

WELCOME VISITORS!

Do not enter if:

- You have been around someone in the last 10 days who has a confirmed or suspected case of COVID-19
- You have any of the symptoms below

ONE of the following:

- FEVER
- CHILLS



- COUGH*
- SHORTNESS OF BREATH*



Or at least TWO of the following:

- FATIGUE*
- MUSCLE OR BODY ACHES*
- HEADACHE*
- NEW LOSS OF TASTE OR SMELL
- SORE THROAT*
- NASAL CONGESTION OR RUNNY NOSE*
- NAUSEA*
- VOMITING
- DIARRHEA*

*If you are experiencing this symptom, is it new or different?





CHRISTUS[®]
Central Louisiana
Surgical Hospital

A Patient-Focused, Physician-Owned Hospital

INFORMATION AND INSTRUCTION BOOK

651 North Bolton Avenue • Alexandria, LA 71301
Ph: (318) 443-3511 • (800) 853-3511 • Fax (318) 767-9668

www.clshospital.com



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————— www.clshospital.com —————

Welcome!

CHRISTUS Central Louisiana Surgical Hospital is pleased with the decision of you and your doctor to utilize our services. Our staff wants to make your upcoming visit as comfortable and pleasant as possible. Our hospital provides the highest quality of care in a warm, personalized setting.

FACILITY OVERVIEW

PATIENT INFORMATION

OUTPATIENT • PEDIATRICS • INPATIENT • ANESTHESIA SERVICES

FINANCIAL ARRANGEMENTS

RIGHTS & RESPONSIBILITIES

VISITATION & AUXILIARY

IMAGING



CHRISTUS[®]

Central Louisiana *Surgical Hospital*

OVERVIEW OF THE ORGANIZATION

- The CHRISTUS Central Louisiana Surgical Hospital provides specialized care for patients with specific, non-critical and non-emergent surgical admissions. Our ultimate goal is to assist patients to a successful recovery by providing a setting in which more effective health care can be delivered. This is accomplished by providing a comfortable home-like setting, in which a professional staff works to insure the highest level of patient care in a more cost-effective manner. Family support and involvement is promoted and encouraged as well. This supports the patient's self-image as "other-wise healthy" and facilitates a speedier return to the community, reducing health care costs and strengthening the economy at large.
- The surgical hospital offers procedures for the following specialties: ENT, gastroenterology, general surgery, gynecology, neurosurgery, ophthalmology, oral surgery, orthopedics, pain management, plastic surgery, podiatry and urology.
- In addition to surgical services, CHRISTUS Central Louisiana Surgical Hospital contains an imaging department comprised of MRI, CT, general radiology and ultrasound, as well as laboratory, pharmacy and dietary services.
- The facility provides a full-time staff of registered nurses, licensed practical nurses, technicians and other ancillary personnel for patient care in the perioperative setting. In addition, the facility has the necessary equipment and trained personnel for handling unforeseeable emergencies.

DISCLOSURE OF OWNERSHIP

We are required by Federal law to notify you that this Hospital meets the Federal definition of a "physician-owned hospital" as specified in 42 C.F.R. § 482.13(b)(2). A list of physicians who have a financial interest in CHRISTUS Central Louisiana Surgical Hospital is available upon request.

MISSION

The Mission of CHRISTUS Central Louisiana Surgical Hospital is to provide high quality, cost effective and operationally efficient surgical services with an environment that promotes improved comfort, safety, and satisfaction to the patients and physicians we serve.

VISION

The Vision of CHRISTUS Central Louisiana Surgical Hospital is to strive to be the recognized leader and the customer's first and best choice in value-added surgical services.

VALUES

CHRISTUS Central Louisiana Surgical Hospital has defined the principles of our organization that will guide the company and make us unique. These Values demonstrate the basis of our decision making to our employees and customers.

| | |
|-----------------|--|
| COMMITMENT | We are committed to excellence and the provision of a quality focused and patient focused environment. |
| TEAMWORK | We will promote a coordinated approach to care with direct physician involvement and an empowered staff. |
| INTEGRITY | We will maintain the highest level of personal and professional conduct, and always act in an ethical and honest manner, with fairness and consistency in all relationships. |
| QUALITY OF CARE | We will be the leader and standard for high quality surgical care by empowering our employees and physicians to bring value and quality of care to all patients. |
| EXCELLENCE | We will have the highest standards of service and performance, and will exceed the expectations of all those with whom we work. |

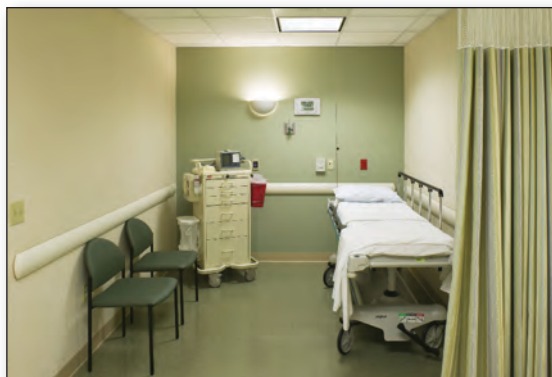


PRIOR TO YOUR PROCEDURE

- Closely follow your physician's instructions. If you have any questions about the details of your procedure, call your admitting physician for this information.
- If you experience any health changes between your recent visit to your physician and the day of your procedure, notify your physician. Please report even minor changes such as an elevated temperature, cough or cold.
- Guidelines for Eating and Drinking will be given to you by the Pre-Admission Nurse prior to your procedure. Undigested food and liquids in the stomach can cause complications, and your procedure will be cancelled or delayed if you forget to follow these instructions.
- If you take daily medication, the pre-admission nurse or physician will discuss the medications you should or should not take prior to your procedure. Have these medications available when talking to the nurse or physician.
- Smokers should not smoke for 24-28 hours prior to their procedure. It shall be the policy of the CHRISTUS Central LA Surgical Hospital to promote healthy lifestyles to those on our campus. Recognizing the overwhelming and conclusive evidence that tobacco smoke is harmful to the smoker's health, that passive smoke is harmful to others, and because of the passing of the City of Alexandria Ordinance 44-2006, our facility is a "smoke-free" environment. This applies both inside the facility and throughout the grounds. There are no designated smoking areas inside or on the property of the facility.

Special Needs Patients: Please notify the hospital of your special needs prior to arriving on your day of surgery.

- We are happy to accommodate the special needs of any patient. We ensure accessibility and effective communication regardless of your situation. The Hospital uses the following TTY number for the deaf and hearing impaired: 1-800-846-5277.
- Non-English speaking patients will be provided with a service to help overcome any language barriers.



