



# Olympia Surgery Center Patient Registration Packet

Please fill out the attached paperwork and bring with you when  
you check in for your surgery.

Thank you,

The Olympia Surgery Center Staff

**P210A**

**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.**

NOTICE APPLIES TO

This Notice describes the practices of this office and those of:

- Any healthcare professionals authorized to enter information into your record;
- All employees, staff, and other office personnel; and
- Any volunteers, interns, or students we allow to work with you while you are a patient of this Medical Practice.

This notice applies to all facilities and entities owned, operated and/or managed by this practice. A complete listing of facilities and entities operating under this notice may be obtained by contacting the Privacy Officer at 360/455-5144.

THE DUTIES OF THIS OFFICE/ORGANIZATION

This office/organization is required by law to maintain the privacy of your personal medical information and to provide you with notice of our legal duties and privacy practices with respect to that information. We are also required to abide by the terms of our current Notice of Privacy Practices.

USE AND DISCLOSURE OF MEDICAL INFORMATION

This office/organization may use your medical information for treatment, payment, and healthcare operations purposes. The following are some examples:

- For treatment purposes, we may release your medical information to other physicians, dentists, or health care providers, such as nurses or technicians, to assist in treating you.
- In billing for your treatment, we may release your medical information to your insurance company in filing a claim or in order to receive payments.
- We may also use your medical information for our healthcare operations. This includes activities involving review of our treatment and services to help us evaluate the quality of care we are providing, and evaluation of the performance of our staff in caring for you.

APPOINTMENT REMINDERS, CALL BACKS, & TREATMENT ALTERNATIVES

We may use your information to contact you for appointment reminders, to call you with the results of diagnostic tests, or to check on your condition following a visit or procedure. We may also contact you to provide you with information about treatment alternatives or health-related benefits or services.

FUNDRAISING

We may use your information to contact you in an effort to raise money for this organization and its operations.

OTHER DISCLOSURES

There are some disclosures of medical information that do not require your authorization. Those disclosures include any of the following:

- Those required by federal, state or local law;
- To report adverse events or defects associated with products or medications;
- For public health activities, such as the reporting of communicable diseases;
- About victims of abuse, neglect or domestic violence;
- To comply with government oversight activities, such as audits or investigations;

- For judicial or administrative proceedings;
- For law enforcement purposes, such as in the course of a crime investigation or location of a missing person;
- For organ or tissue donation purposes, if you are an organ donor;
- For specialized government functions, such as intelligence, counter-intelligence, or other national security activities; and
- For worker's compensation.

Other uses and disclosures of your medical information will be made only with your specific written authorization, which you may revoke any time by giving written notice.

### YOUR RIGHTS

You have the following rights regarding the medical information we maintain about you:

- You have the **right to request restrictions** on use and disclosure of your medical information, and you have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

We are not required to agree to the restriction, but once we do agree, we are bound by that agreement, unless the information is needed to provide you with emergency treatment.

- You have the **right to receive communication of your medical information in a private and confidential manner**, when feasible and upon request. For instance, you may want to be contacted about test results at an alternative telephone number.
- You have the **right to inspect and obtain copies your medical information**. Requests must be made in writing and an appropriate charge may be assessed for each page copied.
- You have the **right to request a change to your medical information** if you believe there is an error. You must submit a request in writing; including the information you believe should be changed and we will change your record, if appropriate. We reserve the right to deny the request to change your record, if the change is not appropriate.
- You have the **right to a list of disclosures** we have made of your medical information, excepting disclosures made for the purposes of treatment, payment, and healthcare operations. Requests must be made in writing. You may receive one listing per calendar year without charge; any additional listings may be subject to a reasonable fee.
- You have the **right to receive a paper copy of this notice** upon request.

### FOR MORE INFORMATION, OR TO REPORT A PROBLEM

If you have any questions about this Notice, please contact our Privacy Officer at 360/455-5144.

If you believe that we have violated your right to privacy, you may complain to the Privacy Officer at 360/455-5144, or to the Secretary of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. There will be no retaliation for filing a complaint.

We reserve the right to change our health information practices and the terms of our Notice of Privacy Practices, and to make the changes effective for all protected health information we maintain, including health information created or received before the effective date of the changes. In the event we change our health information practices, we will post and/or personally provide a revised Notice of Privacy Practices.

