

Every Day Giving Excellence!



OUR LADY OF THE LAKE SURGICAL HOSPITAL



PATIENT INFORMATION HANDBOOK



OUR LADY OF THE LAKE SURGICAL HOSPITAL

Our Mission

The Our Lady of the Lake Surgical Hospital Physicians and Staff will achieve superior surgical outcomes for patients through medical innovation combined with compassion and high standards.

Our Vision

To create the leading surgical hospital in the Gulf Coast region known for optimal patient, physician, employee, visitor satisfaction, as well as efficient utilization of resources.

Be an Informed Consumer

Unfortunately, medication errors happen. They happen in hospitals, in pharmacies, or even at home. And sometimes people get hurt because of these errors.

The more information you have, the better able you are to prevent errors and to take care of yourself. You have to ask your pharmacists, doctors and nurses about your medications, and you have to expect answers.

Also, if you have any chronic illnesses, pick up one of the consumer guides about medications at a bookstore or from the library. Find out all that you can about your illnesses and the medications you are taking. What you learn will help protect you later.

Your doctors, nurses and pharmacists work hard to keep you healthy, but you are also responsible. Learn what questions to ask. Expect answers—it's your life and your health!

'DO NO HARM' Consumer Bill of Rights and Responsibilities

Information Disclosure

Consumers have the right to receive accurate, easily understood information, and some consumers require assistance in making informed health care decisions about their health plans, professionals and facilities. Such information includes:

Participation in Treatment Decisions

Consumers have the right and responsibility to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators.

Consumer Responsibilities

Individual involvement and responsibility by consumers in their care is a reasonable expectation. Greater involvement by consumers increases the likelihood of achieving the best outcomes:

- Work collaboratively with health care providers in developing and carrying out agreed-upon treatment plans.
- Disclose relevant information and clearly communicate wants and needs.
- Avoid knowingly spreading disease.
- Recognize the reality of risks and limits of the science of medical care and the human fallibility of the health care professional.
- Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
- Show respect for other patients and health workers.
- Make a good-faith effort to meet financial obligations.
- Abide by administrative and operational procedures of health plans, health care providers, and Government health benefit programs.

WHAT CAN I DO ...at home:

- Make a list of medications you are taking now. Include the dose, how often you take them, the imprint on each tablet or capsule, and the name of the pharmacy. The imprint can help you identify a drug when you get refills.
- Any time that your medications change, change your list, too. Double-check the imprints on the tablets and capsules.
- Also list your medication and food allergies, and any over-the-counter medications, vitamins, nutritional supplements, or herbal products that you take regularly.
- Keep medications in their original containers. Many pills look alike, so by keeping them in their original containers, you will know which is which and how to take them.
- Never take someone else's medication. You don't know if it will interact with your medications, the dose may be wrong for you, or you may be allergic to it.

- Read the label every time you take a dose to make sure you have the right drug and that you are following the instructions.
- Turn on the lights to take your medications. If you can't see what you're taking, you may take the wrong thing.
- Don't store medications in the bathroom medicine cabinet or in direct sunlight. Humidity, heat and light can affect medications' potency and safety.
- Store medications where children can't see or reach them, for example, in a locked box or cabinet.
- Keep medications for people separate from pets' medications or household chemicals. Mix-ups are common and can be dangerous.
- Don't keep tubes of ointments or creams next to your tube of toothpaste. They feel a lot alike when you grab quickly, but a mistake could be serious.
- Flush any old medications, including used patches, down the toilet. Children and pets might get into medications that are thrown into the wastebasket, and some drugs actually become toxic after the expiration date.
- Don't chew, crush or break any capsules or tablets unless instructed. Some long-acting medications are absorbed too quickly when chewed, which could be unsafe. Other medications either won't be effective or could make you sick.
- To give liquid medication, use only the cup or other measuring device that come with it. Dosing errors can happen if you use a different cup or if you use the cup with other liquids because the cups often are different sizes or have different markings. Also, household teaspoons and tablespoons are not very accurate, which is important with some medications. Your pharmacist may give you a special oral syringe instead.

...in the hospital:

- Take your medications and the list of your medications with you when you go to the hospital. Your doctors and nurses will need to know what you are taking.
- After your doctor has seen them, send your medications home with your family. While you are in the hospital you may not need the same medications.
- Tell your doctor you want to know the names of each medication and the reasons you are taking them. That way, if anyone tells you anything different, you'll know to ask questions, which might prevent errors.
- Look at all medicines before you take them. If it doesn't look like what you usually take, ask why. It might be a generic drug, or it might be the wrong drug. Ask the same questions you would ask if you were in the pharmacy.
- Do not let anyone give you medications without checking your hospital ID bracelet every time. This helps prevent you from getting someone else's medications.
- Before any test or procedure, ask if it will require any dyes or medicines. Remind your nurse and doctor if you have allergies.
- When you're ready to go home, have the doctor, nurse, or pharmacist go over each medication with you and a family member. Update your medication list from home if any prescriptions change or if new medications are added.

...at the doctor's office:

- Take your medication list every time you go to your doctor's office, especially if you see more than one doctor. They might not know about the medications other doctors prescribed for you.
- Ask your doctor to explain what is written on any prescription, including the drug name and how often you should take it. Then when you take the prescription to the pharmacy, you can double-check the information on the label.
- Tell your doctor you want the purpose for the medication written on the prescription. Many drug names look alike when written poorly; knowing the purpose helps you and the pharmacist double-check the prescription.
- If your doctor gives you samples, make sure that he or she checks to be sure that there are no interactions with your other medications. Pharmacies have computers to check for drug interactions and allergies, but when your doctor gives you samples, this important check may be missed.

Patient Rights and Responsibilities

I. PURPOSE:

The basic rights of human beings to independence of expression, decision and action, and concern for personal dignity in human relationships are always of great importance. During sickness, however, their presence or absence becomes a vital deciding factor in survival and recovery. Thus it becomes a prime responsibility of Our Lady of the Lake Surgical Hospital to endeavor to assure that these rights are preserved for its patients. For the neonate, child, adolescent, and elderly who are unable to express their needs, the rights and responsibilities of their parents and/or guardians are synonymous to all other patients. The needs expressed by these individuals will be managed appropriate to facilitate their return to health.