There are pre-operative cubicles where the patients are prepared and wait prior to their procedure. Visitors are allowed to wait in this area with the patient.

DAY OF YOUR OUTPATIENT PROCEDURE

- A family member or friend (18 years or older) must accompany you to and from The Surgical Hospital. Your physician will wish to talk to this person after your procedure. It is important for this person to remain in the facility during your entire admission. The facility encourages that you bring no more than 2 adults to accompany you at the facility.
- Children under the age of thirteen (13) are not allowed in the patient care areas.
- Plan to be at the facility for approximately 4 to 6 hours.
- Bathe or shower and brush your teeth the morning of your procedure (taking caution not to swallow any water).
- Wear loose comfortable clothes that are easy to put back on after your procedure.

If you are having shoulder surgery, wear a very large front buttoned shirt.

If you are having knee surgery, bring shorts or very large, wide legged pants or sweat pants.

If you are having any type of abdominal surgery, wear very loose and comfortable clothing with a non-restrictive waist band.

- Leave all valuables at home. We cannot be responsible for lost or damaged personal belongings.
- Remove all makeup, hair pins, and body piercings. You are not required to remove your nail polish, but it is recommended that you do not use dark colors. Sometimes dark colored nail polish will inhibit the use of some necessary monitoring equipment.
- Report to the Hospital at the time given to you by the pre-admission nurse. Generally, this is 1 to 1½ hours before your procedure is scheduled. This provides adequate time for admission and preparation for your procedure.
- Bring medications with you the day of your surgery.
- You may be required to remove contact lens, glasses, hearing aids, or dentures. Please bring a storage case to protect these in the event that these need to be removed. This is decided upon based on the type of procedure that you will be having.
- Remember to follow all instructions regarding eating, drinking, and taking medications that you were given by your physician or the pre-admission nurse.



A warm, comfortable, spacious waiting area is available for visitors.

AFTER YOUR OUTPATIENT PROCEDURE

Recovery Room Stay

- Your condition will be closely monitored by the facility staff for an average of 1 to 2 hours.
- Certain criteria must be met for you to be discharged. Although it is very rare, some patients may not meet the criteria for discharge and may require inpatient hospitalization. Your physician or anesthesiologist will determine your readiness for discharge.
- Your visitors may stay with you in this area. They will be summoned to visit you when the staff determines it to be appropriate.
- Your “At Home” instructions will be discussed with you and your family member by the nurses in the recovery room. You will receive a written copy of them.
- Keep in mind that as a patient you will be administered medication that may cause side effects such as amnesia. Please inform your family that this will be temporary. You may be very sleepy when you are discharged home. **This is why a responsible adult needs to drive you home and remain with you.** Some patients may require extended recovery times or admission to the inpatient area.

After Discharge

- Refrain from making major decisions and signing contracts or any legal documents for 24 hours after your procedure. Make sure that you are not alone for the initial 24 hours following your discharge. Do not drive for a minimum of 24 hours after your discharge. Follow all instructions that will be given to you by the discharge nurse.
- A nurse from the facility will call to check on you the next business day following your discharge (Friday patients will be called on Monday). Upon admission, we will acquire the number where you may be reached for this call.



There are private recovery rooms where the patient recovers in a quiet, comfortable, private setting with their family / friend.

INFORMATION REGARDING PATIENTS STAYING OVERNIGHT

PATIENT INFORMATION

- The Surgical Hospital main entrance will be open Monday – Friday, 5:30 am until 6:00 pm. After 6 pm and on weekends, the visitor entrance is located to the right and rear of the main entrance. Entrance at this location will only be accessed by request. A call system to request admittance is located at this door. There will be no entrance into the facility between 9 pm and 5:30 am. Visitation ends at 9:00 pm however one guest may stay overnight with you in your room.
- Follow all instructions carefully that are provided to you by the Pre-Admission nurse. This nurse will call you a few days prior to your procedure to review information regarding your admission. A time of arrival will be given to you the day prior to your procedure. The pre-admission nurse may be reached Monday – Friday, 6:00 am to 2:30 pm at 318-427-7624.
- Our Full Service Cafeteria is open from 6:00 am to 2:00 pm, Monday through Friday. Vending machines are accessible at all times.
- Each patient room is equipped with a comfortable sleeper sofa, remote flat screen TV with cable, handicapped bathroom with shower and vanity, telephone, wireless internet connections, and a spacious wardrobe storage area.
- It is our goal to exceed your expectations. Please let us know if we can provide additional comfort for you or your guests.
- After 6:00 pm, families and visitors of overnight patients are encouraged to park at the rear of the hospital near the Inpatient Department since the main entrance closes at this time.



PEDIATRIC PATIENTS

PATIENT INFORMATION

- Talk to your child about the upcoming procedure. Let your child know that you will be there for them during their pre-operative and recovering room phase.
- An anesthesiologist will assess your child and order appropriate sedation medication to be given to them in the pre-operative area. This relieves their anxiety and hopefully will produce an amnesia effect on the child so that they will not remember leaving the parent when they are being transported to the procedure room.
- Allow your child to bring their favorite blanket, doll, stuffed animal, or toy. Also bring an empty bottle or sippy cup that will be used in the recovery room phase.
- Consent of a minor (anyone under the age of 18) for a procedure and for anesthesia must be given by the parent or legal guardian of the child. If the parent is not accompanying the child, consent must be obtained prior to admission. **If another individual has been appointed as a legal guardian, official documentation must be brought to the facility to verify the official legal guardian of the child.**
- Your child may dress in comfortable clothing. This prevents you from having to change their clothing once they are home. A facility gown and socks are provided for surgery.
- It is recommended, if possible, one adult be the driver of the vehicle and another adult be available to attend to the child during transport to home.
- Throughout your stay it is important to remember that the parent's attitude can strongly influence the child's reaction and behavior. Children take their cues from their parents, so an anxious parent may result in an anxious child.
- Anesthesia effects everyone differently, including children. They often wake up very fussy, confused and/or inconsolable. This can be upsetting to parents. It is important to realize this is temporary and their behavior will improve as the anesthesia wears off.



The patient initially goes to a Recovery Room bay area after having general anesthesia. The families are not allowed in this area. Close observation and care by the nurses is provided prior to transferring the patient to a private recovery room.

ANESTHESIA SERVICES

Your procedure may require anesthesia services. If so, the anesthesiologist will discuss this with you on the day of your scheduled procedure. You will be required to sign a consent form authorizing these services.

EMPHASIS ON ACUTE PAIN MANAGEMENT AND RAPID RECOVERY TIMES:

Anesthesia Services are provided by a contracted service. Successful results of the patient's procedure are only a portion of the care they provide. Another emphasis is pain management, to ensure that the patient remains as comfortable as possible both during their procedure and in recovery time which follows.