### EFFECTIVE DATE

This Notice is effective as of April 14, 2003.

OLYMPIA ORTHOPAEDIC ASSOCIATES, PLLC  
1625 MOTTMAN ROAD SW, SUITE B, TUMWATER, WA 98512 PH: 360/528-8567 FAX: 360/528-8562

**P290D PATIENT INFORMATION COMMUNICATION FORM**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Family Members / Friends Involved in My Care:**

- Ok to disclose information about my care or treatment to any individual who states that they are a family member or friend.
- Ok to disclose information about my care or treatment to only the following family members or friends (check all that apply):
  - Spouse                       Any children                       Any parents                       Any siblings
  - Other (specify by name and relationship)
- Do not disclose information about my care or treatment to any individual, regardless of relationship.

**Acknowledgement of Receipt of Notice of Privacy Practices:**

- I have received the Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient/Responsible Party

Relationship, if other than Patient:  Spouse  Parent  Child  Sibling  Guardian  Other: (specify):

- Patient refuses, or is unable, to acknowledge receipt of the Notice of Privacy Practices.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. NURSING CARE

This center provides only general duty nursing care unless upon orders of the patient’s physician the patient is provided more intensive nursing care. If the patient’s condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the patient or his/her legal representative. The center shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.

2. MEDICAL AND SURGICAL CONSENT

The patient is under the care and supervision of his/her attending physician and it is the responsibility of the center and its nursing staff to carry out the instructions of such physician; the undersigned recognizes that all physicians and surgeons furnishing services to the patient, including the radiologist, pathologist, anesthesiologist, and the like, are independent contractors and are not employees or agents of the center. The undersigned consents to X-ray examination, laboratory procedures, anesthesia, medical, or surgical treatment or center services rendered the patient under the general and special instructions of the physician.

3. RELEASE OF INFORMATION

To the extent necessary to determine liability for payment and to obtain reimbursement, the center may disclose portions of the patient’s record, including his/her medical records, to any person or corporation which is or may be liable, for all or any portion of the center’s charge, including but not limited to, insurance companies, health care service plans or worker’s compensation carriers.

4. PERSONAL VALUABLES

It is understood and agreed that the center advises patients to leave all valuables at home, and that the center shall not be liable for the loss or damage to any personal property.

5. FINANCIAL AGREEMENT

The undersigned agrees, whether he/she signs as agent or 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 center in accordance with the regular rates and terms of the center. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney’s fees and collection expense. All delinquent accounts shall bear interest at the legal rate.

6. ASSIGNMENT OF INSURANCE BENEFITS

The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to the center, or any insurance benefits or Unemployment Compensation Disability otherwise payable to the undersigned for this hospitalization at a rate not to exceed the center’s regular charges. It is agreed that payment to the center pursuant to this authorization, by an insurance company shall discharge said insurance company of any and all obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

7. HEALTH CARE SERVICE PLANS

This center maintains a list of the health care service plans with which it has contracted. A list of such plans is available upon request from the financial office. The center has no contract, express, or implied, with any plan that does not appear on the list. The undersigned agrees that he/she is individually obligated to pay the full cost of all services rendered to him/her by the center if he/she belongs to a plan that does not appear on the above-mentioned list.

The undersigned certifies that he/she has read the foregoing, receiving a copy thereof, and is the patient, or is duly authorized by the patient as patient’s general agent to execute the above and accept its terms.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Time

\_\_\_\_\_  
Relationship if other than patient

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**CONDITIONS OF ADMISSION**

**Olympia Surgery Center**  
1625 Mottman Road SW, Suite B  
Tumwater, WA 98512

A COPY OF THIS DOCUMENT IS TO BE DELIVERED TO THE PATIENT  
Revised 4/24/02

# The Olympia Surgery Center (OSC) Patient Rights

In accordance with Olympia Surgery Center (OSC) policies, OSC patients have the right to:

- Treatment and care without fear of any form of discrimination.
- Considerate and respectful care, free from abuse and harassment.
- Know the name of the Surgeon, Professional Staff and Technical Staff involved with the delivery of their care.
- Receive information from their Surgeon in understandable terms regarding: course of treatment, prospects of recovery and continuing health requirements. When appropriate, such information will be provided to a representative designated by the patient or to a legally authorized person.
- Receive all necessary information about any proposed treatment or procedure, in order to give informed consent.
- Actively participate in the decision to accept or refuse medical care and treatment to the extent permitted by law and be informed of the consequences of refusal.
- Personal privacy and the right to be advised as to the reason for the presence of any individual.
- Confidentiality of patient information and medical records within the limits of the law.
- Reasonable responses to any reasonable request and need for treatment or service.
- Continuity of care from admission to discharge.
- Be informed of any human experimentation, research, or education project affecting their care and the right to refuse to participate in such projects.
- Examine and receive an explanation of their facility bill and know that the Surgeon is an owner of this facility and will realize monetary gain from performing the procedure here.
- Have all patient's rights explained to them, or to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
- Express a grievance or suggestion verbally or in writing that will be addressed.
- Submit an Advanced Medical Directive (AMD) for your permanent OSC medical record.
- **Medicare Patients:** If you need help to understand your Medicare options and/or rights, contact the Office of the Medicare Beneficiary Ombudsman at: 1-800-MEDICARE or [www.cms.gov/center/ombudsman/asp](http://www.cms.gov/center/ombudsman/asp).

If you have any questions regarding patient rights, patient responsibilities, services available at Olympia Surgery Center, fees for service, payment policies, methods for expressing grievances or offering suggestions, please contact either the Olympia Surgery Center or the Washington State Department of Health at the addresses or phone numbers listed.

Olympia Surgery Center  
1625 Mottman Road SW, Suite B  
Tumwater, WA 98512  
(360) 528-8567

Washington State Department of Health  
101 Israel Rd. SE  
Tumwater WA. 98501  
1-800-236-4700 (Customer Service Line)

# The Olympia Surgery Center (OSC) Patient Responsibilities

## Patient Responsibilities at the Olympia Surgery Center (OSC).

- To be considerate and respectful of your Surgeon, Professional Staff and other patients.
- To read all instructions and pamphlets provided in the Patients Guide to Surgery.
- To complete all preoperative paperwork in the Patients Guide to Surgery and bring them with you the day of your procedure.
- To be accurate and complete in answering any health questions presented to you by the Surgeon, Anesthesia or Professional Staff.
- To fully participate in the Preoperative phone assessment with the Preop RN.
- To be truthful in all questions and answers involving your health questionnaire.
- To follow all instructions given to you by the OSC RN during the preoperative assessment phone call.
- To actively participate in all decisions that impact your care at the OSC.
- To have a responsible adult driver with you for transportation home from the OSC.
- To share immediately any concerns you have about a procedure or treatment that you have been scheduled for at the OSC.
- To work with your Surgeon and Nurse to help develop a strategy for pain relief.
- To follow all postop instructions concerning level of activity, postoperative home care and any other health care requirements.
- To examine your bill. You can contact the Business Office at (360) 455-5144 with any questions.
- To fulfill the obligation of payment for care received in a timely fashion.

Please contact the OSC Clinical Manager at (360)528-8567 if you have any questions.

## Advanced Medical Directives

### POLICY:

It is the policy of the Olympia Surgery Center (OSC) to **NOT** honor a Do Not Resuscitate (DNR) order. The patient does have the right to present a copy of an Advanced Directive for Healthcare for placement in their surgical chart in case of a medical emergency and patient transfer to a higher level of care.

### PROCEDURE:

- A. At the time of registration, a patient will be allowed to add a copy of their Advanced Medical Directive (AMD) to their surgical chart/record when a waiver has been completed. Advanced Medical Directives can be presented as living wills and durable powers of attorney for healthcare. No Olympia Surgery Center employee is able to act as cosignatory or give legal advice on the efficacy and legality of such documents. A sample copy of an Advanced Medical Directive is available at the OSC.
- B. The existence of an Advanced Medical Directives shall be noted by a copy of the Advanced Medical Directive and the Waiver form being placed in the patient's permanent surgical chart/record.
- C. If the patient does suffer a medical emergency and is in need of transfer to a higher level of care (Hospital) the Advanced Medical Directive will accompany the patient in transfer and be made available to the facility accepting the patient. Once the patient transfer is completed, the admitting facilities policies and procedures will take precedence and supersede this OSC specific policy.
- D. The OSC shall, periodically, monitor the legal status of Advanced Medical Directives with the facility's attorney and track State and Federal Regulations as they are modified. For further information on Advanced Medical Directives on the web, you can go to: [www.doh.wa.gov](http://www.doh.wa.gov).

