

# EDINA

PLASTIC SURGERY

LOCAL & LOCAL WITH MEDS



## YOUR SURGERY PACKET

### **\*\*INSTRUCTIONS\*\***

READ THROUGH THOROUGHLY AND  
FOLLOW THE CHECKLIST ON PAGE 2  
SO THAT YOU ARE FULLY PREPARED  
FOR YOUR SURGERY

# FAQS

## FREQUENTLY ASKED QUESTIONS

WHEN IS FULL  
PAYMENT DUE  
FOR MY SURGERY?

All payments for your surgery  
are due 3 weeks prior to  
surgery day

WHAT FORMS OF  
PAYMENT TO YOU  
ACCEPT?

We accept all major credit  
and debit cards, cashier  
checks, ACH transfers,  
PatientFi™, Cherry, and  
CareCredit® financing.

CAN I CANCEL OR  
RESCHEDULE MY  
SURGERY DATE AFTER  
IT'S BEEN FINALIZED?

If canceling surgery  
altogether, please call or  
text our office with this time-  
sensitive information.  
You may reschedule, but  
a new deposit will be  
required to secure your  
new surgery date.

DOES EDINA PLASTIC  
SURGERY OFFER  
FINANCING OPTIONS?

CareCredit® - 12 months  
no interest, hard credit check,  
medical credit card  
  
PatientFi™ - 12 months no interest,  
soft credit check, medical loan  
  
Cherry - 0% APR plans available,  
and no impact on your credit  
to apply.

WILL I NEED ANY  
ADDITIONAL LAB  
WORK OR MEDICAL  
CLEARANCE?

YES / NO

WHAT HAPPENS IF I  
AM SICK ON OR CLOSE  
TO MY SURGERY DATE?

Please immediately call  
(952) 925-1765 and ask to  
be transferred to Recovery  
where our nurses will discuss  
your illness and take any  
necessary action.

WHAT IF I DECIDE TO  
ADD/REMOVE A  
PROCEDURE TO/FROM  
MY SURGERY?

Please contact our schedulers  
ASAP at (952) 767-3167 to  
discuss your options.

**Due to the tight scheduling  
of surgical cases, add-  
on procedures CANNOT  
be accomodated on the  
morning of surgery.**

WHAT HAPPENS IF  
THERE ARE WEATHER  
CONCERNS (STORMS/SNOW)  
ON MY SURGERY DATE?

Unless otherwise specified,  
our surgeons and staff are  
required to be present on  
your surgery date, so we ask  
the same of our patients.

Please allow extra time to  
arrive safely to your surgery.

# THINGS TO AVOID LEADING UP TO YOUR SURGERY

## 6 weeks BEFORE SURGERY

- NICOTINE OF ANY KIND — This includes smoking, second-hand smoke, nicotine patches, nicotine gum, vape or e-cigarette \*NICOTINE CAUSES POOR HEALING AND IN SOME CASES, ACTUAL SKIN LOSS\*
- ALL HORMONE REPLACEMENT (PELLETS) — Oral Estrogen/Estradiol and Estrogen Patches need to be stopped prior to surgery. Vaginal estrogen is ok to continue using up until surgery.

## 4 weeks BEFORE SURGERY

- HERBAL SUPPLEMENTS—Turmeric, Vitamin E, Omega 3, Fish Oil, Shark Cartilage, Lecithin, Niacin, Selenium, green tea, Nutrafol \*If taking an iron or potassium supplement, continue to take as directed\*
- MARIJUANA and THC (Tetrahydrocannabinol), and Kratom (any Kratom-based products).

## 3 weeks BEFORE SURGERY

- Aspirin, Advil, Aleve, Anaprox, Excedrin, Ibuprofen, Motrin, Naproxen, Naprosyn (or anything containing these products).

## 2 weeks BEFORE SURGERY

- Ozempic, Semaglutide, Wegovy, Rybelsus, Mounjaro (Tirzepatide) *\*Unless directed by your Primary Care Physician*
- Airborne, Alka-Seltzer, Coricidin, Pepto-Bismol, Sudafed
- Coumadin, Warfarin \*\*Approval must be given by Primary Care Physician to stop.
- Red Wine NO alcohol can be taken while taking narcotic pain medication after surgery.
- Protein bars & protein shakes

## 1 week BEFORE SURGERY

- All alcohol (including beer) NO alcohol can be taken while taking narcotic pain medication after surgery.
- Any diet supplements (Phentermine, Ephedrine).

