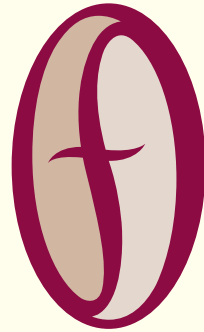


# FRESNO SURGICAL HOSPITAL



AN AWARD-WINNING  
PHYSICIAN OWNED HOSPITAL

## AN INFORMATIONAL GUIDE FOR PATIENTS AT FRESNO SURGICAL HOSPITAL



## ***Welcome from the Chief Nursing Officer:***

As the Chief Nursing Officer on behalf of the Governing Board, Medical Staff, partners and employees of Fresno Surgical Hospital, I would like to extend a warm welcome to you as you browse through our brochure.

Here at Fresno Surgical Hospital, we take pride in delivering impeccable service and quality care to all of the patients we serve. I believe you will find the Fresno Surgical Hospital to be an extraordinary experience that is unsurpassed.

Fresno Surgical Hospital has been created for the purpose of delivering excellent surgical care to each and every patient. Our unique facility and excellent staff provide a hospitality inspired atmosphere coupled with a healing environment that is unlike anything experienced in a traditional hospital.

Fresno Surgical Hospital is honored that you have chosen our hospital to care for you and your loved ones. I am confident and committed that our staff will make this the best surgical experience that you will ever encounter.

Sincerely,

Donna Adams, MSN, BSN, RN  
Chief Nursing Officer

***Mission:*** To Provide a high quality of care through compassion to all we serve by creating a supportive environment for our patients, clinical staff and employees.

***Vision:*** To become a hospital that is known for excellence in surgical care delivery and patient satisfaction. To be the first choice for Central Valley residents and health care practitioners.

# GENERAL INFORMATION

## CONTACT INFORMATION

### FRESNO SURGICAL HOSPITAL

ADDRESS: 6125 North Fresno Street  
Fresno, CA 93710

PHONE: 559.431.8000

TOLL FREE: 800.431.8455

FAX: 559.431.8242

## PARKING

The parking lot in front of the hospital is open 24 hours a day and there is no parking fee. Our security staff patrols the parking lot routinely, but please do not leave valuables in your car.



# AN INFORMATIONAL GUIDE FOR PATIENTS AT FRESNO SURGICAL HOSPITAL

## ABOUT FRESNO SURGICAL HOSPITAL

Fresno Surgical Hospital is an award-winning physician owned hospital where patient **comfort, quality care and exceptional service** are priorities.

Fresno Surgical Hospital is committed to delivering you the finest service and expert care available in the Central Valley.

Fresno Surgical Hospital is a non-smoking facility. Smoking is not prohibited within 20 feet of any entrance.

## WHO CAN I TALK TO FOR MORE INFORMATION?

To ensure that your time with us is more comfortable, a nurse will be calling you prior to your surgery to discuss your health history, review instructions, and to answer any additional questions you might have. Our Pre-Admissions nurses are also available to assist you and would welcome your call at 559.447.7360.

## WHAT ABOUT BILLING AND INSURANCE COVERAGE?

Prior to your surgery date, we will call your insurance company and verify your insurance benefits and eligibility. If your insurance requires any payment from you, we will call you and request that you bring the payment with you on the day of surgery. After your surgery, we will bill your insurance company directly for Fresno Surgical Hospital charges. Any remaining amounts due after insurance pays will be your financial responsibility. You will also be billed separately by your surgeon, and may receive billings for anesthesiology, pathology, and/or radiology services.

Additionally, patients without insurance or those patients receiving non-covered services will be contacted in advance of surgery by a billing representative to make payment arrangements prior to surgery.

In keeping with our mission and responsibility to the community we serve, Fresno Surgical Hospital offers financial assistance programs. If you are concerned about your ability to pay your cost share, or if you do not have health insurance, we offer financial assistance for those who qualify through our Financial Support (Charitable Assistance) Program.

Our patient account representatives are available to help you and will make every effort to arrange a mutually beneficial payment arrangement. For questions or assistance, please call (559) 447-7735.

## HOW CAN I PREPARE FOR MY SURGERY?

The Pre-Admissions nurse will give you an approximate time for your arrival. Under most circumstances this will be one and a half to two hours prior to your surgery start time, depending on your type of surgery. This is to ensure all pre-operative requirements can be completed so your surgery starts at the planned time.

**DO NOT** eat or drink anything, even water, after midnight on the night before your surgery unless your doctor or the Pre-Admissions nurse has instructed you differently.

You will be instructed which medications to take on the day of surgery with a sip of water by your physician or Pre-Admission nurse.

**Do not stop any prescription medications without direction from your surgeon. Discontinue any over-the-counter supplements (herbal products, aspirin, vitamins, anti-inflammatories) one week prior to surgery. Please note: If you take a prescribed blood thinner, your surgeon will instruct you on when to stop and when to restart the medication.**

You may brush your teeth and gargle on the morning of surgery. **DO NOT** swallow any water, gum or mints.

Please refrain from smoking the evening before or morning of your surgery.

