Raleigh Endoscopy Center



PATIENT'S RIGHTS AND NOTIFICATION OF





EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING HIS/HER CARE. THE REPRESENTATIVE/SURROGATE PRIOR TO THE PROCEDURE/SURGERY FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S

PATIENT'S RIGHTS

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To receive considerate, respectful and dignified care.
- To be provided privacy and security during the delivery of patient care service.
- understand To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can
- or treatment To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure
- When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized
- treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical
- To be free from mental and physical abuse, or exploitation during the course of patient care
- discretely. Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted
- his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records. Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before
- To have care delivered in a safe environment, free from all forms of abuse, neglect, harassment or reprisal
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care
- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.
- coordination of his/her care To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for
- To be informed of their right to change providers if other qualified providers are available
- To know which facility rules and policies apply to his/her conduct while a patient

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- observe these patient's rights. To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall
- for participation in research shall be obtained and retained in his/her patient record To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's care. The patient's written consent
- To examine and receive an explanation of his/her bill regardless of source of payment.
- To appropriate assessment and management of pain.
- To be advised if the physician providing care has a financial interest in the surgery center.
- Regarding care of the pediatric patient, to be provided supportive and nurturing care which meets the emotional and physiological needs of the child and to support participation of the caregiver in decisions affecting medical treatment

PATIENT RESPONSIBILITIES:

- supplements and any allergies or sensitivities To provide complete and accurate information to the best of their ability about their health, any medications, including over-the-counter products and dietary
- To follow the treatment plan prescribed by their provider, including pre-operative and discharge instructions.
- To provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider
- To inform their provider about any living will, medical power of attorney, or other advance healthcare directive in effect.
- To accept personal financial responsibility for any charges not covered by their insurance.
- To be respectful of all the healthcare professionals and staff, as well as other patients

f you need an interpreter:

If you will need an interpreter, please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

Rights and Respect for Property and Person

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal
- Voice a grievance regarding treatment or care that is, or fails to be, furnished
- Be fully informed about a treatment or procedure and the expected outcome before it is performed
- Confidentiality of personal medical information.

Privacy and Safety

The patient has the right to:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

or sex Raleigh Endoscopy Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability,

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discapacidad o sexo Raleigh Endoscopy Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad,

peau, l'origine nationale, l'âge, le sexe ou un handicap Raleigh Endoscopy Center respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de

Raleigh Endoscopy Center遵守適用的聯邦民權法律規定,不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Advance Directives

patients have the right to name someone to make health care decisions for them when they cannot make or communicate those decisions. There are two methods for state regulates advance directives differently. STATE laws regarding Advanced Directives are found in North Carolina GS 90-320-321. In the state of North Carolina all document appointing another person to accept or refuse medical treatment in the event of incapacity. themselves or communicate their wishes. A "living will" is a written declaration of the individual's desire for a natural death. A health care power of attorney is a written competent adults to communicate decisions about their medical care in the event they should become incompetent and no longer able to make these decisions for An "Advance Directive" is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each

surrogate) prior to the procedure being performed Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative or You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives.

hospital, where further treatment decisions will be made the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care most appropriate setting for end-of-life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in Raleigh Endoscopy Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the

physician to determine the appropriate course of action to be taken regarding the patient's care. The patient is advised that in the event of a life-threatening occurrence, emergency If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her may opt to have the procedure/surgery scheduled at an alternative facility. medical procedures are implemented, the patient is stabilized and transported to a hospital. In order to support informed decision making on the part of the patient, the patient

PATIENT ESCORTS

them home must have a designated individual with them during transport. The name and relationship of the responsible adult/licensed driver will be documented in the All sedated patients must be discharged from the facility accompanied by a responsible adult/licensed driver (family member or friend). Patients who have a service to transport Medical Record.

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The following are the names and/or agencies you may contact:

Raleigh Endoscopy Administrator AAAHC

Raleigh, NC 27607 2417 Atrium Drive Ste 101 5250 Old Orchard Rd, Ste 200 Skokie, IL 60077

P.847-853-6060 F.847-853-9028

E-mail: info@aaahc.org

Medicare Ombudsman Web site:

919-791-2060

http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

You may contact your state representative to report a complaint;

NC Division of Health Service Regulation

Complaint Intake Unit

Attn: Rita Horton 2711 Mail Service Center

Raleigh, NC 27699-2711

State Website: www.ncdhhs.gov/dhsr/cio/complaintintake.html

Medicare: www.medicare.gov or call

1-800-633-4227

http://oig.hhs.gov Office of the Inspector General:

PHYSICIAN FINANCIAL INTEREST AND OWNERSHIP

interest. Patients have the right to be treated at another health care facility of their choice. We are making the disclosure in accordance with federal regulations. The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership

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