In providing care, the hospital has the right to expect behavior on the part of the patients and their relatives and friends which, considering the nature of the illness, is reasonable and responsible. *All patients are given a copy of the Patient Handbook and Visitors Guide which contains a copy of the Patient Rights and Responsibilities upon admission.* This statement does not presume to be all-inclusive. It is intended to convey concern about the relationship between the hospital and its patients and to emphasize the need for the observance of the rights and responsibilities of patients.

II. POLICY:

Our Lady of the Lake Surgical Hospital and Medical Staff have adopted the following list of patient rights. This list shall include, but not be limited to the following:

- A. The 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.
- B. The patient has the right to receive treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preference, handicap, diagnosis, ability to pay or source of payment.
- C. The patient has the right to participate in the development and implementation of his/her plan of care.
- D. The patient has the right to make informed decisions regarding his or her care.
- E. The patient has the right to be informed of his/her health status, being involved in care planning and treatment, and being able to request or refuse treatment.
- F. The patient has the right to considerate and respectful care.
- G. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current and understandable information concerning diagnosis, treatment and prognosis. Except in emergencies when the patient lacks decision making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to:
 1. The identity of the physician who is primarily responsible for his or her care. He/she has the right to know the identity of other physicians, nurses and others involved in their care, as well as when those involved are students, residents, or other trainees. This may be accomplished via introduction or nametag. This includes other authorized healthcare facilities and/or educational institutions to participate in the patient's treatment.
 2. The nature and extent of the medical problem.
 3. The planned course of treatment.
 4. The prognosis, the chances of successful outcomes and the possible results of non-treatment.
 5. Alternatives to the treatment and procedure.
 6. Adequate instruction in self-care in the interim between visits to the hospital or to the physician.
 7. Alternatives for care or medical treatment where medically significant.
 8. Information necessary to give informed consent prior to the start of any procedure and/or treatment and the medical significance.
 9. The probable duration of the hospital stay and recuperative concerns.
 10. The immediate and long term financial implications of treatment choices, insofar as they are known.
 11. Right to participate in ethical issues that may arise in the provision of his/her care.
 12. Effective pain management.
 13. Receive information regarding organ and tissue procurement.
 14. The administration and removal of resuscitative services.
 15. The administration and removal of life sustaining treatment.
 16. Care at the cessation of life.
 17. The right to have a family member, significant other or patient designee, and the physician of choice to be notified of admission to the facility.
- H. The policies on patient rights and responsibilities shall also provide that patients who receive treatment for mental illness or developmental disability, in addition to the rights listed herein, have rights provided in Louisiana Mental Health Law.
- I. The patient has the right to expect that communication between the patient and the physician or the hospital should accommodate, where possible, the ethnic, cultural, spiritual and language variations of the patient. Included in this right is access to hospital or community resources, which will fulfill his/her spiritual, cultural, and psychosocial needs.
- J. The patient has the right to have an advanced directive (such as a living will, health care proxy, or durable mandate/power of attorney for healthcare) concerning treatment or have a surrogate decision-maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.
- K. The patient has the right to every consideration of privacy with respect and recognition of their individuality. Care discussion, consultation, examination, and treatment shall be conducted so as to protect each patient's privacy.
- L. The patient has the right to expect reasonable personal safety of self and property during his/her hospital stay.
- M. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as

confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records. The confidentiality of the patient's disclosures, within the law, shall be accorded the patient. The right of confidentiality shall include the right of the patient to decide to participate in clinical training programs and/or the gathering of data for research purposes.

- N. The patient has the right to choose to participate in a research project either experimental or investigational; if the patient agrees to participate he/she will receive a full explanation of procedures to be followed during the research project. The patient will be informed, when applicable, of expected benefits, potential discomforts and risks, and alternative services. If the patient chooses not to take part, he/she will receive the most effective care the hospital otherwise provides. The level of this participation shall not be related to the nature of the source of payment for his or her care except provided by law or third party payer contracts.
- O. The patient has the right to, and when appropriate their families, be informed about outcomes of care including unanticipated outcomes.
- P. The patient has the right to exclude any family member from participating in his/her health care decisions.
- Q. The patient has the right to access protective services and to receive a written list of names, address and phone numbers of pertinent local and state advocacy groups.
- R. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law within a reasonable time frame. These records shall remain confidential.
- S. The patient has the right to expect that, within its capacity and policies, the hospital will make reasonable response to the request of the patient for appropriate and medically indicated care and services. The hospital will provide evaluation, service and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
- T. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
- U. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
- V. Communicate with people outside the hospital including receiving visitors, send and receive mail and the use of the telephone. Any restrictions are explained to the patient and family, and are determined with their participation. When the hospital restricts a patient's visitors, mail, telephone calls, or other forms of communication, the restrictions are evaluated for their therapeutic effectiveness.
- W. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievance, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.
- X. The patient has the right to receive upon admission a copy of the Patient Handbook and has the right to receive, upon request, a copy of the Our Lady of the Lake Surgical Hospital policy fully detailing all patient rights described above.
- Y. 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.

Patient Responsibilities

Provision of Information:

The patient is responsible for:

1. Providing information about his or her health, including past illnesses, hospital stays, and use of medication.
2. Asking questions when he/she does not understand information or instruction.
3. Telling the physician if he/she believes that they cannot follow through with treatment.

Refusal of Treatment:

The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.

Hospital Charges:

The patient is responsible for assuring that the financial obligations for his/her health care are fulfilled as promptly as possible including providing information for insurance and for working with the hospital to arrange payment, when needed.

Hospital Rules and Regulations:

The patient is responsible for following hospital rules and regulations affecting patient care and conduct.

Respect and Consideration:

The patient and his or her visitors are responsible for being considerate of the rights of other patients and hospital personnel and for assisting in the control of the noise and number of visitors. The patient is responsible for being respectful of the property of other persons and of the hospital.