Please notify your physician and the Pre-Operative nurse on arrival if there are any changes in your physical condition such as a cold, cough, fever, or rash.

Patients under 18 years of age will need to be accompanied by a parent or legal guardian who is required to remain in the hospital during the pre-op, surgical and recovery period.

### **WHAT DO I NEED TO DO THE DAY OF MY SURGERY?**

To minimize the risk of infection, ensure you bathe or shower the night before your surgery and the morning of your surgery using Chlorhexadine soap. **DO NOT** use powders or lotions on your body.

Wear loose casual clothing that will accommodate your scheduled procedure. Plan to arrive at Fresno Surgical Hospital as instructed by your physician or the Pre-Admissions nurse.

**DO NOT** bring any narcotic medications, valuables or jewelry, including watches and cash.

**DO NOT** wear any make-up or contact lenses. Eyeglasses and hearing aids are fine, but please bring the appropriate case for safe storage.

After the procedure is completed, you must be discharged to a responsible person to stay with you for the first 24 hours. We are concerned for your safety, so please make proper arrangements. If you are unable to find an appropriate caregiver, your surgery may be rescheduled for a different date.

## WHAT DO I NEED TO BRING?

### FOR OUTPATIENT SURGERY:

- A complete list of your allergies and a list of all the current medications you are taking, including dosage information.
- Any medical equipment used at home, such as breathing devices, walkers, CPAP machine, etc.
  - **Please note: Spinal Intervention and Ophthalmology patients do NOT need to bring any medical equipment used at home.**
- Any medical forms given to you by your doctor.
- Any x-rays or other diagnostic images (if required).
- Copy of your Advanced Directive (Living Will).
- Your insurance identification card and your pharmacy card.
- Your co-insurance payment (if applicable).
- Driver's License or picture I.D.

### FOR INPATIENT SURGERY:

- All items listed above.
- All current medications you are taking. **Please bring them in their original, labeled pharmaceutical containers.**
- A nightgown or pajamas and slippers, if you wish.
- Personal care items such as toothbrush, hairbrush, etc.

## WHAT IS THE DIFFERENCE BETWEEN OBSERVATION AND INPATIENT STATUS?

Your doctor may decide that you need to stay in the hospital overnight. You may hear the terms used to describe these overnight stays as Observation or Inpatient status.

**Observation status:** This status is used to keep you overnight in the hospital to continue to watch you closely and to provide care for you. It is considered an outpatient status, but one in which you are cared for in a bed on one of our medical-surgical units.

**Inpatient status:** This status is used when your doctor determines that you will likely need to remain in the hospital for several nights. You will be placed in a bed on one of our medical-surgical units for this level of care.

## WHAT CAN I EXPECT AFTER MY SURGERY?

For outpatient surgery, you are usually able to go home within one to three hours following your operation. A nurse may call you the next day to check on your progress. If any problems develop after your return home, contact your physician immediately.

For your safety and well-being, we cannot permit you to drive yourself home or to stay by yourself for the first night after your operation. If any problems develop after you return home, contact your physician immediately.

**Please do not drive for 24 hours following surgery. Do not operate any machinery and do not make any major decisions. It takes time for the effects of anesthesia to wear off and it could affect your reaction time and judgment.**

# PATIENT SAFETY

Fresno Surgical Hospital has implemented a hospital-wide Hand Hygiene Program to help prevent infections. Hospital staff and physicians are instructed regarding the use of proper hand hygiene as recommended by the Centers for Disease Control and Prevention, and the World Health Organization. Studies have shown that infections can occur in healthcare settings and that hand washing is the single most effective way to prevent infections. Patients and families are invited to participate in our program by using good hand washing during and after their hospital stay. We encourage you to ask caregivers “Have you washed your hands?” when they enter your room or perform a procedure. Together, we can protect patients from germs that cause infections.

## **WHY IS HAND HYGIENE IMPORTANT TO YOUR CARE?**

- Germs are everywhere
- Sick people get infections easier
- Infections can keep patients in the hospital longer
- Even healthy people can spread germs
- Good hand hygiene is a healthy habit

Both soap and water and waterless alcohol hand rubs are extremely effective at reducing the number of germs present on the skin.

## **EVERYONE SHOULD WASH WITH AN ALCOHOL HAND RUB:**

- When entering your room or before touching or administering care to you or your loved one
- Upon leaving your room, if they have touched you or any object in the room

## **SOAP AND WATER MAY BE USED:**

- When hands are visibly dirty
- When hands are soiled with blood or other bodily fluids
- After visiting a restroom
- Before and after eating

Everyone caring for you should clean their hands. If you do not see the doctor, nurse or other healthcare provider clean their hands with soap and water or an waterless alcohol hand rub when entering your room to provide care, remember that it is okay to ask someone to clean their hands.

Practicing good hand hygiene is the single most important thing you can do to stop the spread of infection. It is a healthy habit for anyone, whether you are in the hospital, at work, or at home.

