



Lane Regional  
Medical Center

CHANGING THE WAY WE LIVE

LANE REGIONAL MEDICAL CENTER  
PRIVILEGES APPLICATION FORM  
Orthopedic

R G A

- Incision/Excision bone
- Debridement compound fracture
- Removal fixation device (internal)
- Bone graft
- Other repair and plastic operations - bone
- Closed reduction fractures or dislocations
- Biopsy, excision or graft extremity
- Neoplasms
- Amputations and Disarticulations
- Open reduction fractures or dislocations
- Arthrocentesis
- Excision intervertebral disc
- Excision semilunar cartilage knee
- Other excision joint structures
- Arthroplasties
- Repair and plastic operation - other joints
- Other operations joining structure
- Division muscle, tendon, and fascia
- Resection muscle, tendon, fascia, and bursa
- Suture muscle, peripheral nerve, tendon, fascia
- Replantation of digits, upper extremity
- Nerve or tendon graft with or without microscope
- Excision, repair, transplantation tendon, peripheral nerve
- Other operations muscle, peripheral nerve, tendon, fascia, and bursa
- Wide or radical excision lesion skin

\_\_\_ \_\_\_ \_\_\_ Z-Plasty for scar or web contracture

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\_\_\_ \_\_\_ \_\_\_ Skin graft to hand

\_\_\_ \_\_\_ \_\_\_ Skin graft to other sites cutting, prep, and attachment pedicle

\_\_\_ \_\_\_ \_\_\_ Upper extremities - Repair of acute lacerations or injuries of nerves, muscles

\_\_\_ \_\_\_ \_\_\_ Acute care of burns and other chemical injuries

\_\_\_ \_\_\_ \_\_\_ Care of acute and chronic infections of any etiology

\_\_\_ \_\_\_ \_\_\_ Secondary reconstructive procedures of injuries of bones, joints, tendons, nerves

\_\_\_ \_\_\_ \_\_\_ Reconstructive procedures for arthritis of any origin, congenital anomalies, cerebral

\_\_\_ \_\_\_ \_\_\_ Corrective surgery for benign or malignant tumors

\_\_\_ \_\_\_ \_\_\_ Temporary treatment of fractures under emergency conditions until adequate help is

\_\_\_ \_\_\_ \_\_\_ Treatment of Open Fractures/Dislocations (comp):

\_\_\_ \_\_\_ \_\_\_ a. Fractures - minimal soft tissue disruption

\_\_\_ \_\_\_ \_\_\_ b. Fractures - marked soft tissue disruption

\_\_\_ \_\_\_ \_\_\_ Arthrodesis of joint

\_\_\_ \_\_\_ \_\_\_ Arthroscope

\_\_\_ \_\_\_ \_\_\_ Total joint replacement Epiphyseal Injuries:

\_\_\_ \_\_\_ \_\_\_ a. Displaced

\_\_\_ \_\_\_ \_\_\_ b. Undisplaced

\_\_\_ \_\_\_ \_\_\_ Joint ligament reconstruction

\_\_\_ \_\_\_ \_\_\_ Joint capsule repairs

\_\_\_ \_\_\_ \_\_\_ Arthroscopy: wrist

\_\_\_ \_\_\_ \_\_\_ Arthroscopy: wrist, elbow, shoulder

\_\_\_ \_\_\_ \_\_\_ Arthroscopy - Diagnostic

\_\_\_ \_\_\_ \_\_\_ Arthroscopy - surgical

\_\_\_ \_\_\_ \_\_\_ Local pedicle and free flaps

Extremity vascular repair and grafting

Extremity nerve repair and grafting

Microsurgery, extremity

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Microsurgery, extremity and brachial plexus

Microvascular surgery

Conscious Sedation

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

## STATEMENT OF CONFIDENTIALITY

It is the policy of Lane Regional Medical Center and the Medical Staff that any and all information concerning a patient of the facility is of a strictly confidential nature. THIS APPLIES TO VERBAL, WRITTEN OR FAX TRANSMISSIONS. Confidentiality is a right entitled to each patient beginning at admission or upon making a reservation for admission and the right is never terminated. It is the duty and responsibility of every physician, employee and volunteer of Lane Regional Medical Center to ensure that right, both at work and off duty.

By signing below, I signify that I understand and agree to the following:

1. I acknowledge that all information in the patient record (a medical/legal document) including evidence of patient identity as well as the course of clinical treatment is strictly confidential. I will abide by the policy of Lane Regional Medical Center and I will not jeopardize the patient's right to confidentiality (either verbally, in writing or via Fax transmission) of any information which may be used to identify a patient.
2. I agree that in reviewing records, data or hospital documents containing patient information that this information will be used only for the treatment of the patient.
3. I further understand that I could be subject to legal action for violation of any confidences related to patient information.

Name \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PHYSICIAN

STATEMENT OF ACKNOWLEDGMENT

This is to verify that I have received a copy of the following notice to physicians:

NOTICE TO PHYSICIANS: Medicare/Champus payments to hospital is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal Funds may be subject to fine, imprisonment, or civil penalty under applicable Federal law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_, M.D.  
Printed Name