Personal Well Being:

The patient is responsible for recognizing the effect of life-style on his or her personal health.

Notice Of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who Presents this Notice

This Notice describes the privacy practices of Our Lady of the Lake Surgical Hospital (the "Facility") and members of its workforce, as well as the physician members of the medical staff and allied health professionals who practice at the Facility. The Facility and the individual health care providers together are sometimes called "the Facility and Health Professionals" in this Notice. While the Facility and Health Professionals engage in many joint activities and provide services in a clinically integrated care setting, the Facility and Health Professionals each are separate legal entities. This Notice applies to services furnished to you at Our Lady of the Lake Surgical Hospital, 1700 Lindberg Drive, Slidell, Louisiana 70458, as a Facility and all off-campus outpatient departments as an inpatient or outpatient in a Facility-affiliated program involving the use or disclosure of your health information.

Privacy Obligations

The Facility and Health Professionals each are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of legal duties and privacy practices with respect to your Protected Health Information. The Facility and Health Professionals use computerized systems that may subject your Protected Health Information to electronic disclosure for purposes of treatment, payment and/or health care operations as described below. When the Facility and Health Professionals use or disclose your Protected Health Information, the Facility and Health Professionals are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

Notifications

The Facility is required by law to protect the privacy of your medical information, distribute this Notice of Privacy Practices to you, and follow the terms of this Notice. The Facility is also required to notify you if there is a breach or impermissible access, use or disclosure of your medical information.

Permissible Uses and Disclosures Without Your Written Authorization

In certain situations your written authorization must be obtained in order to use and/or disclose your PHI. However, the Facility and Health Professionals do not need any type of authorization from you for the following uses and disclosures:

Uses and Disclosures for Treatment, Payment and Health Care Operations. Your PHI may be used and disclosed to treat you, obtain payment for services provided to you and conduct "health care operations" as detailed below:

Treatment. Your PHI may be used and disclosed to provide treatment and other services to you--for example, to diagnose and treat your injury or illness. In addition, you may be contacted to provide you appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your PHI may also be disclosed to other providers involved in your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because if you do, this may impact your recovery.

Payment. Your PHI may be used and disclosed to obtain payment for services provided to you--for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care ("Your Payor") to verify that Your Payor will pay for health care. The physician who reads your x-ray may need to bill you or your Payor for reading of your x-ray therefore your billing information may be shared with the physician who read your x-ray.

Health Care Operations. Your PHI may be used and disclosed for health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care delivered to you. For example, PHI may be used to evaluate the quality and competence of physicians, nurses and other health care workers. PHI may be disclosed to the Facility Compliance & Privacy Office in order to resolve any complaints you may have and ensure that you have a comfortable visit. Your PHI may be provided to various governmental or accreditation entities such as the Joint Commission on Accreditation of Healthcare Organizations to maintain our license and accreditation. In addition, PHI may be shared with business associates who perform treatment, payment and health care operations services on behalf of the Facility and Health Professionals.

Additionally, your PHI may be used or disclosed for the purpose of allowing students, residents, nurses, physicians and others who are interested in healthcare, pursuing careers in the medical field or desire an opportunity for an educational experience to tour, shadow employees and/or physician faculty members or engage in a clinical Practicum.

Health Information Organizations. Your PHI may be used and disclosed with other health care providers or other health care entities for treatment, payment and health care operations purposes, as permitted by law, through a Health Information Organization. A list of Health Information Organizations in which this facility participates may be obtained upon request or found on the facility's website at <http://www.ololsh.com>. For example, information about your past medical care and current medical conditions and medications can be available to other primary care physicians or hospitals, if they participate in the Health Information Organization. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment decisions. You may opt out of the Health Information Organization and prevent providers from being able to search for your information through the exchange. You may opt out and prevent your medical information from being searched through the Health Information Organization by completing and submitting an Opt-Out Form to the registration.

Use or Disclosure for Directory of Individuals in the Facility. Facility may include your name, location in the Facility, general health condition and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory. Information in the directory may be disclosed to anyone who asks for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if they do not ask for you by name. If you do not wish to be included in the facility directory, you will be given an opportunity to object at the time of admission.

Disclosure to Relatives, Close Friends and Other Caregivers.

Your PHI may be disclosed to a family member, other relative, a close personal friend or any other person identified by you who is involved in your health care or helps pay for your care. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, the Facility and/or Health Professionals may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative or a close personal friend, the Facility and/or Health Professionals would disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care. Your PHI also may be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.

Public Health Activities. Your PHI may be disclosed for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Victims of Abuse, Neglect or Domestic Violence. Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there is a reasonable belief that you are a victim of abuse, neglect or domestic violence.

Health Oversight Activities. Your PHI may be disclosed to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

Judicial and Administrative Proceedings. Your PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. Your PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena. For example, your PHI may be disclosed to identify or locate a suspect, fugitive, material witness, or missing person or to report a crime or criminal conduct at the facility.

Correctional Institution. Your PHI may be disclosed to a correctional institution if you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain requests to us.

Organ and Tissue Procurement. Your PHI may be disclosed to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Research. Your PHI may be used or disclosed without your consent or authorization if an Institutional Review Board approves a waiver of authorization for disclosure.

Health or Safety. Your PHI may be used or disclosed to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

U.S. Military. Your PHI may be used or disclosed to U. S. Military Commanders for assuring proper execution of the military mission. Military command authorities receiving protected health information are not covered entities subject to the HIPAA Privacy Rule, but they are subject to the Privacy Act of 1974 and DoD 5400.11-R, "DoD Privacy Program," May 14, 2007.

Other Specialized Government Functions. Your PHI may be disclosed to units of the government with special functions, such as the U.S. Department of State under certain circumstances for example the Secret Service or NSA to protect the country or the President.

Workers' Compensation. Your PHI may be disclosed as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

As Required by Law. Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories; such as required by the FDA, to monitor the safety of a medical device.