## **RAPID RESPONSE TEAM**

This team of experts responds to the early signs of deterioration in a patient's condition when called to assist. Anyone who identifies early signs of deterioration in a patient's condition

may call the Rapid Response Team to come to the bedside to assist in the evaluation of the patient. For immediate assistance, contact department staff. If there are other concerns about patient safety, you may contact the Patient Safety Officer at (559) 447-7317.

### **ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP)**

Fresno Surgical Hospital has established an Antimicrobial Stewardship Program (ASP) dedicated to improve antibiotic use to both optimize the prophylactic use and treatment of known or discovered infections. Its purpose is to improve patient outcomes, safety, and decrease the incidence of infection with multi-drug resistant organisms and the emergence of antimicrobial resistance. With this program, Fresno Surgical Hospital can reduce health care cost without adversely affecting the quality of care.

### **CALIFORNIA'S PROPOSITION 65**

Cleaning products used in this facility for cleaning carpets can expose you to chemicals including formaldehyde, which is known to the State of California to cause cancer, and methanol, which is known to the State of California to cause birth defects or other reproductive harm.

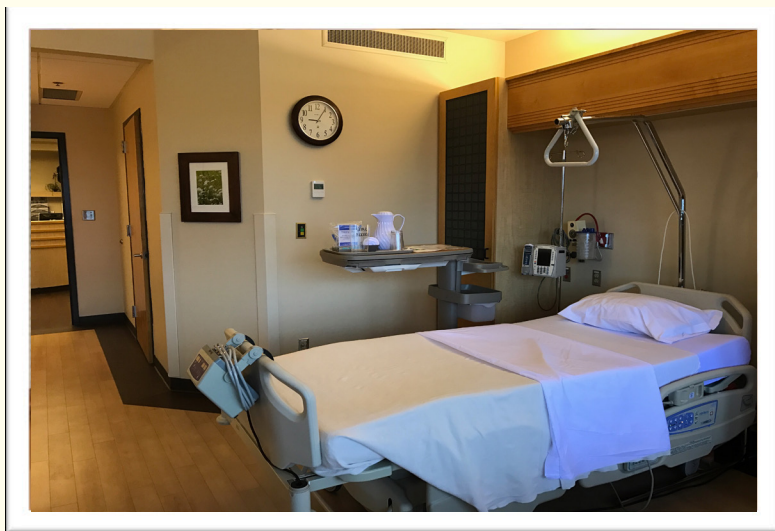
For more information, go to [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov)





## QUESTIONS TO ASK YOUR CAREGIVERS

- What pain medicine is being ordered or given to you?
- Can you explain the doses and times that the medicine needs to be taken?
- How often should you take the medicine?
- How long will you need to take the pain medicine?
- Can you take the pain medicine with food?
- Can you take the pain medicine with your other medicines?
- Should you avoid drinking alcohol while taking the pain medicine?
- What are the side effects of the pain medicine?
- What should you do if the medicine makes you sick to your stomach?
- What can you do if the pain medicine is not working?
- What else can you do to help treat your pain?



# PAIN MANAGEMENT

## TALKING ABOUT YOUR PAIN

### IS IT IMPORTANT FOR DOCTORS AND NURSES TO ASK ABOUT YOUR PAIN?

Yes. This is because pain changes over time or your pain medicine may not be working. Doctors and nurses should ask about your pain regularly.

### WHAT DO YOU NEED TO TELL YOUR DOCTOR AND NURSE ABOUT YOUR PAIN?

First, tell them that you have pain, even if they don't ask. Your doctor or nurse may ask you to describe how bad your pain is on a scale of 0 (zero) to 10 with 10 being the worst pain. They may use other pain scales that use words, colors, faces or pictures. Tell them where and when it hurts. Tell them if you can't sleep or do things like dressing or climbing stairs because of pain. The more they know about your pain the better they can treat it. The following words can be used to describe your pain.

- |   |                                    |                                    |
|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> Aching         | <input type="checkbox"/> Dull      | <input type="checkbox"/> Sharp     |
| <input type="checkbox"/> Bloating       | <input type="checkbox"/> Numbing   | <input type="checkbox"/> Shooting  |
| <input type="checkbox"/> Burning        | <input type="checkbox"/> Pressing  | <input type="checkbox"/> Soreness  |
| <input type="checkbox"/> Cramping       | <input type="checkbox"/> Pressure  | <input type="checkbox"/> Stabbing  |
| <input type="checkbox"/> Comes and Goes | <input type="checkbox"/> Pulling   | <input type="checkbox"/> Throbbing |
| <input type="checkbox"/> Constant       | <input type="checkbox"/> Radiating | <input type="checkbox"/> Tightness |
| <input type="checkbox"/> Cutting        | <input type="checkbox"/> Searing   |                                    |

### WHAT CAN YOU DO WHEN YOUR PAIN GETS WORSE?

Tell your doctor or nurse. Tell them how bad your pain is or if you're in pain most of the time. Tell the doctor if the pain medicine you're taking is not helping.

### SHOULD YOU INCLUDE PAIN MEDICINE ON YOUR LIST OF MEDICINES OR MEDICATION CARD?

Yes! Even pain medicine that you will take for a short time should be listed with all of your other medicines. List all of your pain medicines – those prescribed by your doctor and those you buy over-the-counter on your own.

