

EAST CAROLINA GASTROENTEROLOGY ENDOSCOPY CENTER

PATIENTS RIGHTS AND RESPONSIBILITIES

DISCLOSURE OF OWNERSHIP

Your physician has a financial interest in this facility.

PATIENT RIGHTS:

- Exercise rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his/her care.
- Treated with respect, consideration, and dignity.
- Provided with appropriate personal privacy, care in a safe setting, and free from all forms of abuse and harassment.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians who will see him/her.
- Receive information from his/her physician about his illness, his/her course of treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies this information shall include a description of the procedure or treatment, the medically significant risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
- Actively participate in decisions regarding his/her medical care to the extent permitted by law, this includes the right to refuse treatment or change his/her primary physician.
- Disclosures and records are treated confidentially, except when required by law, patients are given the opportunity to approve or refuse their release.
- Information for the provision of after-hour and emergency care.
- Information regarding fees for service, payment policies and financial obligations.
- The right to receive marketing or advertising materials that reflects the services of the Centers in a way which is not misleading.
- The right to express their concerns and receive a response to their inquiries in a timely fashion.
- The right to self-determination including the right to accept or to refuse treatment and right to formulate an Advance Directive.
- The right to know and understand what to expect related to their care and treatment.

PATIENT RESPONSIBILITIES

- Provide complete and accurate information to the best of his/her ability about his/her health, and medications,

including over-the-counter products and dietary supplements and any allergies or sensitivities.

- Ask for an explanation if you do not understand papers you are asked to sign or anything about your own or your child's care.
- Be available so staff can teach you how to care for yourself and your child; we want to share our knowledge with you, but you must be prepared to learn.
- Follow the care prescribed or recommended for you or your child by the physicians, nurses, and other members of the health care team; remember, if you refuse treatment or do not follow instructions, you are responsible for your actions.
- Respect the rights and privacy of others.
- Assure the financial obligations associated with your own or your child's care are fulfilled.
- Responsible for being respectful of his/her personal property and that of other persons in the Center.
- Take an active role in ensuring safe patient care. Ask questions or state concerns while in our care. If you don't understand, ask again.
- Provide a responsible adult to transport home from the facility and remain with you for 24 hours, if required by your provider.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

PATIENT CONCERNS AND/OR GRIEVANCES:

Persons who have a concern or grievance regarding East Carolina Gastroenterology Endoscopy Center, including but not limited to, decisions regarding admission, treatment, discharge, denial or services, quality of services, courtesy of personnel or any other issue are encouraged to contact the:

Administrator
East Carolina Gastroenterology Endoscopy
4 Office Park Drive
Jacksonville, NC 28546
910 3536158

East Carolina Gastroenterology Endoscopy Center is Medicare Certified and is accredited by the Accreditation Association for Ambulatory Health Care, Inc. Any complaints regarding services provided at the Center can be directed by telephone to:

NC Department of Health and Human
Services at 800 662-7030

OR

AAAHC
5250 Old Orchard Road, Suite 200
Skokie, IL 60077
(847) 853-6060

OR

Medicare patients should visit the website below to understand your rights and protections

<http://www.cms.hhs.gov/center/ombudsman.asp>

ADVANCE DIRECTIVES

An "Advance Directive" is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advance directives differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like a copy of the official State advance directive forms, visit <http://www.secretary.state.nc.us/ahcdr/>

OUR ENDOSCOPY CENTER ADVANCE DIRECTIVE POLICY:

The majority of procedures performed at the Surgery Center are considered to be of minimal risk. Of course, no surgery is without risk. You and your surgeon will have discussed the specifics of your procedure and the risk associated with your procedure, the expected recovery and the care after your surgery.

It is the policy of the Center, regardless of the contents of any advance directive or instructions for a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at the Endo Center our personnel will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment measures or withdrawal of treatment already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.

PATHOLOGY DISCLOSURE:

If we collect samples during your endoscopy, you or your insurance may receive a bill from a pathology lab- LABCORP, Onslow Memorial Hospital or from East Carolina Gastroenterology. The clinic is not affiliated in any way with the pathology lab.

I received information on patient rights , patient responsibilities, physician disclosure, advance directive policy and grievance policy in advance of my surgery.

Patient/Responsible Party Signature

Date