Appointment Reminders. Your PHI may be used to tell or remind you about appointments.

Fundraising. Your PHI may be used to contact you as a part of fundraising efforts, unless you elect not to receive this type of information.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Use or Disclosure with Your Authorization. For any purpose other than the ones described above, your PHI may be used or disclosed only when you provide your written authorization on an authorization form ("Your Authorization"). For instance, you will need to execute an authorization form before your PHI can be sent to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

Marketing. Your written authorization ("Your Marketing Authorization") also must be obtained prior to using your PHI to send you any marketing materials. (However, marketing materials can be provided to you in a face-to-face encounter without obtaining Your Marketing Authorization. The Facility and/or Health Professionals are also permitted to give you a promotional gift of nominal value, if they so choose, without obtaining Your Marketing Authorization). The Facility and/or Health Professionals may communicate with you in a face-to-face encounter about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without Your Marketing Authorization.

In addition, the Facility and/or Health Professionals may send you treatment communications, unless you elect not to receive this type of communication, for which the Facility and/or Health Professionals may receive financial remuneration.

Sale of PHI. The Facility and Health Professionals will not disclose your PHI without your authorization in exchange for direct or indirect payment except in limited circumstances permitted by law. These circumstances include public health activities; research; treatment of the individual; sale, transfer, merger or consolidation of the Facility; services provided by a business associate, pursuant to a business associate agreement; providing an individual with a copy of their PHI; and other purposes deemed necessary and appropriate by the U.S. Department of Health and Human Services (HHS).

Uses and Disclosures of Your Highly Confidential Information. In addition, federal and state law require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental illness, mental retardation and developmental disabilities; (3) is about alcohol or drug abuse or addiction; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about communicable disease(s), including venereal disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic abuse of an adult; or (9) is about sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Request Additional Restrictions. You may request restrictions on the use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While all requests for additional restrictions will be carefully considered, the Facility and Health Professionals are not required to agree to these requested restrictions.

You may also request to restrict disclosures of your PHI to your health plan for payment and healthcare operations purposes (and not for treatment) if the disclosure pertains to a healthcare item or service for which you paid out-of-pocket in full. The Facility and Health Professionals must agree to abide by the restriction to your health plan EXCEPT when the disclosure is required by law.

If you wish to request additional restrictions, please obtain a request form from the Health

Information Management Office and submit the completed form to the Health Information Management Office. A written response will be sent to you.

Right to Receive Confidential Communications. You may request, and the Facility and Health Professionals will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

Right to Revoke Your Authorization. You may revoke Your Authorization, Your Marketing Authorization or any written authorization obtained in connection with your PHI, except to the extent that the Facility and/or Health Professionals have taken action in reliance upon it, by delivering a written revocation statement to the Facility Health Information Management Office identified below.

Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by the Facility and Health Professionals in order to inspect and request copies of the records. Under limited circumstances, you may be denied access to a portion of your records. If you desire access to your records, please obtain a record request form from the Facility Health Information Management Office and submit the completed form to the Facility Health Information Management Office. If you request copies of paper records, you will be charged in accordance with federal and state law. To the extent the request for records includes portions of records which are not in paper form (e.g., x-ray films), you will be charged the reasonable cost of the copies. You also will be charged for the postage costs, if you request that the copies be mailed to you. However, you will not be charged for copies that are requested in order to make or complete an application for a federal or state disability benefits program.

Right to Amend Your Records. You have the right to request that PHI maintained in your medical record file or billing records be amended. If you desire to amend your records, please obtain an amendment request form from the Facility Health Information Management Office and submit the completed form to the Facility Health Information Management Office. Your request will be accommodated unless the Facility and/or Health Professionals believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, you will be charged for the accounting statement.

Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

For Further Information or Complaints. If you desire further information about your privacy rights, are concerned that your privacy rights have been violated or disagree with a decision made about access to your PHI, you may contact the Facility Compliance & Privacy Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Facility Compliance & Privacy Office will provide you with the correct address for the Director. The Facility and Health Professionals will not retaliate against you if you file a complaint with the Facility Privacy Office or the Director.

Effective Date This Notice is effective on December 1, 2018.

Right to Change Terms of this Notice. The terms of this Notice may be changed at any time. If this Notice is changed, the new notice terms may be made effective for all PHI that the Facility and Health Professionals maintain, including any information created or received prior to issuing the new notice. If this Notice is changed, the new notice will be posted in waiting areas around the Facility and on our Internet site at <http://www.ololsh.com>. You also may obtain any new notice by contacting the Facility Compliance & Privacy Officer.

FACILITY CONTACT:

Our Lady of the Lake Surgical Hospital Compliance & Privacy Office Attn: Privacy Officer
1500 Lindberg Drive, Slidell, LA 70458
E-mail: bdarte@ololsh.com Phone: 985-661-2105

PREVENTING INFECTIONS IN THE HOSPITAL

WHAT YOU CAN DO

Infections can occur after many types of medical procedures. This is particularly true if you are having surgery. There are several things you can do to help prevent infections from developing while you are in the hospital.

Plan ahead for surgery (when possible).....

Shower before surgery with mild shower soap example: Dial, Lever 2000

Ask questions about your care so that you can fully understand your plan of care.

If you have diabetes, talk to your doctor about the best way to control your blood sugar, before, during and after your hospital stay. High blood sugar increases the risk of developing an infection.

If you are a smoker, you should consider a smoking cessation program. This will reduce the chance of developing a lung infection while in the hospital and may also improve your healing abilities following surgery.

Let MD know if you have had any recent skin infections.

During your hospital stay.....

Wash your hands carefully after handling any type of soiled material. This is especially important after you have gone to the bathroom.

Since you are a part of your healthcare team, do not be afraid to remind doctors and nurses about washing their hands before working with you.

If you have an intravenous catheter, (IV), keep the skin around the dressing clean and dry. Tell your nurse right away if the dressing works loose or gets wet.

If you have a dressing on a wound, let your nurse know right away if the dressing works loose or gets wet.

If you have any type of catheter or drainage tube (drain), let your nurse know promptly if it becomes loose or dislodged.