## MANAGING YOUR PAIN

### WHAT CAN BE DONE TO TREAT PAIN?

There are many ways to manage your pain. There are medicines that can be used to relieve pain. There are also other ways to treat pain without taking medicine. Your doctor will work with you to find out what works best for you.

### WHAT ARE SOME OF THE MEDICINES USED TO TREAT PAIN?

Some pain medicines are acetaminophen, aspirin, ibuprofen, naproxen, and opioids. Opioids include morphine, oxycodone, and hydromorphone. Many of these medicines come in pills, liquids, suppositories, and skin patches. Some pain may be treated with medicines that are not usually thought of as pain relievers; for example, antidepressants.

**ARE THERE OTHER WAYS TO RELIEVE PAIN?**

That will depend on your illness or condition and how much pain you have. Sometimes pain can be relieved in other ways. Some other treatments for pain are listed here.

- Acupuncture, which uses small needles to block pain
- Taking your mind off the pain with movies, games, and conversation
- Electrical nerve stimulation, which uses small jolts of electricity to block pain
- Physical Therapy
- Hypnosis
- Massage
- Exercise
- Heat or Cold
- Relaxation

**WHAT ARE THE SIDE EFFECTS OF PAIN MEDICINES?**

It depends on the medicine. Side effects can include constipation, nausea, vomiting, itching, and sleepiness.

**WHAT CAN YOU DO IF YOU HAVE SIDE EFFECTS OR A BAD REACTION?**

Call your doctor or nurse as soon as possible. Find out what can be done to treat the side effect. Ask if there is another pain medicine that may work better for you.

**ARE YOU AFRAID TO TAKE A PAIN MEDICINE?**

You may have had a bad experience taking pain medicine in the past, such as a side effect or bad reaction. Or you may be taking a lot of other medicines. Your doctor or nurse should be able to ease your fears.

**Do You Have Any Concerns About Taking Pain Medicine?**

You may have had a negative experience taking pain medicine in the past, such as a side effect or bad reaction. Or you may be taking a lot of other medicines. Please discuss your concerns with your doctor or nurse.

A common concern among patients is that they may become addicted to pain medicine. Studies show that addiction is unlikely when taking medications as prescribed. Responsible usage of pain medication is beneficial for your recovery process.

There are many different causes and kinds of pain. Pain can be caused by injury, illness, sickness, disease or surgery. Treating pain is the responsibility of your doctor, nurse and other caregivers. You can work with them to set realistic goals and develop a pain management plan that works for you.

# PATIENT RIGHTS

## YOU HAVE THE RIGHT TO

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.
7. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures, and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.

10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience, or retaliation by staff.
15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
17. Know which hospital rules and policies apply to your conduct while a patient.
18. Designate a support person as well as visitors of your choosing, if you have decision-making capacity. The health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. Exceptions to this would be in cases where:
  - No visitors are allowed.
  - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor(s) to the health facility, or would significantly disrupt the operations of the facility.
  - You have told the health facility staff that you no longer want a particular person to

visit.

19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household.
20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, disability, medical condition, sexual orientation, registered domestic partner status, marital status, or the source of payment for care.
22. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling:

Fresno Surgical Hospital  
6125 North Fresno Street  
Fresno, CA 93710

Phone: 559-431-8000 Toll Free: 1-800-431-8455 Fax: 559-431-8242

The hospital will review each grievance and provide you with a written response within 7 days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).

23. File a complaint with the state Department of Public Health or with The Joint Commission regardless of whether you use the hospital's grievance process. Address and phone information is:

California Department of Public Health  
285 W. Bullard Avenue, Suite 101, Fresno, CA 93704 (559) 437-1500

California Department of Health Services  
P.O. Box 997413, Sacramento, CA 95899-7413 (916) 445-4171

The Joint Commission: Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181 (800) 994-6610

# YOUR RIGHT TO MAKE DECISIONS ABOUT MEDICAL TREATMENT

This brochure explains your right to make healthcare decisions and how you can plan now for your medical care if you are unable to speak for yourself in the future.

A federal law requires us to give you this information. We hope this information will help increase your control over your medical treatment.

## **WHO DECIDES ABOUT MY TREATMENT?**

Your doctors will give you information and advice about treatment. You have the right to choose. You can say “Yes” to treatments you want. You can say “No” to any treatment that you don’t want—even if the treatment might keep you alive longer.

## **HOW DO I KNOW WHAT I WANT?**

Your doctor must tell you about your medical condition and about what different treatments and pain management alternatives can do for you. Many treatments have “side effects”. Your doctor must offer you information about problems that medical treatment is likely to cause you.

Often, more than one treatment might help you—and people have different ideas about which is best. Your doctor can tell you which treatments are available to you, but your doctor can’t choose for you. That choice is yours to make and depends on what is important to you.

## **CAN OTHER PEOPLE HELP WITH MY DECISIONS?**

Yes. Patients often turn to their relatives and close friends for help in making medical decisions. These people can help you think about the choices you face. You can ask the doctors and nurses to talk with your relatives and friends. They can ask the doctors and nurses questions for you.