Your Surgeon is an owner of the Olympia Surgery Center. As such, he may realize a profit from your use of the facility.

I acknowledge receiving this information prior to the day of surgery.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## El Centro de Cirugía Olympia (OSC) Derechos del Paciente

En conformidad con las pólizas de El Centro de Cirugía Olympia (OSC), los pacientes tienen derecho a:

- Tratamiento y cuidado sin ninguna forma de discriminación.
- Cuidado considerado y respetuoso, sin ningún abuso u acoso.
- Conocerá el nombre del Cirujano, Personal Profesional y Personal Técnico envuelto con el procedimiento del cuidado.
- Recibirá información del Cirujano y entendiendo los términos del acuerdo: el curso del tratamiento la posibilidad de la recuperación y continuando con los requerimientos de salud. Cuando sea apropiado, esta información se proporcionará a un representante designado por el paciente o a una persona autorizada legalmente.
- Recibirá la información necesaria acerca de cualquier tratamiento o procedimiento que se proponga, a fin de que se de el consentimiento informado.
- Participará activamente en la decisión de aceptar o rechazar el tratamiento y cuidado médico hasta la medida permitida por la ley y será informado de las consecuencias del rechazo.
- Confidencialidad personal y el derecho de ser aconsejado y dar la razón por la presencia de cualquier persona.
- La confidencialidad de la información y registros médicos del paciente entre los límites de la ley.
- Responder razonablemente a cualquier solicitud razonable a servicios o tratamientos necesitados.
- La continuidad de la atención desde el ingreso al alta.
- Estar informado de cualquier experimentación humana, la investigación o proyecto de educación que afectan a su cuidado y el derecho de negar a la participación en tales proyectos.
- Examinar y recibir una explicación de su factura de servicio y saber que el Cirujano es el propietario de este establecimiento, y se dará cuenta de ganancias monetarias al realizar el procedimiento aquí.
- Explicará todos los derechos de los pacientes al paciente o a la persona que tiene legalmente la responsabilidad para tomar decisiones sobre la atención médica en nombre del paciente.
- Expresar una queja o sugerencia verbal o por escrito que se tomara en cuenta.
- Enviar por adelantado Testamento Vital Médico (Advanced Medical Directives, AMD) para su permanente (OSC) historia clínica.
- **Los Pacientes de Medicare:** Si usted necesita ayuda para entender sus opciones de Medicare y / o derechos, comuníquese con la oficina del Defensor del Pueblo de Beneficiarios de Medicare en: 1-800-Medicare o [www.cms.gov/center/ombudsman/asp](http://www.cms.gov/center/ombudsman/asp).

Si usted tiene alguna pregunta con respecto a los derechos del paciente, las responsabilidades del paciente, los servicios en el Olympia Centro de Cirugía, tarifas por servicios, políticas de pago, los métodos para expresar quejas o sugerencias que ofrece, por favor contacte al Centro de Cirugía de Olympia o el Departamento de Estado de Washington de la salud en la dirección o números de teléfono indicados.

Olympia Surgery Center  
1625 Mottman Road SW, Suite B  
Tumwater, WA 98512  
(360) 528-8567

Washington State Department of Health  
101 Israel Road SE  
Tumwater, WA 98501  
1(800) 236-4700 (servicio al cliente)

## **El Centro de Cirugía Olympia (OSC) Responsabilidades del Paciente**

Responsabilidades del Paciente en El Centro de Cirugía Olympia (OSC).