Carefully follow your doctor's instructions regarding breathing treatments and getting out of bed.

Don't be afraid to ask for help, advice or pain medications!

If possible, ask your friends and relatives NOT to visit if they themselves feel ill.

PREVENTING PATIENT FALLS

HELP US PREVENT YOU FROM FALLING IN THE HOSPITAL

Accidental falls may occur in the hospital. These accidents are as distressing to the hospital as they are to the patient. Please read this information carefully to learn how you can help prevent from falling.

YOU MAY FALL IN THE HOSPITAL FOR THE FOLLOWING REASONS:

- Tranquilizers, sleeping tablets, pain relievers, blood pressure pills, or diuretics may make you dizzy and disoriented.
- Your illness, enemas, laxatives, long periods without food, or tests your doctor ordered may leave you weak and unsteady.
- The hospital may seem foreign and unfamiliar to you – especially when you wake up at night.

Some falls, such as those associated with illness or therapy cannot be avoided. However, by following these guidelines, you, your family and friends can help reduce your risk of falling.

PLEASE FOLLOW THESE GUIDELINES:

1. Ask the nurse for help if you feel dizzy or weak getting out of bed. Remember you are more likely to faint or feel dizzy after sitting or lying for a long time. If you must get up without waiting for help, sit up in bed awhile before standing up, rise carefully, and slowly begin to walk.
2. Make sure you wear nonskid slippers whenever you walk in the hospital. Rubber-soled or crepe-soled slippers are recommended.
3. Remain lying or seated while waiting for assistance. Though minutes may feel like hours, please be patient, someone will answer your call as soon as possible.
4. Do not tamper with side rails or restraints that may be in use. If restraints need adjustment, ask the nurse. Side rails and restraints are reminders to stay in bed and are designed to ensure your safety and protection.
5. Always follow your doctor's orders and the nurses' instructions regarding whether you must stay in bed, require assistance to get to the bathroom, etc.

NOTE: Hospital staff members cannot remain constantly at a patient's bedside. If family members are not available to sit with a patient, the patient and/or family members are responsible for arranging for and paying for private duty nurse and/or sitters.

Help US Help You Reduce Your Risk of Falling

FOOD AND DRUG INTERACTIONS

Follow the guidelines on this sheet, unless you are given specific instructions by your doctor.

LEGEND:

Tyramine – containing foods – Aged cheeses, Anchovies, Avocados, bananas, beer, broad beans, canned figs, caffeine-containing beverages, chicken or beef livers, chocolate, coffee, Fava beans, Italian green beans, mushrooms, meat prepared with a tenderizer, meat extracts including commercial soups, aged meats (like salami, pepperoni, summer sausage), papaya, pickled herring, raisins, red wines, sherry, sour cream, soy sauce, vanilla, yeast preparations and yogurt.

Histamine – containing foods like: tuna, parmesan cheese, eggplant, spinach, tomato, sauerkraut and liver.

Foods high in Potassium – Apricots, artichokes, asparagus, avocado, bamboo shoots, banana, broccoli, brussel sprouts, cantaloupe, carrots, celery, chocolate, dates, dried beans, dried fruit, figs, greens, honeydew, milk, oranges, orange juice, potatoes, prunes, prune juice, pumpkin, raisins, thubarb, spinach, squash, tomatoes, tomato juice.

Foods high in Calcium – Dairy products (yogurt, cheese milk, etc.), pink salmon, sardines, greens (mustard, turnip, collard, spinach).

ANTICOAGULANTS	PATIENT INSTRUCTIONS
warfarin (Coumadin)	Do not change dietary habits or supplements once stabilized on warfarin. Be consistent with foods high in Vitamin K, such as beef liver, pork liver, green tea and leafy vegetables. Cooking oils with silicone additives may decrease effectiveness of medication. Take at the same time each day.
ANTICONVULSANTS	PATIENT INSTRUCTIONS
phenobarbital	Foods high in Vitamin C can displace the drug from binding sites resulting in increased urinary excretion, which could decrease the anticonvulsant effect. Avoid taking with fresh fruits that are high in Vitamin C. Do not stop abruptly. Avoid alcohol & other depressants (e.g. narcotics, antihistamines).
phenytoin (Dilantin)	Take with food or milk. Charcoal-broiled foods effect drug levels. Avoid taking with foods high in Vitamin C. Do not take at the same time as calcium containing antacids. Do not stop abruptly. Avoid alcohol & other depressants (e.g. narcotics, antihistamines).
ANTI-GOUT	PATIENT INSTRUCTIONS
allopurinol (Zyloprim)	Drink plenty of liquids. Avoid large doses of Vitamin C. To minimize stomach upset, take after meals.
GASTROINTESTINAL	PATIENT INSTRUCTIONS
cimetidine (Tagamet) ranitidine (Zantac) famotidine (Pepcid) nizatidine (Axid)	Take with or immediately after meal, Take one-half to one hour before antacids. Avoid alcohol & other depressants (e.g. narcotics, antihistamines)
metoclopramide (Reglan)	Take one-half hour before meals. Avoid narcotics, antihistamines.
lansoprazole (Prevacid)	Take one hour before meal.
omeprazole (Prilosec)	Take before meal.
pantoprazole (Protonix)	Take with or without food.