## **CAN I CHOOSE A RELATIVE OR FRIEND TO MAKE HEALTHCARE DECISIONS FOR ME?**

Yes. You may tell your doctor that you want someone else to make healthcare decisions for you. Ask the doctor to list that person as your healthcare “surrogate” in your medical record. The surrogate’s control over your medical decisions is effective only during treatment for your current illness or injury or, if you are in a medical facility, until you leave the facility.

## **WHAT IF I BECOME TOO SICK TO MAKE MY OWN HEALTHCARE DECISIONS?**

If you haven’t named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes everyone doesn’t agree about what to do. That’s why it is helpful if you can say in advance what you want to happen if you can’t speak for yourself.

## **DO I HAVE TO WAIT UNTIL I AM SICK TO EXPRESS MY WISHES ABOUT HEALTH CARE?**

No. In fact, it is better to choose before you get very sick or have to go into a hospital, nursing home, or other healthcare facility. You can use an **Advance Health Care Directive** to say who you want to speak for you and what kind of treatments you want. These documents are called “advance” because you prepare one before healthcare decisions need to be made. They are called “directives” because they state who will speak on your behalf and what should be done.

In California, the part of an advance directive you can use to appoint an agent to make healthcare decisions is called a **Power of Attorney for Health Care**. The part where you can express what you want done is called an **Individual Health Care Instruction**.

## **WHO CAN MAKE AN ADVANCE DIRECTIVE?**

You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

## **WHO CAN I NAME AS MY AGENT?**

You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

## **WHEN DOES MY AGENT BEGIN MAKING MY MEDICAL DECISIONS?**

Usually, a healthcare agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the **Power of Attorney for Health Care** that you want the agent to begin making decisions immediately.

## **HOW DOES MY AGENT KNOW WHAT I WOULD WANT?**

After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in your advance directive.

## **WHAT IF I DON'T WANT TO NAME AN AGENT?**

You can still write out your own wishes in your advance directive, without naming an agent. You can say that you want to have your life continued as long as possible. Or you can say that you would not want treatment to continue your life. Also, you can express your wishes about the use of pain relief or any other type of medical treatment.

Even if you have not filled out a written **Individual Health Care Instruction**, you can discuss your wishes with your doctor, and ask your doctor to list those wishes in your medical record, or you can discuss your wishes with your family members or friends. It will probably be easier to follow your wishes if you write them down though.



## **WHAT IF I CHANGE MY MIND?**

You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, you must sign a statement or tell the doctor in charge of your care.

## **WHAT HAPPENS WHEN SOMEONE ELSE MAKES DECISIONS ABOUT MY TREATMENT?**

The same rules apply to anyone who makes healthcare decisions on your behalf—a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your Health Care Instructions or, if you have none, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest.

The people providing your health care must follow the decisions of your agent or surrogate, unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.

## **WILL I STILL BE TREATED IF I DON'T MAKE AN ADVANCE DIRECTIVE?**

Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you.

Remember that:

- A Power of Attorney for Health Care lets you name an agent to make decisions for you. Your agent can make most medical decisions—not just those about life sustaining treatment—when you can't speak for yourself. You can also let your agent make decisions earlier, if you wish.
- You can create an Individual Health Care Instruction by writing down your wishes about health care or by talking with your doctor and asking the doctor to record your wishes in your medical file. If you know when you would or would not want certain types of treatment, an Instruction provides a good way to make your wishes clear to your doctor and to anyone else who may be involved in deciding about treatment on your behalf.
- These two types of Advance Healthcare Directives may be used together or separately.
- Any Do Not Resuscitate (DNR) directives that Fresno Surgical Hospital has on file are suspended during surgery and for 24 hours from anesthesia start time. At the end of this time, these DNR orders will be reinstated as previously agreed upon with your regular physician(s).

## **WHAT IF I NEED A BLOOD TRANSFUSION?**

While most elective surgeries do not require blood transfusions, it is important to know your options. If you have additional questions about your options relating to blood transfusion, please refer these questions to your physician. Information also can be obtained by calling your local community blood center or hospital blood bank. Healthcare professionals who work in blood centers may be helpful in answering your questions.