## 3 days BEFORE SURGERY

- Naltrexone/Revia/Depade/Vivitrol—Must wait to restart taking these medications until 2 days AFTER STOPPING post-op pain medications
- Eliquis and Xarelto \*\*Approval must be given by Primary Care Physician to stop.
- Cialis (Tadalafil), you may resume use when directed by your surgeon.

## 1 day BEFORE SURGERY

- Imitrex, Topamax, Maxalt and Triptans must be discontinued 24 hours PRIOR TO surgery and for ONE WEEK AFTER surgery
- Viagra (Sildenafil citrate), you may resume use when directed by your surgeon.

## day of surgery BEFORE SURGERY

- Blood pressure medications—Cozaar, Losartan, Lisinopril, Enalapril, Quinapril, Diuretics (i.e. hydrochlorothiazide, Lasix)

# NO SMOKING



**NO SMOKING**



**NO E-CIGS**



**NO VAPING**



**NO THC/CBD**

**IF YOU SMOKE OR USE ANY FORM OF NICOTINE (INCLUDING SMOKING CESSATION AGENTS SUCH AS PATCHES, GUM AND LOZENGES) BEFORE YOUR SCHEDULED PROCEDURE, YOUR SURGERY WILL BE CANCELED.**

**SMOKING CAN HAVE A DETRIMENTAL AND CATASTROPHIC EFFECT ON THE RESULTS YOU WILL GET FROM YOUR SURGERY!**

Smoking will cause problems with your anesthesia, breathing and cause an increase in your blood pressure, leading to bleeding complications.

Smoking can cause necrosis of the tissues, a condition wherein the blood supply to the skin is decreased and the skin DIES. This is a very serious complication, which could require major reconstruction and result in severe, noticeable scarring. YOU can help prevent this complication.

You must give up all smoking and all forms of nicotine 6 weeks prior to surgery and for 6 weeks after surgery. Even one cigarette and/or any form of nicotine can cause necrosis of the delicate skin tissues. Due to the effect of "passive smoking", members of your household should not smoke in your presence until healing is complete (generally 6 weeks before and 6 weeks after).

The incidence of skin loss is 12 to 13 times higher in smokers than in non-smokers and **ONLY YOU CAN PREVENT THIS PROBLEM.**

**QUESTIONS? (952) 925-1765**

# 3 WEEKS BEFORE YOUR SURGERY

## Payment

### PAYMENT OPTIONS

EDINA PLASTIC SURGERY REQUIRES PAYMENT IN FULL THREE WEEKS PRIOR TO YOUR SURGERY

We accept the following PAYMENT METHODS:

- ACH (Direct Bank Transfer)
- Cashiers Checks
- Visa
- Mastercard
- American Express
- Discover
- PatientF
- Cherry
- Care Credit



NOTE: We do NOT accept Health Savings Accounts (HSAs) or Flexible Spending Accounts (FSAs) for cosmetic

## PAYMENT METHOD SPECIFIC INSTRUCTIONS

**ACH (Direct Bank Transfer)** — If you are using an ACH payment, please have account and routing number ready before calling our office to make your payment.

**CASHIERS CHECK** — Please drop it off in our clinic. We will not accept mailed cashiers checks, but can take your ACH payment information over the phone.

**CARE CREDIT CARD** — It is preferred to go through the Pay My Provider portal on the Care Credit website. Please ask one of our schedulers to send you a link to use this feature. To pay using a Credit Card or Care Credit over the phone, you must either present or email a copy of your driver's license, and for Care Credit, will need to be able to print, sign and scan to return the sales receipt. The same policy applies in the event someone else is paying using their card. Along with photo identification, we will also need a photo copy of the card being used. Once we receive that, we will be able to process the card.

**PatientFi and Cherry** — To pay using PatientFi or Cherry, please provide us with your account number. You will then get a confirmation email from PatientFi or Cherry asking you to accept the transaction. Once it is accepted, the funds will be transferred.