- Ser considerado y respetuoso de su Cirujano, Personal Profesional y otros pacientes.
- Lea todas las instrucciones y folletos en La Guía de Cirugía para los Pacientes.
- Completar todo el papeleo preoperatoria en La Guía de Cirugía para los Pacientes y llevarlos con usted el día de su procedimiento.
- Contestar preguntas de salud presisas y completas presentadas por El Cirujano, el Anestesiólogo o El Personal Profesional.
- Participar plenamente en la evaluación preoperatoria por teléfono con la Enfermera Preoperatoria (RN).
- Ser sincero en todas las preguntas y respuestas involucradas a su cuestionario de salud.
- Seguir todas las instrucciones dadas a usted por OSC RN durante la llamada telefónica de evaluación preoperatoria.
- Participar activamente en todas las decisiones que afectan su cuidado en la OSC.
- Tener un conductor adulto responsable con usted para el transporte a casa desde el OSC.
- Para compartir de inmediato cualquier preocupación acerca de un procedimiento o tratamiento que se han programado en el OSC.
- Trabajar con su Cirujano y una Enfermera para ayudar a desarrollar una estrategia para aliviar el dolor.
- Seguir todas las instrucciones postoperatorias sobre el nivel de actividad, la atención domiciliaria postoperatorio y los requisitos de salud de atención.
- Para examinar la factura, puedes ponerte en contacto con la Oficina de Negocios en el (360) 455-5144 con cualquier pregunta.
- Cumplir con la obligación de pago por la atención recibida a tiempo.

Por favor de contactar al Gerente de la Clinica OSC al (360) 528-8567 si tiene alguna pregunta.

### **Testamento Vital Médico (Advanced Medical Directives, AMD)**

#### **POLIZAS:**

Es la póliza del Centro de Cirugía Olympia (OSC) **NO** cumplir con una Orden de No Resucitar (DNR). El paciente tiene el derecho de presentar una copia de una Directiva para la Atención Médica para la colocación en su expediente quirúrgica o en caso de una emergencia médica y traslado de pacientes a un nivel superior de atención.

#### **PROCEDIMIENTOS:**

- A. En el momento de registro, al paciente se le permitirá agregar una copia de sus Testamento Vital Médico (AMD) a su expediente quirúrgico registro cuando una renuncia ha sido consignada. Testamento Vital Médico puede ser presentado como testamentos y poderes notariales duraderos para la salud. NINGUN empleado del Centro de Cirugía Olympia es capaz de actuar como consignatario o dar asesoramiento jurídico sobre la eficacia y la legalidad de dichos documentos. Una copia de muestra de Testamento Vital Médico de esta disponible en el OSC.
- B. La existencia de un Testamento Vital Médico (AMD) sera notificado con una copia de el Testamento Vital Médico (AMD) y la forma de renuncia que se colocara en su expediente quirúrgico del paciente/registro.
- C. Si el paciente sufre una emergencia médica y se transfiere a un nivel superior de atención (Hospital) el Testamento Vital Médico (AMD) acompañara al paciente en la transferencia y se pondra a disposición de las instalaciones que acepten al paciente. Una vez que la transferencia del paciente se haya completado las pólizas de admisión de las instalaciones y procedimientos tendrán prioridad y prevalecera sobre la presente OSC específicas.
- D. La OSC, periódicamente, vigilara la situación jurídica de Testamento Vital Médico (AMD) con el abogado de la instalación y realizara un seguimiento del Estado y el Reglamento Federal, ya que se modifican. Para más información sobre Testamento Vital Médico (AMD) en la web, puedes ir a: [www.doh.wa.gov](http://www.doh.wa.gov)

Su Cirujano es propietario del Centro de Cirugía de Olympia. Como tal, puede recibir un beneficio de su uso de las instalaciones.

Yo reconozco que recibí esta información antes del día de la cirugía.

Firma de Paciente \_\_\_\_\_ Fecha \_\_\_\_\_ Hora \_\_\_\_\_

## Preoperative Patient Instructions

### Medications

- Please take any routine medications with a sip of water the morning of your surgery.
- Tell your Surgeon and Surgery Scheduler if you are taking **Plavix, Coumadin or any blood thinner or platelet inhibitor**. Your prescribing physician will need to provide a clearance/release for you to stop your medication.
- Do **NOT** take **Advil, Aleve, Motrin, Ibuprofen or any prescription anti-inflammatory medications seven days** prior to your surgery.
- It is okay to take Tylenol up to the date of your surgery.
- Do **NOT** take **aspirin and herbal supplements 10 days** prior to your surgery. (Examples: Ginseng, Ginger, Echinacea, Ephedra, Garlic, Gingko, Kava, St. Johns Wort, Valerian, Fish Oil.)