# CONDITIONS OF ADMISSION

- 1. CONSENT TO MEDICAL AND SURGICAL PROCEDURES:** I consent to the procedures that may be performed during this hospitalization or while I am an outpatient. These may include, but are not limited to, emergency treatment or services, laboratory procedures, x-ray examination, medical or surgical treatment or procedures, anesthesia, or hospital services provided to me under the general and special instructions of my physician or surgeon. I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in this hospital.
- 2. NURSING CARE:** This hospital provides only general nursing care and care ordered by the physician(s). If I want a private duty nurse, I agree to make such arrangements. This hospital is not responsible for failure to provide a private duty nurse and is hereby released from any and all liability arising from the fact that the hospital does not provide this additional care.
- 3. ADVANCE DIRECTIVE:** I have been given information about my right to accept or refuse medical treatment and I have been informed of my rights to formulate an Advance Directive. I understand that written materials are available upon request.
- 4. ADVANCE DIRECTIVE ACKNOWLEDGEMENT:** I understand that the terms of any Advance Directive that I have executed will be followed by Fresno Surgical Hospital and my caregivers to the extent permitted by law. I understand that Do Not Resuscitate (DNR) directives are suspended during surgery and for 24 hours from anesthesia start time
- 5. PATIENT RIGHTS:** I have received and understand my patient rights.
- 6. LEGAL RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIANS:** All physicians and surgeons furnishing service to the patient, including the radiologist, pathologist, anesthesiologist, and the like are independent contractors with the patient and are not employees or agents of the hospital. The patient is under the care and supervision of their attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered to the patient under the general and special instructions of the physician. I understand that these independent contractors are not employees of the hospital and that I may receive a separate bill from those rendering services to me.
- 7. MEDICAL BOARD OF CALIFORNIA:** Medical doctors are licensed and regulated by the Medical Board of California. Contact information: (800) 633-2322; [www.mbc.ca.gov](http://www.mbc.ca.gov).
- 8. ANESTHESIA SERVICES AND OTHER CONTRACTED PROVIDERS:** Anesthesia services are provided by a contracted provider and the individual anesthesiologists are not employees

of the hospital. Fresno Surgical Hospital contracts other services with providers who are not employees of the hospital. A list of the hospital's contracted providers is displayed in the lobby and is available upon request from the Administration Office.

9. **DISCLOSURE OF PHYSICIAN OWNERSHIP:** Fresno Surgical Hospital is owned in part by physicians and meets the federal definition of a physician owned hospital as specified in 42 CFR 489.3. A list of the hospital's physician owners is displayed in the lobby and is available upon request from the Administration office.
10. **NOTICE OF PRIVACY PRACTICES:** I have received a copy of the Notice of Privacy Practices.
11. **SECURE PATIENT HEALTH PORTAL/ELECTRONIC INFORMATION EXCHANGE:** It is understood that as we provide healthcare, we are required to maintain documentation of your medical history here at Fresno Surgical Hospital. The Patient Health Portal is an internet application that enables you, the patient, to have secure web-based access to personal clinical information, as released by your treating physician. We reserve the right to change the terms, conditions, and notices under which the Patient Health Portal is offered. Certain elements of the inpatient record may be electronically transmitted via secure direct messaging to your provider's office.
12. **VIDEOTAPE/PHOTOGRAPH:** I authorize and consent to the taking of photographs, videotapes, digital or other images of my medical or surgical condition or treatment, and the use of the images for the purpose of my diagnosis or treatment or for Fresno Surgical Hospital's operations, including peer review and education or training programs conducted by Fresno Surgical Hospital.
13. **PERSONAL VALUABLES:** It is understood and agreed that the hospital shall not be liable for the loss or damage to any money, jewelry, electronics (eg. Cellphones, laptops, iPads, etc.), documents, garments or other articles of unusual value and small size, and shall not be liable for loss or damage to any other personal property. The liability of the hospital for loss of any personal property which is deposited with the hospital for safekeeping is limited by statute to five hundred dollars (\$500.00) unless a written receipt for a greater amount has been obtained from the hospital by the patient.
14. **ELECTRONIC PRESCRIBING:** I understand that while a patient in this hospital, inpatient, or outpatient, I will receive care and treatment administered by Fresno Surgical Hospital and its authorized representatives. In order to treat you best, we must know about every medication you take. We get this information from all available sources
15. **FINANCIAL AGREEMENT:** The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the hospital in accordance with the regular rates and terms of the hospital. In the event the account becomes delinquent and is assigned to an attorney or collection agency for collection, I hereby authorize Fresno Surgical Hospital, and/or their agent, to obtain a credit report from the national credit bureaus, including but not limited to TransUnion, Equifax, and Experian. The undersigned shall pay actual attorney's fees and collection expenses associated with all delinquent accounts to include interest at a legal rate. If it is determined that services are rendered in

conjunction with an authorized workers' compensation claim, the patient will not be made financially responsible for hospital charges associated with the patient's care

- 16. DISCLOSURE OF EMERGENCY RESPONSE PLAN:** Fresno Surgical Hospital does not have an Emergency Room on the premises. In case of an emergency, the hospital has taken certain measures to ensure that qualified and properly trained medical personnel are available to respond to any medical emergency that may arise within the hospital and to stabilize the patient. If there is a medical necessity, then transfer to a higher level of care facility with an emergency room may occur. If you would like additional information about Fresno Surgical Hospital's Emergency Response Plan, please contact the Administrative office.
- 17. VERIFICATION AND ASSIGNMENT OF INSURANCE BENEFITS:** Any insurance benefits verified with the insurance carrier(s) related to this service, including prior-authorization, do not constitute guarantee of payment. **The patient/guarantor assumes responsibility for services which may be subject to policy exclusions, medical review denials or other reductions of payment from the verified amount.** In the event the undersigned is entitled to hospital benefits of any type whatsoever arising out of any policy of insurance insuring patient or any other party liable to patient, or hospital benefits under the Disability Insurance code, said benefits are hereby assigned to hospital for application on patient's bill and it is agreed that the hospital may receipt for any such payment and such payment shall discharge the said insurance company of any and all obligations under the policy to the extent of such payment, the undersigned and/or patient being responsible for charges not covered by this assignment. The undersigned hereby authorizes any state, county, or other public agency and the officers, agents and employees thereof, to furnish Fresno Surgical Hospital any and all personal and financial information relating to his/her eligibility for medical assistance and hereby releases, indemnifies and holds harmless said entities, persons and parties of all liability, cause or damage arising from such release of information.
- 18. DISCRIMINATION IS AGAINST THE LAW:** Fresno Surgical Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Fresno Surgical Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Fresno Surgical Hospital:**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (Large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