The anesthesia service is composed of Anesthesiologists who are experts in the use of the most advanced acute pain management techniques available. These techniques result in minimizing pain, improving patient satisfaction, and a quicker recovery time and return to everyday lifestyle.



ADVANCED DIRECTIVES

- The CHRISTUS Central Louisiana Surgical Hospital shall comply with state statutes and court decisions regarding advance directives/DNR. The facility shall not condition provision of care or otherwise discriminate against an individual based on whether or not an individual has executed an advance directive. If a patient requests advance directives, staff will assist them in obtaining information upon request. Life sustaining efforts will be initiated and maintained on all Code Blue patients at the facility.
- Every patient or their designated health care decision maker has the right to express their wishes regarding resuscitation and will be required to sign the "Advance Directive Guidelines" form before treatment begins at the hospital.
- All information pertaining to these issues will be placed in the patient's medical record on admission, and copies will accompany the patient being transferred to another facility.
- **The Condition of Admission Form includes a statement informing the patient/representative of a temporary suspension of the Advance Directive/DNR. Exceptions are negotiated with your physician.**
- For more information visit:
<http://www.lmhpc.org/caregivers/advance-directives.shtml>

FINANCIAL ARRANGEMENTS

- It is the goal of the facility to assure the patient clearly understands his financial obligations prior to admission. Personnel are available to discuss the facility's options regarding payment arrangements and the billing processes. Knowing and understanding this procedure in advance facilitates a timely and smooth collection process.
- Prior to Admission, a patient, or his/her responsible party, should contact the Registration Department to coordinate financial arrangements with the facility. These arrangements include insurance verification and determination of payment of deductibles, co-pays, and any outstanding account balances.
- Uninsured patients or those paying cash will be required to pay for services on or before the admission date.
- Various payment options exist including, cash, check, money order, Visa, MasterCard, American Express, Discover and EPay. EPay is a service that allows automatic payments made via electronic funds transferred from either checking or savings. Call to schedule an appointment to discuss specifics of financial options.
- Other professional services such as anesthesia, pathology, radiology and your physician are billed separately by their respective offices.

**The Admission Department may be reached
Monday - Friday 8:00 a.m. – 5:00 p.m.
Call (318) 443-3511**

BILLING AND INSURANCE

- Claim processing is an organized effort including collaboration between the patient, facility personnel, physician, and insurance provider.
- Accurate information and communication received in a timely manner are key elements to expedite claim processing. Accurate information includes bringing your **current insurance card** and **photo identification** on the day of your procedure.
- The Hospital will bill your insurance company for the use of the facility. This charge includes the cost of the operating/procedure room, recovery room, facility laboratory test and supplies for your procedure.
- After insurance collections are completed, billing statements informing the patient of their remaining financial obligation will be sent. Payments or alternate financial arrangements need to be made immediately at this time. Contact the billing department at (318) 427-7631 to make payment arrangements and/or payments.
- After 120 days, accounts that have no activity or no alternate arrangements made with the facility will be notified by a FINAL NOTICE requesting immediate payment of the balance due.
- If there is still no activity or communication from the patient after an issuance of a FINAL NOTICE, the facility will seek assistance of an outside collection agency to acquire payment.
- The patient will be responsible for the cost of any charges incurred by a collection agency.

FINANCIAL ARRANGEMENTS

**For questions regarding your financial obligations,
please call 427-7631.**

HOSPITAL HIGHLIGHTS

Multispecialty Surgical Hospital
Inpatient & Same-Day Surgeries
Gastroenterology & Interventional Pain
12 Operating Rooms
2 Endoscopy Suites
2 Imaging Procedure Rooms
Pre- and Post-Operative Patient Areas
24 Private Inpatient Rooms
Full-service Imaging Department
(True Open MRI & 3 Tesla MRI)



SUPPORT SERVICES

Respiratory Therapy
Social Services
High complexity CLIA Certified Laboratory
Physical Therapy
Pre-admission testing services
EKG
Anesthesia Services
Dietary
Patient Education
24-7 In-house physician coverage
Medical Management
(Primary care and Cardiology)

MULTISPECIALTY SURGICAL CARE

- ENT
- Gastroenterology
- General Surgery
- Gynecology
- Neurosurgery
- Ophthalmology
- Oral Surgery
- Orthopaedics
- Pain Management
- Plastic Surgery
- Podiatry
- Urology

PATIENT RESPONSIBILITIES

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect.

1. The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.
2. The patient is responsible for reporting perceived risks in his or her care and unexpected changes in his/her condition to the responsible practitioner.
3. The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
4. The patient is responsible for following the plan of care established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
5. The patient is responsible for keeping appointments and for notifying the hospital or physician when he/she is unable to do so.
6. The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
7. The patient is responsible for assuring that the financial obligations of his/her hospital care are fulfilled as promptly as possible.
8. The patient is responsible for following hospital policies and procedures.
9. The patient is responsible for being considerate of the rights of other patients and hospital personnel.
10. The patient is responsible for maintaining his/her personal property and being respectful of other persons' property while in the hospital.
11. The patient has the responsibility to notify the staff of any restrictions related to discussion and/or disclosure of any protected health information.

PATIENT VISITATION

- The hospital will implement practices to assure the patients' full and equal right to choose whom they want to visit them and provide support while they are in the hospital.
- Visitors of choice may include spouses, domestic partners (including same-sex domestic partners), family members, friends or other individuals regardless of category of acquaintance.
- The hospital will inform patients of their visitation rights and restrictions or limitations on visitation rights at the time of admission.
- The hospital will inform patients of their right to choose who may visit them and their right to restrict or withdraw consent for an individual to visit.
- In order to protect the privacy of all patients and provide an environment where care can be effectively provided to the patient, visiting hours may be designated and the number and age of visitors may be limited.
- CHRISTUS Central Louisiana Surgical Hospital encourages and facilitates visitation in a manner that promotes healing, balances the needs of all patients and visitors, and creates a safe and secure environment.
- All visitors will be provided an identification badge that identifies them as a patient visitor and states the room number of the patient they are there to visit. The badge is to be worn above the waist whenever the visitor is present in the hospital.
- All visitors will be required to sign in and out at the nurse's station on the visitors' log.
- Patients and their support persons will receive a written copy of the visitation rights at the time of their admission to the hospital. Documentation of receipt of this document will be completed in the medical record.
- Patient visitation rights will be posted in waiting rooms and public lobbies in the hospital.
- There are times when clinically necessary or reasonable restriction on visitation may be required. The following are examples of some of these times, but is not considered an all inclusive list:

Any court order limiting or restraining contact

Persons in custody of law enforcement

A patient's need for rest or privacy

Disruptive, threatening, or violent behavior of any kind exhibited

When visitation would interfere with the care of the patient or of other patients

Patient's risk of infection by the visitor

Visitor's risk of infection by the patient

Extraordinary measures during a pandemic or infectious disease outbreak

- Visitation while the patient is undergoing an intervention or procedure are subject to the clinical judgment of the care providers, wishes of the patient, physical limitations of the patient's room, when the intervention or procedure requires maintenance of aseptic technique.
- Reasons for limitation or restrictions to visitation will be clearly explained to the patient and their support person by the healthcare provider.
- If a patient believes that his/her visitation rights have been violated, the patient or his/her representative may file a grievance with the hospital utilizing the hospital's grievance resolution process.

AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES

All aids needed to communicate information are provided without cost to the person being served. Communicative needs will be communicated to the appropriate staff as soon as the CHRISTUS Central Louisiana Surgical Hospital is informed of the need.

The CHRISTUS Central Louisiana Surgical Hospital will designate the Chief Executive Officer and the Receptionist to be responsible for implementing methods of effective communication with individuals who are deaf, hearing impaired, blind, visually impaired or who have impaired sensory, manual or speaking skills. These methods are as listed:

- Sign language interpreter.
- Telecommunication Device for the Deaf (TDD). Office staff will be trained to assist individual in making calls and numbers will be posted by the telephone. The TDD equipment will also be available to assist in communication with the patient and staff. **CHRISTUS Central Louisiana Surgical Hospital TDD/TTY onsite ph number: 1-866-629-1815. CHRISTUS Central Louisiana Surgical Hospital TDD/TTY off site ph number: 1-800-846-5277**
- Computers are available and easily accessible at the front desk to all visitors to aid in communication with speech impairment.
- Writing materials will be available at the front desk to be utilized to aid in communication as needed.
- All staff members are instructed to communicate thoroughly the content of written material concerning services, waivers of rights, consent to treatment, and billing procedures. Staff will be instructed to read forms out loud to all visually impaired persons if the patient chooses this form of communication. The interview room off of the lobby will be available to provide confidentiality and privacy.

- Large print can be made available to an individual requiring this assistance.
- A qualified interpreter will be made available to a patient at no additional cost. Only after being informed of this service can the patient rely on a family member or friend to act as their interpreter. The choice of the patient and the presence of an interpreter will be documented after every visit.

The following are provided to ensure equal accessibility to facility for disabled persons:

- Convenient off-street parking designated specifically for disabled persons
- Curb cuts and ramps between parking areas and buildings
- Level access into the first floor
- Fully accessible offices, bathrooms, waiting areas, patient care areas

Procedures used by CHRISTUS Central Louisiana Surgical Hospital to disseminate information to patients/residents and potential patients/residents about the existence and location of services and facilities that are accessible to persons with disabilities:

- The CHRISTUS Central Louisiana Surgical Hospital will provide a public notice indicating accessibility to the Facility for both disabled persons and for those needing assistive communication aids.
- The General Information Brochure and Patient Information Brochure contain the TDD phone number for the CHRISTUS Central Louisiana Surgical Hospital.

IMAGING

Welcome to CHRISTUS Central Louisiana Surgical Hospital Radiology department. We are dedicated to providing the best possible quality of care to our patients. We offer a variety of services related to the radiologic field. All images are interpreted by experienced local radiologists who can confer with your physician at a moments notice.

What happens when you arrive for your exam?

You will check in with the receptionist upon arriving. The front office staff will go through the registration process with you including obtaining copies of your insurance cards and identification. The technologist will call you to the back to prepare you for your exam. At that time an IV may have to be started and you may have to put on a hospital gown. You must take off any jewelry in the area to be scanned because metal interferes with the machine.

Pregnancy

Are you pregnant or is there a chance that you might be pregnant? This may seem like a personal question, but if you are a woman of child-bearing age, it's one of the things the radiologic technologist will ask before performing an examination. Radiologic technologists are skilled medical professionals who have received specialized education in the areas of radiation protection, patient care and radiation safety. Their job is to produce the best quality diagnostic image while minimizing your exposure to x-rays. This is of particular concern if you are pregnant or if you might be pregnant. Once you let the radiologic technologist know whether you are pregnant or you might be pregnant, several different things may happen. For example, if you have been trying to get pregnant or you have any symptoms of pregnancy such as nausea, vomiting or breast tenderness, the exam may be delayed until a pregnancy test is performed. If you are pregnant and must have an abdominal-area x-ray exam, your procedure may be delayed while the radiologist consults with the physician who ordered the exam.

Getting the results

Once imaging is completed and viewed on the computer screen, the images will be transferred to the radiologist for review and interpretation. He will then send a report to the doctor who ordered the test. That doctor will in turn discuss the results with you. The study will be kept on file in the Radiology Department for permanent storage.

For convenient, rapid and safe MRI, CT, Ultrasound or Diagnostic X-Rays, CHRISTUS Central Louisiana Surgical Hospital is the place to be seen.

Convenient Services

- Appointments from 6:30 am to 5:30 pm
- Same or Next day scheduling for most exams
- Rapid Test Results from our Board Certified Radiologist
- Top-Notch Customer Service
- Imaging Technology operated with High Standards of Care and Safety

Imaging Services

MRI (Magnetic Resonance Imaging): An exciting technology that allows your doctor to have the clearest possible look at your internal anatomy. MRI does not use X-rays or radiation. Instead, it uses a powerful magnetic field and radio waves to provide computerized images, which appear as “slices” of the anatomy. From these pictures, the radiologist can determine the differences between healthy and abnormal tissue. MRI procedure may be ordered with or without contrast materials.

CT or CAT scan: A specialized X-ray machine produces computer-generated images that look like slices which are cross section of body parts and internal organs. The exam is fast, non-invasive and has the unique ability to detect and diagnose a wide variety of medical conditions and abnormalities. It is frequently used as the primary diagnostic tool for early detection of tumors, infection, inflammatory conditions, stroke, obstructions, trauma and kidney stones. CT procedures may be ordered with or without contrast material.

Ultrasound: Very high-frequency sound waves produce an image of many of the internal structures of the body. This procedure is painless and produces very precise images of certain parts of the body. Ultrasound is the safest, easiest, non-invasive diagnostic exam that is performed to help diagnose a wide variety of disease processes. This procedure is frequently used for abdominal imaging and vascular studies.

X-ray: X-rays use radiation to create a picture. Bone appears white; soft tissue appears gray; surrounding space (air) appears black.

MRI

What is MRI and how does it work?

