

Advance Directives Policy

You have the right to information on the Center's policy regarding Advance Directives.

Advance Directives will not be honored within the Center. In the event of a life-threatening event emergency medical procedures will be implemented. Patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family.

If the patient or patient's representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with their wishes. If you request, an official state Advance Directive Form will be provided to you.

Translator Services

If you will need a translator, **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 arrange to have them accompany you on the day of your procedure.

TRANSPORTATION HOME

You will be receiving sedation for you procedure, therefore **you must have a responsible adult to drive you home** after the procedure. In the event you have not made arrangements your procedure will be cancelled and rescheduled for a later date.

Submission and Investigation of Grievances:

You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of the Center's decision.

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

***Rachelle Lamkin, RN, BSN, CGRN,
Endoscopy Center Director
40404 California Oaks Road, Suite A
Murrieta, Ca. 92562
(951)304-0200***

You may contact your state representative or regulatory agencies to report a complaint.

California Dept of Public Health

(916) 558-1784
www.dhs.ca.gov

Medicare Ombudsman website

www.medicare.gov/Ombudsman/resources.asp

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

Office of the Inspector General:

<http://oig.hhs.gov>

Physician Financial Interest & Ownership:

The physician(s) who referred you to this Center and who will be performing your procedure(s) have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with Federal regulations.

THE ENDOSCOPY CENTER of INLAND EMPIRE

951(304-0200)

*Patient Rights &
Responsibilities*

Advance Directives

*Notification of
Physician Ownership*

Grievance Policy

Informed Consent

We make every effort to contact you with the information you have provided to us. Due to unforeseen changes in the schedule and the need to communicate necessary insurance information with you it is important we have accurate phone number/s as well as an alternate contact person. In the event we are unable to reach you please call the Endoscopy Center at least 72 hours prior to your scheduled procedure for confirmation and additional instructions. Failure to do so may result rescheduling of your procedure and a cancellation fee.

AS A PATIENT OF *THE ENDOSCOPY CENTER of INLAND EMPIRE*, YOU HAVE THE RIGHT TO RECEIVE THE FOLLOWING INFORMATION IN ADVANCE OF THE DATE OF YOUR SCHEDULED PROCEDURE.

PATIENT'S BILL OF RIGHTS:

The Endoscopy Center of Inland Empire observes and respects a patient's rights without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care.

Your patient rights include the following:

- The right to considerate and respectful care in a safe setting, free from all forms of abuse or harassment.
- The right to expect personnel who care for you to be friendly, considerate, respectful, and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of service.
- The right to obtain complete information about your diagnosis, possible treatment, and prognosis in a manner that is understandable to you. When it is not medically advisable to give such information to the patient, the information should be made available to the designated representative who shall exercise the patient's rights.
- The right to refuse treatment to the extent permitted by law and be informed of the medical consequences of your action. You, the patient, accepts responsibility for your actions should you refuse treatment or not follow the instructions of the physician or facility.

- The right to receive complete information from your physician, regarding proposed procedure and/or treatment, necessary 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, alternate course of treatment or non-treatment, To know the name of the person responsible for the procedure/treatment.

- The right to expect that all communications and records pertaining to your care, including financial records, should be treated as confidential and not released without written authorization by the patient, except in the case of transfer to another health care facility, or as required by law or third-party payment contract.

- The right to expect reasonable continuity of care.

- The right to be informed if this facility proposes to engage in or perform any human experimentation affecting your care or treatment and can refuse participation in such experimentation without compromise to the patient's care.

- The right to be informed as to the facility's policy regarding advance directives.

- The right to have an initial assessment and regular assessment of pain. Education of patient and family regarding their roles in managing pain.

- The right to access copies of your medical records.

- The right to know about facility fees and payment methods. You will receive a copy of your bill. You can request an explanation of your bill regardless of the source of payment. **There are three components to your services and you will receive a separate bill for each of the services provided:**

- *Physician Services*
- *Facility Services*
- *Pathology Services (if specimen obtained)*

The facility will notify you in advance of any Copay and Co-Insurance due at time of service.

- The right to express grievances, complaints and suggestions at any time. If a patient has a grievance with the facility, you may speak immediately with the Clinical Director or a formal written grievance may be completed for further review of the grievance.

- You have the right to know what facility rules and regulations apply to your conduct as a patient.

Your patient responsibilities include:

- To know the patient's rights and responsibilities.

- To fully participate in decisions involving your health care and to accept the consequences of these decisions.

- To report whether you clearly understand the planned course of treatment and what is expected of you.

- To keep your appointment, and when unable to do so; notify the facility and physician within 48 hours. Failure to do so may result in a cancellation fee of \$100.00.

- To provide caregivers with the most accurate complete information regarding present complaints, past illnesses, hospitalizations, medications, unexpected changes in patient's condition or any other health matters.

- To follow your physician's instructions, comply with your treatment plan, to take medication when prescribed, and ask questions concerning your health care that you feel are necessary.

- To observe rules of the facility during your stay and treatment and, if instructions are not followed, forfeiting the right to patient care at the facility.

- To inform the Center of all medications, vitamins and supplements you are currently taking and inform the staff of any medication or latex allergies.

- To respect the property of others and the facility and to identify any patient safety concerns.