GASTROINTESTINAL (Cont.)	PATIENT INSTRUCTIONS
esomeprazole (Nexium)	Take at least one hour before meal.
misoprostol (Cytotec)	Take with food. Take last dose at bedtime. Avoid magnesium containing antacids.
sucralfate (Carafate)	Take one hour before meals & at bedtime. Do not take antacids one-half hour before dose of Carafate.
MISCELLANEOUS	PATIENT INSTRUCTIONS
psyllium (Metamucil)	Take with large amount of fluid.
DSS (Colace)	Take with 8 oz. of water.
alendronate (Fosamax)	Take at least 30 minutes before the first food, beverage or medication of the day with water. Avoid lying down for 30 minutes.
ticlopidine (Ticlid)	Take with food.
Clopidogrel (Plavix)	Take with or without food.
levodopa (Doper, Sinemet)	Avoid excessive amounts of protein. Take with food. Avoid Vitamin B6.
prednisone (Deltasone)	Follow directions on label.
donepezil (Aricept)	Take with or without food.
rivastigmine (Exelon)	Take with food.
theophylline (Slo-bid, Theo-Dur)	Take with food or milk to avoid stomach upset. Avoid caffeine-containing foods such as: tea, coffee, coca cola & chocolate. Also avoid charcoal-broiled foods in excessive amounts.
levothyroxine (Synthroid)	Take on empty stomach. Do not stop abruptly.
montelukast (Singular)	Do not stop abruptly.
ANTI- INFECTIVES	PATIENT INSTRUCTIONS
ampicillin, amoxicillin augmentin, penicillin	Take on empty stomach one hour before or two hours after a meal.
cefaclor (Ceclor), cephalixin (Keflex, Keftab), cefuroxime (Ceftin), cefpodoxime (Vantin)	May take with food or milk if stomach upset occurs.
ciprofloxacin (Cipro), lomefloxacin (Maxaquin) norfloxach, levofloxacin (Levaquin), gatifloxacin (Tequin)	May take with food. Avoid concomitant antacid use.
doxycycline	Take with or without food.
azithromycin (Zithromax), clarithromycin (Biaxin), erythromycin	Take on empty stomach one hour before or two hours after a meal. Avoid concomitant antacid use.
nitrofurantoin (Macrochantin)	Take with food. Alcohol may make you very ill. May discolor urine.
fluconazole (Diffucan)	May take with food.
metronidazole (Flagyl)	Take with food to decrease gastric irritation . Alcohol within 48 hours before or after will make you very ill. May cause urine discoloration and metallic taste.
sufisoxazole (Gantrisin), sulfamethoxazole (Gantanol, Bactrim, Septra), sulfadiazine, sulfasalazine (Azulfidine, etc.)	Take on empty stomach one hour before or two hours after a meal with a full glass of water. Drink plenty of fluids. Avoid concomitant antacid use. Take with food if gastric irritation occurs. Avoid long exposure to sunlight.
CHOLESTEROL LOWERING	PATIENT INSTRUCTIONS
cholestyramine (Questran)	Do not take in dry form. Mix with water or other fluid (soups, apple juice or pineapple juice). Take at meal time.
simvastatin (Zocor)	Can be taken without regard to meals, take in the evening.
pravastatin (Pravachol)	Can be taken anytime of the day without regard to meals.
atorvastatin (Lipitor)	Can be taken anytime of the day with or without food.

ORAL HYPOGLYCEMICS	PATIENT INSTRUCTIONS
gliimepiride (Amaryl)	Take with first main meal, take 30 – 60 mins. before meal. Avoid alcohol consumption.
glipizide (Glucotrol)	Take with breakfast.
rosiglitazone (Avandia), pioglitazone (Actos)	Can be given without regards to meals.
repagloide (Prandin)	Take 15 – 30 minutes before a meal. If you skip a meal, skip the dose for that meal.
glybunde (Micronase, DiaBeta)	Take with breakfast or the first main meal.
Metformin (Glucophage)	Take with food. Alcohol may make you very ill.
DIURETICS	PATIENT INSTRUCTIONS
bumetanide (Bumex), furosemide (Lasix), torsemide (Demadex)	May be taken with food or milk.
hydrochlorothiazide (HydroDIURIL)	May be taken with food or milk.
triamterene (Dyrenium)	Take in the morning after meal. Avoid food high in potassium or use of salt substitute.
spironolactone (Aldactone)	Take with meals or milk.
metolazone (Zaroxolyn)	May be taken with food or milk.
CARDIAC	PATIENT INSTRUCTIONS
clonidine (Catapres), hydralazine (Apresoline)	Take with food.
isosorbide mononitrate (ISMO, Imdur), isosorbide dinitrate	Avoid alcohol, take with a full glass of water on an empty stomach.
BETA- BLOCKERS	PATIENT INSTRUCTIONS
propranolol (Inderal), metoprolol (Lopressor)	Take with food, at the same time each day.
atenolol (Tenormin)	Can be taken without regard to meals.
ANGIOTENSIN CONVERTING ENZYME INHIBITORS	PATIENT INSTRUCTIONS
captopril (Capoten)	Take one hour before meals. Avoid salt substitutes containing potassium.
fosinopril (Monopril)	Take with or without food. Avoid salt substitutes containing potassium.
quinapril (Accupril)	Take one hour before meals, avoid high fat meals. Avoid salt substitutes containing potassium.
lisinopril (Prinivil, Zestril), enalapril (Vasotec), benazepril; (Lotensin), rampril (Altace)	Take with or without food. Avoid salt substitutes containing potassium.
ANGIOTENSIN II RECEPTOR BLOCKERS	PATIENT INSTRUCTIONS
losartan (Cozaar), valsartan (Diovan), iversatan (Avapro) candesartan (Atacand)	Take with or without regard to meals.
CALCIUM CHANNEL BLOCKERS	PATIENT INSTRUCTIONS
nifedipine (Procardia), aipail	Take without regard to meals. Do not take with grapefruit juice.
diltiazem (Cardizem)	Take in the morning on empty stomach. Do not take with grapefruit juice.
amlodipine (Norvasc), verapamil (Calan)	Take without regard to meals. Do not take with grapefruit juice.
ANTI-ARRHYTHMICS	PATIENT INSTRUCTIONS
digoxin (Lanoxin)	Take without regard to meals. Avoid taking with foods high in bran. Take 1 hour before or 2 hours after antacids.
quinidine	Take with meals.
disopyramide (Norpac), flecainide (Tambacor), propafenone (Rythmol), amiodarone (Cordarone)	Take without regard to meals.
NARCOTIC ANALGESICS	PATIENT INSTRUCTIONS
esgic, fioricet, vicodin, lorcet, lortab, percocet, tylenol #3, darvocet n 100, zydone	If stomach upset occurs, take with food. Avoid alcohol.