Magnetic resonance imaging, or MRI, is a way of obtaining very detailed images of organs and tissues throughout the body without the need for x-rays or “ionizing” radiation. Instead, MRI uses a powerful magnetic field. For this procedure, the patient is placed within the MR scanner—typically a large, tunnel or doughnut-shaped device that is open at both ends.

Safety

MRI has been shown to be extremely safe as long as proper safety precautions are taken. In general, the MRI procedure produces no pain and causes no known short-term or long-term tissue damage of any kind.

Claustrophobia

Some patients who undergo MRI examinations may feel confined, closed-in, or frightened. If you feel like this could be an issue for you please discuss this in advance with your physician. Our MRI technologist will permit a relative or friend to be present in the MR system room for the duration of your exam to help with feelings of claustrophobia. Our staff of highly trained MRI technologist will work with you to make your experience here comfortable and enjoyable.

Preparation

You will typically receive a gown to wear during your MRI examination. Before entering the MR system room, you will be instructed to remove all metal objects from pockets and hair.

If you are scheduled to have an injection of contrast during your MRI exam you will need to remain NPO (without food or drink) for 4 hours prior to your scheduled exam time. You can take all medications prior to your exam. Diabetic patients may be asked to withhold certain types of medications after an injection.

Items that may create a health hazard or other problem during an MRI exam include:

- Cardiac pacemaker or implantable defibrillator
- Catheter that has metal components that may pose a risk of a burn injury
- A ferromagnetic metal clip placed to prevent bleeding from an intracranial aneurysm
- An implanted or external medication pump (such as that used to deliver insulin or a pain-relieving drug)
- A cochlear (inner ear) implant
- A neurostimulation system

Items that need to be removed by patients and individuals before entering the MR system room include:

- All personal belongings
- Hearing aids
- Hair barrettes, hairpins
- Any article of clothing that has a metal zipper, buttons, snaps, hooks, underwires, or metal threads

MRI and Contrast

For some MRI studies, a contrast agent called “gadolinium” may be injected into a vein to help obtain a clearer picture of the area being examined. This is typically done through a small needle connected to an intravenous line that is placed in an arm or hand vein. Like contrast agents used in x-ray studies, MRI contrast agents can cause allergic reactions.

CT SCANS

We utilize state-of-the-art CT technology and provide highly trained and experienced certified licensed technologist to perform your scan.

What is a CT scan —

CT scan (or CAT scan) stands for Computerized (Axial) Tomography scan. This means a scan that takes a series of X-rays and uses a computer to put them together. The scan is painless. The CT machine takes pictures of your body from different angles and gives a series of cross sections or 'slices' through the part of the body being scanned.

Risks

CT scans involve ionizing radiation as is used in conventional x-rays. In certain clinical situations, the benefits of an accurate diagnosis outweigh the risk of exposure to radiation during the exam.

Preparation

If you are scheduled for a CT Scan with IV contrast you should have nothing to eat after midnight. You may take medication with water. Contact your physician if you take medication for diabetes.

IV Dye

Some patients need an IV with contrast. This IV contrast helps to highlight certain structures in your body or brain.

If you have an allergy to iodine or x-ray dye, please inform us or your doctor as soon as possible. If you are pregnant, diabetic or have known kidney problems, please inform us of that as well prior to your test.



ULTRASOUND

At CHRISTUS Central Louisiana Surgical Hospital, our exams are performed on GE's premier ultrasound machine. Its advanced capabilities allow the accomplishment of optimal images in most areas of ultrasound imaging, including Abdomen, OB/GYN, Vascular, and Breast. **HAVING AN ULTRASOUND**

An ultrasound is a medical exam that uses sound waves to see organs and blood vessels inside your body. It is a valuable tool in helping to detect certain diseases and conditions by distinguishing one form of tissue from another. Ultrasound does not require the use of x-rays. It is simple and painless!

GETTING READY FOR THE TEST

Casual clothing is recommended on the day of your test. Most ultrasound exams require little or no preparation prior to the exam, but sometimes you may be asked to follow a special patient prep listed below. It is very important for you to follow it closely.

SOME ULTRASOUND PATIENT PREP

Abdomen:

Infant – 1 year: NPO 4 hours prior to exam.

2-5 year: NPO 6 hours prior to exam. Water only 4 hours prior to exam.

6 years & up: NPO after midnight. WATER ONLY 4 hours prior to exam if needed for medication.

Kidneys / Adrenals: Clear liquids only 8 hours prior to exam.

Pelvic / Bladder: 24 to 32 oz. non-carbonated fluid one hour prior to exam. NO VOIDING (Need Full Bladder)

Gallbladder: NPO after midnight. Water only 4 hours prior to exam if needed for medication.

THE TEST

The sonographer will apply a special warm gel over the part of your body that needs an ultrasound. This gel helps the sound waves go through your body and create a picture. Next, a transducer is placed on the body part to be examined. The sonogram will be shown to the radiologist who will then decide if more pictures are needed. The exam will take approximately 30 minutes.

AFTER THE TEST

When all the pictures are finished, the radiologist will look at the pictures once more and provide your physician the results.

QUESTIONS

THE TWO MOST COMMONLY ASKED QUESTIONS ABOUT AN ULTRASOUND:

1. How long will the exam take?

The exam will generally take thirty minutes.

2. Will the ultrasound test hurt?

No, an ultrasound is simple and painless!



X-RAY

What are x-rays and what do they do?

X-rays are forms of radiant energy, like light or radio waves. Unlike light, x-rays can penetrate the body, which allows a radiologist to produce pictures of internal structures.