**OTHER** — You are also welcome to bring payment information in person to our office three weeks prior to your surgery.

*ADD per 10-b —Disclosure of Financial Interest*

*To Patients Having Procedures at the Edina Outpatient Surgical Center:*

*Your health care provider is referring you to a facility or service in which your health care provider has a financial or economic interest.*

# WHAT TO BE PREPARED FOR & When to Call

## • YOU MAY EXPERIENCE ONE OR MORE OF THE FOLLOWING FOR THE WEEKS AFTER YOUR SURGERY

- Swelling
- Numbness
- Bruising
- Skin Tightness
- Minimal to moderate pain controlled by prescribed analgesics
- Constipation while taking narcotics. You should use a stool softener (Colace), gut motility agent (Senna), or bulking agent (Miralax) while taking narcotics.
- Low-grade fever
- Small amount of yellow watery drainage from incision area

## CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING

- Sudden or excessive swelling
- Severe pain not controlled by prescribed analgesic
- Red, inflamed, painful incision that is hot to the touch
- Extreme redness or drainage around incisions
- Excessive bleeding (blood soaked dressings or increasing amounts of bright red blood in drains)
- Fever greater than 101.5
- Severe nausea and/or vomiting
- Itching, hives, rash, headache, or nausea after taking any of your medications
- Continued dizziness or incoherent behavior-such as hallucinations
- Go immediately to the ER or call 911 if worsening shortness of breath and/or chest pain.

# GENERAL RISKS OF SURGERY

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## BLEEDING

With any procedure, there is a risk of bleeding. This can vary from mild bruising that heals easily to large amounts of blood loss that may require medical aid. This aid may include blood transfusions or other procedures to stop the bleeding and drain any collected blood. Each procedure may have its own risks. For example, a blood transfusion may very rarely transfer a known or unknown infection. Please tell your surgeon about any medications and non-prescription herbs or supplements you are taking, because some may increase the risk of bleeding during or after surgery.

## INFECTION

With any medical procedure, it's possible for infections to occur. Sometimes these infections aren't directly linked to the part of the body that was operated on, such as pneumonia or a urinary tract infection. The seriousness of an infection can vary from relatively minor to life-threatening. If you get an infection, you may need more treatment including antibiotics, hospitalization, or surgery. It is important to tell your surgeon about any current or previous infections you may have had. Your doctor should be told about serious infections, such as methicillin-resistant *Staphylococcus aureus* (MRSA) infections. They can also be less serious like an open wound, a recent upper respiratory infection or pneumonia, an ingrown toenail, an insect bite, a tooth abscess, or a urinary tract infection. Tell your surgeon about any infection or health issue you've had recently. Infections in other parts of the body may lead to an infection in the area where you've had surgery.

## PAIN

Having pain after surgery is normal. Your surgeon may recommend taking pain medication to reduce your discomfort. This might include prescription pain medication. If you take medication, follow the instructions carefully. These medications can have serious side effects. They may be dangerous if you take too much or may result in addiction (especially in the case of opioids). Please talk to your doctor if you have a history of trouble with any pain medication. Be honest with your doctor about your history with addiction of any kind. Please also talk to your doctor if you have any questions about medication.

## NAUSEA/VOMITING/CONSTIPATION

Having nausea, vomiting and/or constipation is normal after

surgery. However, if you experience excessive vomiting, contact your surgeon immediately.

## SCAR FORMATION

All surgeries leave scars. Some are more visible than others. While your surgeon will try to make sure your scar is small and nearly invisible, everyone heals differently. There is a chance that you may have a more visible scar than others. Some scars may be raised, thick, wide, discolored, uneven, painful, or otherwise not acceptable to you. With some surgeries, scar tissue may form around structures deep in the body and cause other issues in the area that's been operated on.

## WOUNDS

With any surgery, there is a chance that wounds will form. Depending on the size of the wound, your surgeon may recommend ways to help you heal. These can include wound care with dressing changes, special devices to help the wound close faster, or operations to clean or close the wound. Sometimes, a wound may affect the results of your surgery, both in terms of how it looks and how it performs. Certain health problems and medications may lead to wound formation. Please tell your doctor about all your known or possible medical issues. Also let your doctor know every medication, herb, and supplement you're taking. Tell your doctor about your eating habits and if you're on a specific diet like Atkins or keto. Don't forget to tell your doctor whether you smoke, or you used to smoke. Smoking and nicotine can make it harder for your body to heal, resulting in wound problems.