# 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.

## WHAT IS THIS NOTICE AND WHY IT IS IMPORTANT

FSH may use your health information to inform you about our healthcare services, treatment alternatives or other health-related benefits and services that may be of interest to you. We may provide you with newsletters, special briefings and other material through the mail, electronically (via email or other services) or via the telephone. Unless you direct us otherwise, we may also provide you with disease-specific information related to any of your health conditions known by us to inform you of advances, alternatives or new or expanded services provided by us. We may also inform you about commercial products or services when we think they would be of interest to you. To the extent FSH uses independent firms or personnel to provide these services, they will only be provided with contact information, they will not be provided with your health information.

This notice is required by law to inform you of how your health information will be protected, how Fresno Surgical Hospital may use or disclose your health information, and about your rights regarding your health information. The Notice covers all persons who are employed by or otherwise provide you with care through our organization. If you have any questions about this notice, please contact Fresno Surgical Hospital's Privacy Officer at (559) 447-7317

## UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- Tool for educating health professionals
- Data source for medical research
- Source of information for public health authorities
- Source of data for planning facilities, marketing healthcare services, and fundraising
- Tool to facilitate routine health care
- Tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

## **YOUR HEALTH INFORMATION RIGHTS:**

You have the following rights related to your medical and billing records kept by Fresno Surgical Hospital:

**Obtain a copy of this notice.** You will receive a copy of this notice at your first visit after its publication. Thereafter you may request a copy of this notice or any revisions by calling the Health Information Management Department at (559) 447-7335.

**Authorization to use your health information.** Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

**Access to your health information.** You may request a copy of your health information that Fresno Surgical Hospital keeps in your medical or billing record. Your request must be submitted in writing. We charge a nominal amount for the access costs.

**Amend your health information.** If you believe the information we have about you is incorrect or incomplete, you may request that we correct the existing information or add the missing information. Your request must be in writing and you may pick up a form for this purpose in the Health Information Management (Medical Records) Department. We reserve the right to accept or reject your request and will notify you of our decision.

**Request confidential communications.** You may request in writing that when we communicate with you about your health information, we do so in a specific way (e.g., at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

**Limit our use or disclosure of your health information.** You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

**Accounting of disclosures.** You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment, or healthcare operations. Disclosures that we make with your authorization will not be listed. The first list you request within a 12 month period will be free. We may charge you for additional lists.

## **OUR RESPONSIBILITIES**

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, and provide this notice about our privacy practices.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be posted in our admission areas and will be available at the information desk and in our medical records departments.

## FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact our organization at the number listed below.

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, please contact:

Fresno Surgical Hospital's Privacy Officer at (559) 447-7317

You may also send a written complaint to the U.S. Department of Health and Human Services / Office for Civil Rights / 200 Independence Avenue, S.W. / Room 509F HHH Building / Washington, DC 20201.

Fresno Surgical Hospital will ensure that you will not be penalized nor will the care you receive at our facilities be impacted if you file a complaint

## EXAMPLES OF USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

**We will use your health information to facilitate your medical treatment.** For example: Information obtained by a nurse, physician, or other members of your healthcare team will be recorded in your record and used to determine the course of your medical treatment. We will provide your physician, or other healthcare providers involved with your treatment (e.g., specialists, consulting physicians, anesthesiologists, therapists, etc.) with copies of various reports that may assist them in treating you.

**We will use your health information to collect payment for health care services that we provide.** For example: A bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment. We may also disclose medical information to other health care providers to assist them in obtaining payment for services they have provided to you.

**We will use your health information to facilitate routine health care operations.** For example: Members of our medical staff or quality improvement teams may use information in your record to assess the care you have received and how your progress compares to others.

**We will use your health information to notify your family and friends about your condition or in the event of your death.** For example: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care on your general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

**We may use your health information to inform persons about your death.** For example: We may disclose health information to funeral directors, coroners, and medical examiners

consistent with applicable law to carry out their duties.

## **EXAMPLES OF USES AND DISCLOSURES FOR OTHER PURPOSES**

**Appointment Reminders:** We may contact you to provide appointment reminders.

**Alternative Treatments:** We may use your health information to provide you with information about the availability of alternative treatments that are within the range of options for your condition.

**Marketing:** We may use your health information to inform you about our healthcare services, treatment alternatives or other health-related benefits and services that may be of interest to you. We may also inform you about commercial products or services when we think they would be of interest to you.