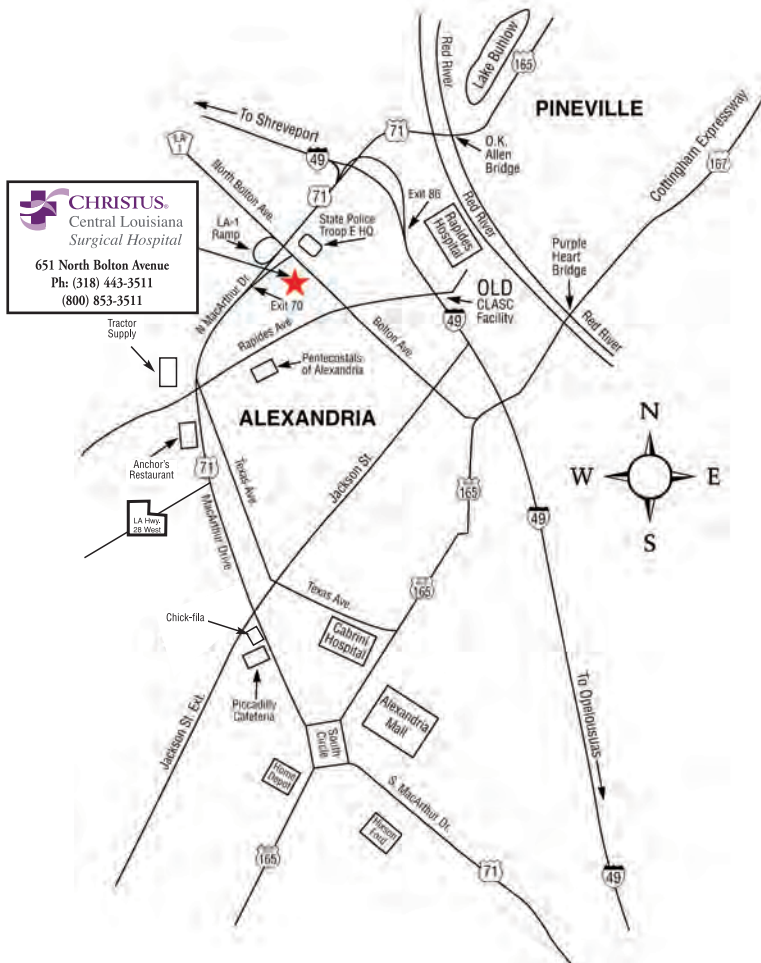
X-ray examinations provide valuable information about your health and play an important role in helping your doctor make an accurate diagnosis. In some cases x-rays are used to assist with the placement of tubes or other devices in the body or with other therapeutic procedures. The technologist performing your x-ray will be a licensed certified Radiologic Technologist.

X-ray procedures are only performed under a doctor's written order.

X-ray safety

As with other medical procedures, x-rays are safe when used with care. Radiologists and x-ray technologists use the minimum amount of radiation necessary to obtain the needed results.

X-rays are produced only when a switch is momentarily turned on. As with visible light, no radiation remains after the switch is turned off.



Driving Directions to CHRISTUS Central Louisiana Surgical Hospital

From I-49 North (Shreveport or Natchitoches): Traveling south on I-49, take MacArthur Drive Exit 86. Merge onto US 71/165 South toward LA 28 West (Fort Polk/Leesville). Take the LA 1 ramp –go into the “Marksville” (LA 1 South) lane. At yield sign, turn right on North Bolton Avenue (LA 1 South). Surgical Hospital is 0.2 miles on right.

From I-49 South (Lafayette or Opelousas): Traveling north on I-49, take MacArthur Drive Exit 86. Exit on LA 1 –go into the “Marksville” (LA 1 South) lane. At yield sign, turn right on North Bolton Avenue (LA 1 South). Surgical Hospital is 0.2 miles on right.

From US 71/165 (Pineville): Traveling southwest on US 71/165, after crossing river on Curtis-Coleman Memorial Bridge, exit on LA 1. At yield sign, turn right on N. Bolton Avenue (LA 1 South). Surgical Hospital is 0.4 miles on right.

From LA Hwy. 1 (Marksville): Traveling northwest on Hwy. 1, stay on Hwy. 1 (becomes 3rd Street), through Alexandria. Turn left at traffic light onto US 71/167 South. Exit onto LA 1. At yield sign, turn right on N. Bolton Avenue (LA 1 South). Surgical Hospital is 0.2 miles on right.

From Hwy. 28 West (Leesville): Traveling east on Hwy. 28 West, turn left onto MacArthur Drive. Take Exit 70 (LA 1) –go into “Marksville” (LA 1 South) lane. At yield sign, turn right on N. Bolton Avenue (LA 1 South). Surgical Hospital is 0.1 mile on right.

From US 167 (Pineville or Cottingham Expressway): Traveling south on US 167, after crossing the Purple Heart Bridge of Red River, exit onto I-49 North (Shreveport). Proceed north. Take MacArthur Drive Exit 86. Exit on LA 1 –go into the “Marksville” (LA 1 South) lane. At yield sign, turn right on North Bolton Avenue (LA 1 South). Surgical Hospital is 0.2 miles on right.

From US Hwy. 71 (Alexandria): Traveling north on US Hwy. 71 (MacArthur Drive), Exit from South Circle onto US 71 North/US 165 North/MacArthur Drive. Take Exit 70 (LA 1) – go into the “Marksville” (LA 1 South) lane. At yield sign, turn right on N. Bolton Avenue (LA 1 South). Surgical Hospital is 0.1 mile on right.



The CHRISTUS Central Louisiana Surgical Hospital Campus is a smoke, vapor, tobacco free zone. Please help us by not smoking, using e-cigarettes, or any other electronic vaporizing devices anywhere within the campus.

We Welcome Your Suggestions

The Hospital's goal is to deliver quality care in the most relaxing environment possible for the patient. No one is better qualified to measure our success than a former patient. Please complete the confidential Patient Evaluation Form you received at discharge & return as soon as possible. This allows us to become aware of any problems after discharge, to hear your input, and address any weaknesses in our delivery of care.



CHRISTUS[®]

Central Louisiana

Surgical Hospital

651 North Bolton Avenue • Alexandria, LA 71301

Ph: (318) 443-3511 • (800) 853-3511 • Fax (318) 767-9668

www.clshospital.com



The following forms are needed for admission.

Receiving this in advance will expedite your admission process.

Complete & mail these forms to the Surgical Hospital in the self-addressed stamped envelope at least SEVEN days prior to your procedure.

**If time does not allow you to
mail these forms,
do ONE of the following:**

- 1. Complete the forms and drop it off at the Surgical Hospital prior to the day of service.**
- 2. Complete the forms and fax to (318) 767-9668.**
- 3. Complete the forms and email the forms using encryption to clsh_scheduling@clshospital.com.**

CHRISTUS CENTRAL LOUISIANA SURGICAL HOSPITAL

OFFICE USE ONLY

PATIENT REGISTRATION FORM

Mail _____ Dropped off _____

Please complete this form and return it to The Hospital in the attached self-addressed envelope as soon as possible. When you arrive for your scheduled surgery, please bring your photo ID and insurance cards with you so that we can verify your coverage. Thank you for your cooperation.

Patient Last Name _____ First _____ M.I. _____

Surgery Date ____/____/____ Surgeon _____ Anes. Type _____

Outpatient Inpatient: Length of inpatient stay _____ Imaging

Procedure(s) _____

M/F ____ Marital Status ____ DOB ____/____/____ SSN ____-____-____ Race ____ Ethnicity ____

Biological sex (sex assigned at birth). M/F ____ Current sexual orientation (sex you identify yourself with at this time). M/F ____

Primary Phone _____ Pt. Address _____

Work Phone _____

Cell Phone _____

Emergency Phone _____ Name & Relationship to Patient _____

Email Address: _____

Employment (F/P/R/N) ____ Student (F/P/N) ____ Employer/Occupation _____

IF PT. IS UNDER 18, PLEASE COMPLETE THE FOLLOWING:

Resp. Party _____ M/F ____ DOB ____/____/____
Last First M.I.