### Foods and Liquids

- Do **NOT** eat or drink anything (to include gum, candy, cough drops or breath mints) after 12:00 midnight the night before your surgery.  
*\*\*Eating or drinking after midnight could necessitate delaying or canceling your surgery\*\**
- Do **NOT** smoke or chew tobacco on the day of your surgery.
- May brush teeth—don't swallow any water.

### Cosmetic Instructions

- Due to the possibility of increased infection risk, removal of all acrylic nails and nail polish prior to your surgery is highly recommended.
- All jewelry (to include your **wedding ring** and **all body piercings**) needs to be removed prior to surgery. It is best to leave your jewelry at home the day of surgery.
- Shower the night before surgery with an Antibacterial soap such as Dial or Hibicleanse.
- If **hand** surgery, meticulously wash & clean your hands and fingernails the night before surgery.
- If **foot** surgery, meticulously wash & clean your feet and toenails the night before surgery.

***\*\*Please be aware that you will not be allowed to drive yourself home after your surgery. You will have to have someone else drive. Failure to do so would result in canceling your surgery. Please make transportation arrangements prior to surgery\*\****

Please be available at the phone number given to us on the day of your surgery. There can be an occurrence in which we may contact you to come in earlier or later depending on the surgery schedule that day.



### Preoperative Patients Taking Herbal Medications

Up to 20-40% of preoperative surgical patients use herbals, but many patients don't consider them as medications. All patients, including children, should be questioned about their use. Herbals can have hazardous interactions with other medications given in the perioperative period. The American Society of Anesthesiologists now recommends that, whenever possible, **patients stop all herbal medications 2 weeks before surgery.** (The exception is Valerian, which should be tapered off to avoid withdrawal.)

The Table below lists the 8 most commonly used herbal medicines, their potential adverse effects and when they should be stopped. If a patient takes herbals within 2 weeks of surgery, their procedure could be delayed or cancelled if the risk is prohibitive. If surgery cannot be delayed, there will be an increased risk of complications. Please help us improve patient safety by encouraging patients to stop taking herbal medications at least 10 days before surgery. Patients should be made aware of the serious risks of herbals when they are referred for surgical consultation.

#### References

Ang-Lee MK et al. Herbal medicines and preoperative care. JAMA 2001; 286:208-16.  
DeSmet PA. Herbal remedies. N Engl J Med 2002; 347:2046-56 (Dec 19).

Herbal Medication	Adverse Effects
Echinacea	delayed healing; immunosuppression
Ephedra	severe hypertension; seizures; stroke
Garlic	platelet dysfunction; excess bleeding
Gingko	platelet dysfunction; seizures
Ginseng	platelet & coagulation dysfunction; hypoglycemia
Kava	sedation; hepatotoxic, may cause liver failure, consider LFTs preop; dopamine antagonist; may precipitate withdrawal reaction
St. John Wart	serotonin syndrome; postop hypotension; induction of liver enzymes & increased metabolism of warfarin, cyclosporin, NSAIDs, theophylline, oral contraceptives, calcium channel blockers, midazolam, lidocaine, alfentanil
Valerian	sedation; likely to precipitate withdrawal reaction



Novel H1N1 and seasonal influenza statement.

Due to the significant virulence and risk of Novel H1N1 (swine) flu virus and the Seasonal Influenza Virus please contact your Surgeons Office or the Olympia Surgery Center if you experience any Flu like symptoms within 24 hours of your scheduled surgery date. Presence of Flu like symptoms would necessitate cancellation of your procedure for your protection and the protection of Surgery Center staff and Physicians. These symptoms are:

- Fever of greater >100 deg F or more (primary symptom)
- Dry Cough (hacking) (primary symptom)
- Sore throat (primary symptom)
- Severe Weakness or Fatigue
- Diarrhea and or vomiting
- Aching Muscles and Joints (above what is normal)
- Chills or Rigors

Fever, Dry Cough and Sore throat are the three classic symptoms of Influenza Type A. Being fever free for 24 hours and symptom free for 2 days prior to surgery is essential.

Also, due to the small waiting area and lack of social distancing at the Olympia Surgery Center it is important that only one Adult family member or Significant other come with you to surgery. Children are more susceptible to the flu and should not be brought to the Surgery Center to wait for family members.

Thank you for your help in this matter.