**Research:** We may contact you to request your participation in an authorized research study. In some cases, we may disclose your health information to researchers when an institutional review or privacy board has approved their research. Prior to giving any information, special procedures will be established to protect the privacy of your information.

**Workers Compensation:** We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

**As Required by Law:** We will use and disclose your health information to comply with state and federal laws, which include reporting abuse, neglect, or domestic violence, responding to judicial or administrative proceedings, complying with audits, responding to law enforcement officials, reporting health and safety threats, reporting to public health authorities or other federal agencies.

**Organ Procurement Organizations:** Should you be an organ or tissue donor, we may disclose your donor status and health information to organizations engaged in the procurement, banking, or transplantation of organs, consistent with applicable laws.

**Device Manufacturers:** If receive a medical device that is implanted or which is used for life support functions, we may disclose your name, address, and other information as required by law to the device manufacturer for tracking purposes. You may refuse to authorize the disclosure of your name and contact information.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include certain laboratory tests, patient satisfaction surveys, and the copy service we use when making copies of your health record. When these services are provided by contracted business associates, we may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them. To protect your health information, however, we require all business associates sign a confidentiality agreement verifying they will appropriately safeguard your information.



# NOTICE

## Discrimination is Against the Law

Fresno Surgical Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Fresno Surgical Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Fresno Surgical Hospital:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - ◊ Qualified sign language interpreters
  - ◊ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - ◊ Qualified interpreters
  - ◊ Information written in other languages

If you believe that Fresno 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: Katie Shilling, FSH Chief Quality Officer, 6125 N.

Fresno St., Fresno, CA 93710, 1-559-447-7317, Fax: 1-559-436-3406, [kshilling@fshosp.com](mailto:kshilling@fshosp.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Katie Shilling, FSH Chief Quality Officer 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>.

# Attention

Language assistance services, free of charge, are available to you. Call: 1-559-447-7735

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-559-447-7735.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-559-447-7735。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-559-447-7735.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-559-447-7735.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-559-447-7735 번으로 전화해 주십시오.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություն ծառայություններ: Չանգահարեք 1-559-447-7735.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-559-447-7735 تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-559-447-7735

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-559-447-7735 まで、お電話にてご連絡ください。

رقم 1-559-447-7735 ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم هاتف الصم والبكم 1-559-447-7735

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-559-447-7735

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អល្អ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-559-447-7735

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-559-447-7735

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-559-447-7735

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-559-447-7735

# PATIENT HEALTH PORTAL

USERNAME: \_\_\_\_\_

MR#: \_\_\_\_\_

## YOU MUST PROVIDE EMAIL ADDRESS UPON REGISTRATION IN ORDER TO ENROLL

### WHAT IS A PATIENT PORTAL?

A patient portal is a secure online website that gives you convenient 24-hour access to your personal health information and select medical records accessible from anywhere with an internet connection.

It goes a step beyond displaying information by helping you manage your healthcare easily and securely.

### WHY IS USING A PATIENT PORTAL IMPORTANT?

Accessing your personal medical records through a patient portal can help you be more actively involved in your own health care.

### WHERE DOES THE INFORMATION IN THE PORTAL COME FROM?

All of the information provided on the portal comes from Fresno Surgical Hospital's electronic health record. This ensures that you have access to the most accurate, up-to-date information possible.

### IS MY INFORMATION SAFE?

Yes, the portal is completely secure so that you can be confident that your private information is protected. Only you or an authorized family member can access your portal and view your information.

### HOW MUCH DOES IT COST?

The Patient Portal is a complimentary program provided to all of Fresno Surgical Hospital's patients.

## SELF ENROLLMENT

**STEP 1:** Click on the Patient Portal link on the Fresno Surgical Hospital webpage [www.fresnosurgicalhospital.com](http://www.fresnosurgicalhospital.com), next click on the enroll in FSH Patient Portal.

**STEP 2:** Complete "Enrollment Request" questionnaire. You will need your Medical Record Number, which starts with an M followed by 6 numbers (example M123456). You may find this number on any of your discharge information, patient ID bracelet, a recent hospital bill, or hospital reports.

**STEP 3:** You will be provided with a one-time user ID and password. Access your email to get this information and link to the portal.

**STEP 4:** Enter your one-time user ID, password and security questions. Click "Log On" and create your new user name and password.

**STEP 5:** Explore the Portal!

For assistance with the portal,  
Call 559.447.7705 or email questions to [fshpatientportal@fshosp.com](mailto:fshpatientportal@fshosp.com)







**In the event there is a question or concern regarding the business conduct of anyone at Fresno Surgical Hospital, please notify the facility's Compliance Officer at (855) 447-7690 or email [compliance@fshosp.com](mailto:compliance@fshosp.com) so the matter can be investigated. The information will be anonymous and kept completely confidential.**



6125 N. Fresno Street  
Fresno, California 93710  
[www.fresnosurgicalhospital.com](http://www.fresnosurgicalhospital.com)

For additional information, please visit our website at  
<http://fresnosurgicalhospital.com>.