Relationship to Patient _____ Responsible Party SSN# ____-____-____

Address _____ Phone _____

Employer/Occupation _____

Primary Insurance

Secondary Insurance

Company _____

Address _____

Phone _____

ID/SSU _____

Policy/Group _____

Authorization _____

Group Plan Name _____

Subscriber Name _____

DOB & Relation ____/____/____ _____

Employer/Occupation _____

Accident (Y/N) ____ Date of Injury ____/____/____ Location (State) _____ Employment Related (Y/N) ____

Automobile (Y/N) ____ Claim No.: _____ Attention: _____

- Additional procedures may be necessary as above procedure(s) is/are being performed. Have you been informed of this and possible related additional charges? ____ Yes ____ No Initials _____
- Previous Admit to The Hospital (Y / N)

Telephone: _____

Patient Name: _____ DOB: _____

Physician: _____

Date of Scheduled Procedure: _____

Medical History

| | | |
|---|---|--|
| Anesthesia | Hematological | Respiratory |
| <input type="checkbox"/> HX previous anesthesia | <input type="checkbox"/> Anemia | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Other | <input type="checkbox"/> Autoimmune Deficiency | <input type="checkbox"/> Bronchitis |
| | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Cystic Fibrosis |
| | <input type="checkbox"/> Dialysis | <input type="checkbox"/> COPD |
| Cardiovascular | <input type="checkbox"/> Easy Bruising | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Previous Blood Transfusion | <input type="checkbox"/> RSV |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Adverse Transfusion Reaction | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> History of Blood Clots | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Hypotension | <input type="checkbox"/> Other | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Myocardial Infarction | Hepatic | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Ascites | <input type="checkbox"/> SOB |
| <input type="checkbox"/> Internal Defibrillator | <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> O2 At Home |
| <input type="checkbox"/> CABG | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Bipap/Cpap |
| <input type="checkbox"/> Heart Cath | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Other |
| <input type="checkbox"/> CHF | <input type="checkbox"/> Other | Reproductive |
| <input type="checkbox"/> Heart Murmur | Integumentary | <input type="checkbox"/> GYN Problems |
| <input type="checkbox"/> Other | <input type="checkbox"/> Skin Disorder | <input type="checkbox"/> Pregnancy |
| EENT | <input type="checkbox"/> Lesions | <input type="checkbox"/> Abortion |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Earaches | Musculoskeletal | Multi Drug Resistant Organisms |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Neck/Jaw Problems | <input type="checkbox"/> Methicillin Resistant Staph A (MRSA) |
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> Vancomycin Resistant Enterococcus (VRE) |
| <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Falls | <input type="checkbox"/> Clostridium Difficile Toxin |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Amputation | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Contacts | <input type="checkbox"/> Arthritis | Dental |
| Endocrine | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Dentures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Deep Vein Thrombosis | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> Bed Bound | <input type="checkbox"/> Crown/Caps |
| <input type="checkbox"/> Other | <input type="checkbox"/> Wheel Chair | <input type="checkbox"/> Chipped/Loose Teeth |
| Gastrointestinal | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Acid Reflux | Neurological | Other |
| <input type="checkbox"/> GI Problems | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Headaches | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Neuromuscular Disorder | <input type="checkbox"/> Injections |
| <input type="checkbox"/> Hiatal Hernia | <input type="checkbox"/> Numbness | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Special Diet | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Gastric Bypass | <input type="checkbox"/> Seizures | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Stroke/TIA | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> Epilepsy | |
| Genitourinary | <input type="checkbox"/> Dementia | |
| <input type="checkbox"/> GU Problems | <input type="checkbox"/> Other | Family History |
| <input type="checkbox"/> Other | Psychosocial | <input type="checkbox"/> History of Cancer |
| | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> History of Heart Disease |
| | <input type="checkbox"/> Mental/Emotional Problems | <input type="checkbox"/> History of Diabetes |
| | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Developmental Delays | |
| | <input type="checkbox"/> Other | |

Name: _____ Ht: _____ Wt: _____

| | |
|--|---|
| LATEX ALLERGY <input type="checkbox"/> Yes <input type="checkbox"/> No *related foods banana, avocado, kiwi, chestnut | PLEASE LIST DRUG AND FOOD ALLERGIES BELOW: |
| | |
| | |
| | |

**PLEASE LIST CURRENT MEDICATIONS INCLUDING HERBAL AND OVER THE COUNTER,
INCLUDE ANY DIET MEDICATIONS BELOW:
(FOR ADDITIONAL SPACE USE BACK OF FORM)**

| | MEDICATION | DOSAGE | ROUTE | FREQUENCY TAKEN |
|-----|------------|--------|-------|-----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |

Please List Past Surgical History Below:

| | Surgery | Date | Surgeon |
|----|---------|------|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

Patients with Lab, Xrays, EKG or any other pre-admit testing to be done at CCLSH, please have testing completed no earlier than 3-5 days before scheduled surgery. Please complete the medical history form. Please return all forms to CCLSH as soon as possible.

HOSPITAL DISCLOSURE REQUIREMENTS FOR FACILITY BASED PHYSICIANS

ACT 306/HB 435 Facility Disclosure Form

ADMCOMPL.16.F1

Pursuant to Louisiana Revised Statute 22:1880, **Christus Central Louisiana Surgical Hospital** is disclosing that as of

_____ [date form completed] it is ____ / ____ is not a participating provider with

_____ [patient's health insurance plan]

on the following date of service _____ [date of service].

Patient [guardian] Initials: _____

Also, pursuant to Louisiana Revised Statute 22:1180, **Christus Central Louisiana Surgical Hospital** is required to provide the following "balance billing disclosure notice":

"NOTICE

Professional services rendered by independent healthcare professionals are not part of the hospital bill. These services will be billed to the patient separately. Please understand that physicians or other healthcare professionals may be called upon to provide care or services to you or on your behalf, but you may not actually see, or be examined by, all physicians or healthcare professionals participating in your care; for example, you may not see physicians providing radiology, pathology, and EKG interpretation. In many instances, there will be a separate charge for professional services rendered by physicians to you or on your behalf, and you will receive a bill for these professional services that is separate from the bill for hospital services. These independent healthcare professionals may not participate in your health plan, and you may be responsible for payment of all or part of the fees for the services provided by these physicians who have provided out-of-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and non-covered services.