## SWELLING

All procedures involve some swelling. The amount of swelling will change depending on the procedure. Your surgeon will recommend ways to reduce swelling. These may include simply waiting for the swelling to go down. Other ways include using special compression clothing, a drain, or medications. If the swelling increases, fluid may collect in your body (called a "seroma"). To fix this, your surgeon may suggest a procedure to drain the fluid. In rare cases, swelling can be permanent (called "lymphedema").

## CHANGE IN SKIN SENSATION

Many people experience changes in skin sensation after surgery. In other words, touching things may feel different

QUESTIONS? (952) 925-1765



than it used to. Such changes usually involve being less sensitive to touch. However, it's also possible that you may become more sensitive. While these changes usually go away as you start healing, some changes may be permanent.

#### **INJURY TO DEEP VITAL STRUCTURES**

When you have surgery, there is a risk that other organs and systems may be injured. These important systems are called "deep vital structures," and they include the bowel or gut, muscles, nerves, blood vessels, and other parts of the body. Injuries to these parts can lead to severe infections, bleeding, trouble breathing, organ failure, or even death. Treating such injuries may require more surgeries or time in the hospital.

#### **BLOOD CLOTTING ISSUE (COULD BE LIFE-THREATENING)**

Sometimes surgery can cause issues with your blood vessels, including clotting. In most cases, these fix themselves without needing treatment. However, some procedures have a higher risk of developing blood clots than others, particularly in deeper veins. If a clot forms in a deep vein, it is called deep vein thrombosis (DVT). It can lead to chronic swelling. If the blood clot breaks off and travels to the lungs, it is called pulmonary embolism (PE). PE can be very dangerous. If DVT/PE occurs, you may be given medication to "dissolve" the clot. This medication may increase your risk of bleeding. It is important to tell your surgeon if you or your family have a history of DVT/PE. Discuss your medical history with your surgeon, because some issues may increase your risks. These include taking some types of birth control or estrogen pills, obesity, history of cancer, history of inflammatory bowel disease, etc.

#### **REACTIONS/ALLERGIES TO MEDICATIONS AND SUPPLIES**

All medical procedures use a range of medications and supplies. Your body may react to some supplies, including tape, glue, sutures, or garments. These reactions include allergies. Allergies can be minor (itching), moderate (rash), or severe. Severe allergies may result in death (including shock or swelling in your mouth and throat that prevents you from breathing normally). Tell your doctor about any previous allergic reactions you may have had, no matter how mild they were. Medications can also lead to allergies or other reactions. Certain medications, including those used for local or general anesthesia, may affect the heart, lungs, brain, kidneys, liver, or other body functions. These reactions may be life-threatening.

#### **SURGICAL ANESTHESIA**

Both local and general anesthesia involve risks. There is a possibility of complications, injury, and even death from all types of surgical anesthesia or sedation. Please let your surgeon know about all health issues you may have, especially those that involve how your heart and lungs work. Tell your doctor about your overall fitness level, because this can affect how anesthesia works on you.

#### **UNSATISFACTORY RESULT**

Although good results are expected, there is no guarantee of the final results of the surgery. Everybody is different and nobody is perfectly symmetrical or even. Your surgeon may

not know in advance about some of these natural issues. Many issues with unevenness can't be fully corrected with surgery. The more realistic your expectations are, the better your results will be. Some patients never reach their desired goals or results, but this is not the fault of the surgeon or operation. You may be disappointed with the results of surgery. A range of results can happen after surgery. These can sometimes include unevenness, unexpected shape and size, loss of function, wounds, poor healing, scars, changes in appearance, or loss of feeling. It is also possible that the issue for which you had surgery could come back. You may choose to have more surgery.

It can be stressful to have a result you don't like. Before surgery, talk with your surgeon about any concerns you have. Also, tell your doctor if you have a history of depression or mental health disorders. Although many people are happy after surgery, it's impossible to predict what effect surgery may have on your mental health.