NON-NARCOTIC ANALGESICS	PATIENT INSTRUCTIONS
aspirin	Take with food or after meals. Take with a full glass of water.
ibuprofen	Take with food or milk or antacids other than sodium bicarbonate.
diclofenac (Voltaren), ketorolac (Toradol), nabumetone (Relafen)	Take without regard to meals.
naproxen (Naprosyn), celecoxib (Celebrex), rofecoxib (Vioxx)	Take with food.
Acetaminophen	Take without regard to meals.
tramadol (Ultram)	May be taken without regard to food. Avoid alcohol or other CNS depressants.
ANTI-NAUSEA	PATIENT INSTRUCTIONS
promethazine (Phenergan)	Take before meals.
hydroxyzine (Vistaril), ondansetron (Zofran)	Take without regard to meals.
ANTI-DEPRESSANTS	PATIENT INSTRUCTIONS
amitriptyline (Elavil)	Avoid alcohol.
mirtazapine (Remeron) trazadone (Desyre)	Take without regard to meals.
sertraline (Zoloft)	Take with food; avoid alcohol.
bupropion (Wellbutrin/Zyban)	Minimize alcohol consumption or if possible avoid completely.
venlafaxine (Effexor)	Take with food.
fluoxetine (Prozac), paroxetine (Paxil), fluvoxamine (Luvox), citalopram (Celexa)	Take without regard to meals.
ANTI-PSYCHOTICS	PATIENT INSTRUCTIONS
olanzapine (Zyprexa)	Take without regard to meals.
MISCELLANEOUS	PATIENT INSTRUCTIONS
phenazopyridine (Pyridium)	May cause stomach upset, take after meals. May cause urine discoloration.
sildenafil (Viagra)	If taken with a high-fat meal, the rate of absorption may be reduced and can delay the onset of effect.
hyoscyamine (Levsin)	Take 30 minutes before meals. Avoid alcohol & medicines that can cause drowsiness.
epoetin alfa (Procrit, Epogen)	Continue to follow the diet and/or dialysis prescribed by your doctor even if you start to feel better.
Urimar-T	Take with food to minimize gastrointestinal upset. Drink sufficient fluids to insure adequate urine flow.

*Please consult your physician or pharmacist before taking anti-infectives and birth control pills. Please consult your physician or pharmacist before taking any herbal supplements. Please contact your physician if you have any questions or concerns regarding specific interactions.

RECEIVING THE FACTS ON PAIN RELIEF

Pain Management

Patient preferences will be respected when determining methods to be used for pain management.

Successful assessment and control of pain depends, in part, on establishing a positive relationship between health care professionals and patients. Patients will be informed that pain relief is an important part of their health care, that information about options to control pain is available to them, and that they are welcome to discuss their concerns and preferences with the health care team.

It is not practical or desirable to eliminate all pain, but techniques now available make pain reduction to acceptable levels a realistic goal.

Medication available ranges from Acetaminophen (Tylenol) and nonsteroidal anti-inflammatory (ibuprofen) for mild pain to Opioids (Morphine, Demerol, and Oxycodone) for moderate to severe pain. These drugs can be taken by shot, mouth, IV, skin patch, or suppository.

All medications have some kind of side effect, but not everyone has one. Pain medication can cause you to have constipation, sleepiness, nausea and vomiting, or dry mouth.

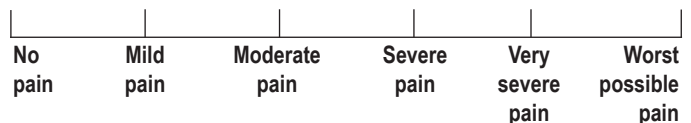
Pain Assessment Tools

Develop a plan for pain assessment and management with your doctor and nurse.

The prevention of pain is far easier to control and reduce before it has become severe. It is very important for you to give a factual report of your pain. Do not under or over exaggerate your pain. You must communicate with the doctor and/or nurse that the treatment for your pain is working and that you have obtained some relief.

A pain assessment tool will be used to determine your level of pain. This tool along with other assessments will be asked to determine the type and amount of pain intervention needed.

Simple Descriptive Pain Intensity Scale



0 – 10 Numeric Pain Intensity Scale



Nondiscrimination Notice

Our Lady of the Lake Surgical Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. Our Lady of The Lake Surgical Hospital does not exclude people or treat them differently because of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.

Our Lady of the Lake Surgical Hospital:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
 - o qualified sign language interpreters, video remote interpreting or other aids for hearing impaired individuals
 - o written information in multiple formats including large print, audio, accessible electronic formats, or other for mats for visually impaired individuals
- Provides free language services to people whose primary language is not English, such as:
 - o qualified interpreters or a language line
 - o information written in other languages

If you need these services, contact Our Lady of the Lake Surgical Hospital's ADA Coordinator at (985) 641-0600.

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

ADA Coordinator
Our Lady of the Lake Surgical Hospital
1700 Lindberg Drive, Slidell, LA 70458
Email: MPISCIOTTA@OLOLSH.COM

You can file a grievance in person or by mail, fax or email.
If you need help filing a grievance, Our Lady of the Lake
Surgical Hospital's ADA Coordinator is available to help you.