We encourage you to contact your health plan to determine whether the independent healthcare professionals are participating with your health plan. In order to obtain the most accurate and up-to-date information about in-network and out-of-network independent healthcare professionals, please contact the customer service number of your health plan or visit its website. Your health plan is the primary source of information on its provider network and benefits. To help you determine whether the independent healthcare professionals who provide services at this facility are participating with your health plan, this healthcare facility has provided you with a complete list of the names and contact information for each individual or group."

Patient [guardian] Initials: _____

2FDF

2FDF

Pursuant to Louisiana Revised Statute 22:1880, **Christus Central Louisiana Surgical Hospital** has provided me with a list that contains the name and contact information for each individual or group of hospital-contracted anesthesiologists, pathologists, radiologists, hospitalists, intensivists, and neonatologists who provide services at that facility.

Patient [guardian] Initials: _____

Pursuant to Louisiana Revised Statute 22: 1880, if **Christus Central Louisiana Surgical Hospital** operates a website that includes a listing of physicians who have been granted medical staff privileges to provide medical services at the facility, we must post on our website a list that contains the name and contact information for each facility-based physician or facility-based physician group that has been granted medical staff privileges to provide medical services at the facility, and an update of the list within thirty days of any changes. This notice is to let you know that **Christus Central Louisiana Surgical Hospital** does maintain a website [www.elshospital.com] that includes a listing of physicians with medical staff privileges and contact information for facility-based physicians.

Patient [guardian] Initials: _____

Patient [guardian] Initials: _____

Patient [guardian] Signature: _____

Date: _____

Physician Groups contracted by Christus Central Louisiana Surgical Hospital are:

Delta Pathology

211 4th Street; Alexandria, LA 71301
318-473-3175

**Access Radiology &
The Radiology Group**

504-291-1063

Radiology Partners

Telemedicine Clinical Privileges
713-461-3573

Young's Professional Services, LLC

Anesthesia Services
1-888-912-6517

CHRISTUS Central Louisiana Surgical Hospital adopts and affirms as policy the following rights of patient/clients who receive services from our facility. Every patient has the right to be treated as an individual with his/her rights respected without regard to culture, economic status, education, handicap, race, color, national origin, disability, age, sex, which includes their gender identity and sex stereotyping, or religious background. Every patient shall have the following rights:

- Every patient, or his/her designated representative, shall whenever possible, be informed of the patient's rights and responsibilities in advance of furnishing or discontinuing patient care.
- The right to have a family member, chosen representative and / or his or her own physician notified promptly of admission to the hospital.
- The right to be treated with consideration, respect and recognition of their individuality, including the need for privacy in treatment.
- The right to be informed of the names and functions of all physicians and other health care professionals who are providing direct care to the patient. These people shall identify themselves by introduction and/or by wearing a name tag.
- The right to receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the hospital's health care personnel.
- The right to participate in the development and implementation of his/her plan of care.
- Every patient or his or her representative (as allowed by the state law) has the right to make informed decisions regarding his or her care.
- The patient rights include being informed of his/her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- The right to be included in experimental research only when he or she gives informed, written consent to such participation, or when a guardian provides such consent for an incompetent patient in accordance with appropriate laws and regulations. The patient may refuse to participate in experimental research, including the investigations of new drugs and medical devices.
- The right to be informed if the hospital has authorized other health care and / or education institutions to participate in the patient's treatment. The patient shall also have a right to know the identity and function of these institutions, and may refuse to allow their participation in his/her treatment.
- The right to formulate advance directives and have hospital staff and practitioners who provide care in the hospital comply with these directives.
- The right to be informed by the attending physician and other providers of health care services about any continuing health care requirements after his/her discharge from the hospital. The patient shall also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge.
- The right to have his/her medical records, including all computerized medical information, kept confidential.
- The right to access information contained in his/her medical records within a reasonable time frame.
- The right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- The right to be free from all forms of abuse and harassment.
- The right to receive care in a safe setting.
- The right to examine and receive an explanation of the patient's hospital bill regardless of source of payment, and may receive upon request, information relating to financial assistance available through the hospital.
- The right to be informed in writing about the hospital's policies and procedures for initiation, review and resolution of patient complaints or grievance's, including the address and telephone number of where complaints may be filed with the department.
- The right to be informed of his/her responsibility to comply with hospital rules, cooperate in the patient own treatment, provide a complete and accurate medical history, be respectful of other patients, staff and property, and provide required information regarding payment of charges.
- Except in emergencies, the patient may be transferred to another facility only with a full explanation of the reason for transfer, provisions for continuing care and acceptance by the receiving institution.
- The patient who received treatment for mental illness or developmental disability, in addition to the rights listed herein, have the rights provided in the Louisiana Mental Health Law.

If you have concerns regarding any of the items discussed in this document or concerns regarding any aspects of your care, please contact the CHRISTUS Central Louisiana Surgical Hospital Chief Executive Officer (designated 504/1557 Coordinator) at 651 N Bolton Ave, Alexandria, LA 71301 or call 318 443-3511. You may also advise the Louisiana Department of Health, DHH/Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821, Call (225) 342-0138 or Toll Free 866-280-7737, or Fax (225) 342-5292. You may also contact The Centers for Medicare and Medicaid at Medicare Beneficiary Ombudsman at www.medicare.gov, www.cms.hhs.gov/center/ombudsman or 1-800-633-4227. You may also contact DNV at <https://dnvhealthcareportal.com/patient-complaint-report> or hospitalcomplaint@dnv.com or call (866) 496-9647 or fax (281) 870-4818 or mail to DNV Healthcare USA, Inc. ATTN: Hospital Complaints 4435 Aicholtz Road Suite 900 Cincinnati, OH 45245

Notice of Non-Discrimination Taglines

ADMB.05.F.01

English ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 1-800-853-3511.

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-853-3511.

French ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-853-3511.

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-853-3511.

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1-800-853-3511

Arabic 3511-853-800-1 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

French Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-853-3511

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-853-3511.

Tagalog (Tagalog-Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-853-3511.

Portuguese ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-853-3511.

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-853-3511

Italian ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-853-3511.

Urdu □ ال - بیں دستیاب میں مفت خدمات □ ی مدد □ ی زبان □ و آپ تو ، بیں بولتے □ دو آپ اگر : خبرد □ 1-800-853-3511

Japanese 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます 1-800-853-3511

Laotian ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-853-3511

Hindi ध्यान द ◆: य ◆द आप ◆हदी बोलते ह ◆ तो आपके िलए मुफ्त म ◆ भाषा सहायता सेवाएं उपलब्ध ह। ◆ 1-800-853-3511