#### **NEED FOR ANOTHER SURGERY (RE-OPERATION)**

Many things may affect the results of your surgery, both now and in the future. You may need to have more surgeries to get your desired results. This can include tightening, moving, shifting, or removing things. The results from surgery are often not permanent and are likely to change over time. In the future, you may want to make more changes to the appearance or function of your body for various reasons. These may include the results of aging, sun exposure, weight loss, weight gain, pregnancy, and menopause. It could also include other circumstances not related to your surgery.

There may be additional costs for additional procedures like this. This would include surgical fees, facility and anesthesia fees, and pathology and lab testing. The patient should clarify with their surgeon who is responsible for payment of any additional surgery.

#### **INABILITY TO FOLLOW INSTRUCTIONS BEFORE AND AFTER THE PROCEDURE**

With any procedure, your surgeon will give you instructions to follow the surgery. Following these instructions will help you heal faster. It will reduce your risk of complications and increase the chance of a good result. Such instructions may include telling you how to take care of your bandages or dressings. They may limit activities, including exercise, lifting, fast movements, bathing, sun exposure, or traveling. Your doctor may make suggestions about the clothes you wear. You may also get instructions about the medications and supplements to take and what to eat. It is very important for you to follow these instructions. If you can't follow any of the instructions you've been given, it's important to quickly tell your surgeon. Not following your doctor's instructions can cause problems with healing and may affect the results of your surgery. It is critical that the patient keeps follow up visit appointments, failure to return for follow up appointments and failure to come in for a check-up when the patient is advised may result in complications and permanent damage



# QUAD A PATIENT Rights & Responsibilities

## PLEASE REVIEW YOUR RIGHTS & RESPONSIBILITIES

This accredited facility presents these Patient Rights and Patient Responsibilities to reflect the commitment to providing quality patient care, facilitating dialogue between patients, their physicians, and the facility management, and promoting satisfaction among the patients and their designated support person(s), physicians, and health professionals who collaborate in the provision of care. This facility recognizes that a personal relationship between the physician and the patient is an essential component for the provision of proper medical care. When the medical care is rendered within an organizational structure, the facility itself has a responsibility to the patient to advocate for expanded personal relationships and open communications between patients and their designated support persons, physicians and the organization's staff members. This facility has many functions to perform, including but not limited to, preventing and treating medical conditions, providing education to health professionals and patients, and conducting clinical research. All these activities must be conducted with an overriding concern for the patient and above all the recognition of his or her dignity as a human being. Although no catalogue of rights can provide a guarantee that the patient will receive the kind of treatment he or she has a right to expect, these patient rights are affirmed and actively incorporated into the care provided in this facility.

1. The patient has the right to receive considerate and respectful care in a safe setting.
2. The patient has the right to know the name of the physician responsible for coordinating his/her care.
3. The patient has the right to obtain information from his or her physician in terms that can be reasonably understood. Information may include, but is not limited to his or her diagnosis, treatment, prognosis, and medically significant alternatives for care or treatment that may be available. When it is not medically advisable to share specific information with the patient, the information should be made available to an appropriate person in his or her behalf. When medical alternatives are to be incorporated into the plan of care, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatments.
4. The patient has the right to obtain the necessary information from his or her physician to give informed consent before the start of any procedure and/or treatment. Necessary information includes, but is not limited to, the specific procedure and/or treatment, the probable duration of incapacitation, the medically significant risks involved, and provisions for emergency care.
5. The patient has the right to expect this accredited ambulatory surgery facility will provide evaluation, services and/or referrals as indicated for urgent situations. When medically permissible, the patient or designated support person(s) will receive complete information and explanation about the need for and alternatives to transferring to another facility. The facility to which the patient is to be transferred must first have accepted the patient for transfer.
6. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his or her action.
7. The patient has the right to obtain information about any financial and/or professional relationship that exists between this facility and other health care and educational institutions insofar as his or her care is concerned. The patient has the right to obtain information about any professional relationships that exist among individuals who are involved in his or her procedure or treatment.
8. The patient has a right to be advised if this accredited ambulatory surgery facility proposes to engage in or perform human experimentation affecting his or her care or treatment. The patient has the right to refuse to participate in research projects.
9. The patient has the right to every consideration for privacy throughout his or her medical care experience, including but not limited to, the following. Confidentiality and discreet conduct during case discussions, consultations, examinations, and treatments. Those not directly involved in his or her care must have the permission of the patient to be present. All communications and records pertaining to the patient's care will be treated as confidential.
10. The patient has the right to expect reasonable continuity of care, including, but not limited to the following. The right to know in advance what appointment times and physicians are available and where. The right to have access to information from his or her physician regarding continuing health care requirements following discharge. The number to call for questions or emergency care
11. The patient has the right to access and examine an explanation of his or her bill regardless of the source of payment.
12. The patient and designated support person(s) have the right to know what facility rules and regulations apply to their conduct as a patient and guest during all phases of treatment.
13. The patient has the right to be free from all forms of abuse, neglect, or harassment.
14. The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.