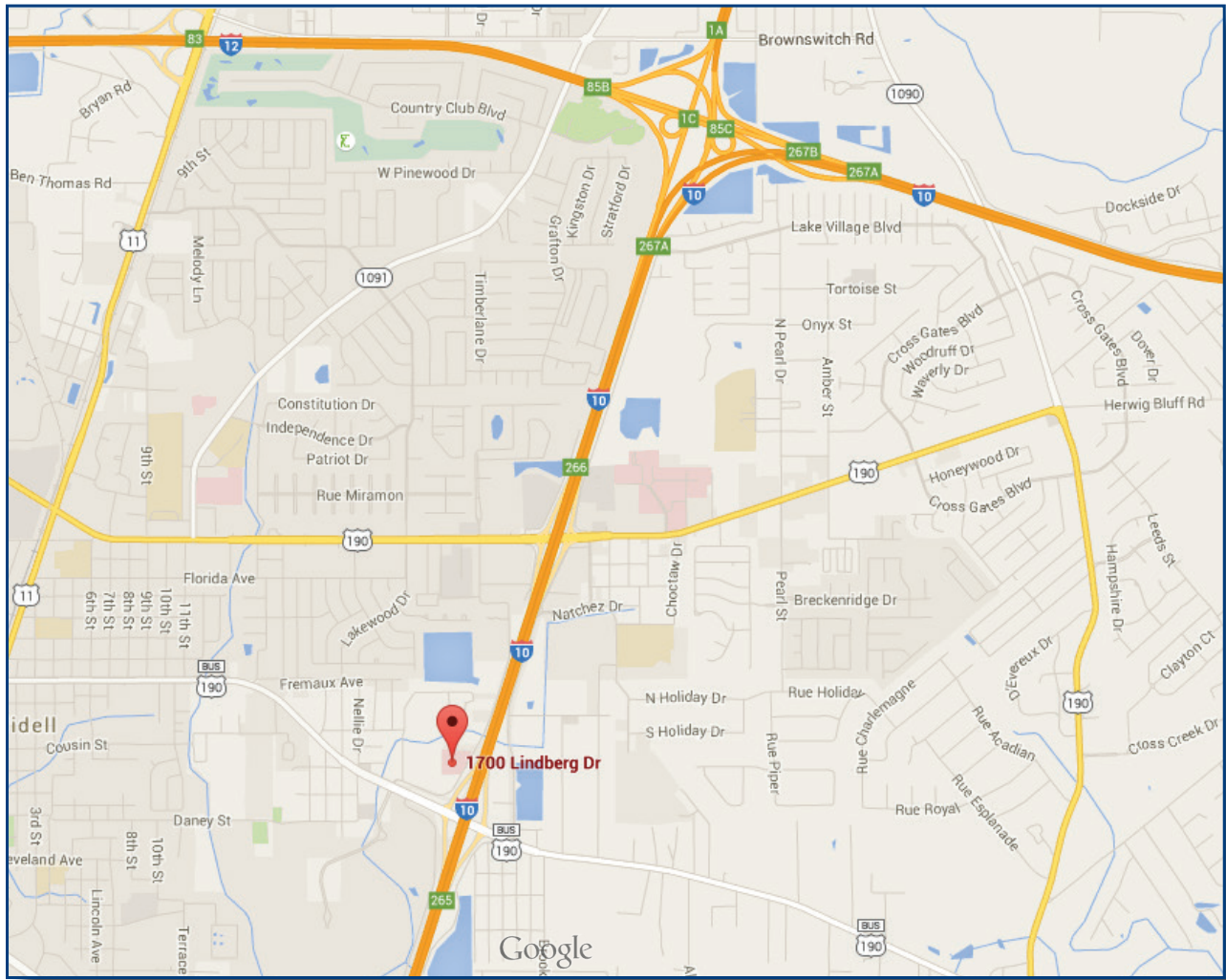
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Patient Complaint / Grievances

- A. The Hospital provides a Hospital Representative, compliance officer, who shall act as an advocate for patients or their representative in connection with grievances or other issues related to services provided to patients. The Hospital Representative is available to assist in the informal resolution of grievances or other issues that arise and cannot be resolved by the Hospital's staff at the point of service. The Hospital Representative can be reached by calling (985) 661-2129.
 - B. Once a grievance has been filed it is the responsibility of the Hospital Representative, the appropriate department director and/or the department's administrator to investigate the substance of the complaint. The organization analyzes the complaint and when indicated takes appropriate corrective action.
 - C. The relevant parties, including the person initiating the grievance, will be notified that an investigation is occurring.
 - D. Within 7 business days of filing the grievance, the party who initiated the grievance should receive written communication acknowledging receipt and should include the following:
 - 1. Written statement regarding the decision of the Hospital regarding the grievance;
 - 2. Name of the hospital's contact person;
 - 3. Steps taken by the Hospital to investigate the grievance;
 - 4. The anticipated date of completion.
 - E. Each patient or family filing a grievance receives a response from the organization that addresses the grievance.
 - F. In a situation where the grievance is found to be non-meritorious, the results of the investigation and the conclusion should be explained to the complainant.
 - G. If it is obvious that an amicable settlement of the patient's grievance cannot be reached, Administration should turn this matter over to hospital legal counsel. Patients and families are informed of their right to present a grievance and how to do so. The patient or their representative may also contact the State Department of Health if they choose. The address and phone number is as follows: Hospital Complaint Desk, LA Dept. of Health & Hospitals, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821 / (225) 342-0138 / www.ldh.la.gov
 - H. As an accredited facility of The Joint Commission, you may also report any concerns you may have to them by using one of the following options:
 - Online: 1. Submit a new complaint: www.jointcommission.org
 - 2. Submit an update to a complaint (you must have your safety event incident number): www.jointcommission.org
 - Fax: 630-792-5636
 - Mail: Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
- Summarize the issue in two pages or less and include the name and full address of the organization in question. For more information, call the Joint Commission's toll free number, (800) 994-6610, available weekdays, 8:30a.m. to 5p.m., Central Time
- I. Medicare patients may contact their QIO to report a concern by one of the following Options:
 - Website: <https://keproqio.com> / Phone: 888-315-0636 / Fax: 844-878-7921 / Email: beneficiary.complaints@kepro.com
 - Mail: 5201 West Kennedy Blvd, Suite 900, Tampa, FL 33609
 - J. Presentation of grievance does not in itself serve to compromise a patient's future access to care.



Conveniently located right off I-10 at the Fremaux Drive exit.



OUR LADY OF THE LAKE SURGICAL HOSPITAL

1700 Lindberg Drive
Slidell, LA 70458
(985) 641-0600
www.OLOLSH.com

*Our Lady of the Lake Surgical Hospital is owned in part by certain physicians who practice at the hospital.
A list of physician investors is available upon request.*