC 20036	1558429340
Schoenfeld, Phillip, MD	5454 Wisconsin Avenue, Suite 1625 Chevy Chase, MD 20815	1891768875

Schwartz, Jerome, MD	5454 Wisconsin Avenue, Suite 1535 Chevy Chase, MD 20815	1396782769
Shen, Jessica, MD	5454 Wisconsin Avenue, Suite 1535 Chevy Chase, MD 20815	1306044086
Shrout, Joseph, MD	Shady Grove Orthopedics Associates 9715 Medical Center Drive, Suite 415 Rockville, MD 20850	1295719805
Bindu Umapathi, MD	5550 Friendship Blvd. Suite T-90 Chevy Chase, MD 20815	1790009413
Vicente, Gonzalo, MD	2 Wisconsin Avenue, Suite 200 Check Chase, MD 20815	1831121003
Williams, Jack, MD	5454 Wisconsin Avenue, Suite 1535 Chevy Chase, MD 20815	1598738189

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