### PATIENT RESPONSIBILITIES

It is the patient's responsibility to participate fully in decisions involving his or her own health care and to accept the consequences of these decisions if complications occur. It is the patient's responsibility to follow up on his or her physician's instructions, take medications when prescribed, and ask questions that emerge concerning his or her own health care.

**IT IS THE PATIENT'S RESPONSIBILITY TO PROVIDE THE NAME OF THE SUPPORT PERSON IN CASE OF EMERGENCY, AND HAVE THIS SUPPORT PERSON AVAILABLE WHEN ADVISED TO DO SO.**

**Direct any care concern/complaints to:**  
Facility Director: Nicole Sorensen, RN  
Phone: (952) 925-1765

**And the Investigations Team at QUAD A**  
Phone: (888) 545-5222  
Email: [investigations@quada.org](mailto:investigations@quada.org)

**Minnesota Department of Health:**  
Phone: (651) 201-4201

# MN OUTPATIENT Patient Rights & Responsibilities

MINNESOTA OUTPATIENT SURGICAL CENTER PATIENTS' BILL OF RIGHTS  
MINNESOTA LEGISLATURE 2004 144.651 PATIENTS & RESIDENTS OF HEALTH CARE FACILITIES; BILL OF RIGHTS.

Subdivision 1. Legislative intent. It is the intent of the legislature and the purpose of this section to promote the interests and wellbeing of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

## DEFINITIONS

Subdivision 2. Definitions. For purposes of subdivisions 4 to 9, 12, 13, 15, 16 and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center. Subdivision 4. Information about rights. Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.

Subdivision 5. Courteous treatment. Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Subdivision 6. Appropriate health care. Patients shall have the right to appropriate medical and personal care based on individual needs.

Subdivision 7. Physician's identity. Patients shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the

patient's guardian or other person designated by the patient as a representative.

Subdivision 8. Relationship with other health services. Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other persons designated by the patient as a representative.

Subdivision 9. Information about treatment. Patients shall be given by their physicians' complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's medical record, the information shall be given to the patient's guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information.

Every patient suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of these methods.

Subdivision 12. Right to refuse care. Competent patients shall have the right to refuse treatment based on the information required in subdivision 9. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's medical record.

Subdivision 13. Experimental research. Written, informed consent must be obtained prior to a patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

Subdivision 15. Treatment privacy. Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance.

Subdivision 16. Confidentiality or records. Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this subdivision and section 144.335. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third party payment contracts, or where otherwise provided by law.

Subdivision 18. Responsive service. Patients shall have the right to a prompt and reasonable response to their questions and requests.

Subdivision 19. Personal privacy. Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Facility staff shall respect the privacy of a resident's room by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable.

Subdivision 20. Grievances. Patients shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients and citizens. Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge.

Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place. Compliance by outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.

**IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU OUTPATIENT SURGICAL SERVICES YOU MAY CALL WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR OLDER MINNESOTANS.**

**Office of Health Facility Complaints**  
(651) 201-4201  
1-800-369-7994  
Fax: (651) 281-9796

**Mailing Address:**  
Minnesota Department of Health  
Office of Health Facility Complaints  
85 East Seventh Place, Suite 300  
PO Box 64970  
St. Paul, Minnesota 55164-0970

**Office of Ombudsman for  
Long-Term Care:**  
(651) 431-2555  
1-800-657-3591  
Fax: (651) 431-7452

**Mailing Address:**  
Ombudsman for Long Term Care  
PO Box 64971  
St. Paul, MN. 55164-0971

## OUR MISSION

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*Transforming*  
LIVES

*Elevating*  
CONFIDENCE.

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**edinaplasticsurgery.com**

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Suite 300  
Edina, MN 55435

Thank You