

Patient's Rights and Notification of Physician Ownership

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 FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE/SURROGATE PRIOR TO THE PROCEDURE/SURGERY.

PATIENT RIGHTS

- Patients shall be treated with respect, consideration, and dignity.
- Patients shall be provided appropriate privacy.
- Patient records shall be treated confidentially and, except when authorized by law, patients shall be given the opportunity to approve or refuse their release.
- Patients shall be provided, to the degree known, appropriate information concerning their diagnosis, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information shall be provided to a person designated by the patient or to a legally authorized person.
- Patients shall be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Information shall be available to patients and staff concerning:
 - Patients' rights
 - Patient conduct and responsibilities
 - Services available at the Center
 - Provisions for after-hours and emergency care
 - Fees for services
 - Payment policies
 - Patient's right to refuse to participate in experimental research
 - Methods of expressing complaints and suggestions to the Center
- Marketing or advertising regarding the competence and/or capabilities of the organization shall not be misleading to patients

PATIENT RESPONSIBILITIES:

- To provide complete and accurate information to the best of their ability about their health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- 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.

If 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

Advance Directives

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 state regulates advance directives differently. STATE laws regarding Advanced Directives are found in Texas Health and Safety Code §166.-001-048. In the state of Texas, a patient has a right to an advance directive which will communicate their wishes about medical treatment at some time in the future when they are unable to make their wishes known because of illness or injury. In addition to this advance directive, Texas law provides for two other types of directives: the Medical Power of Attorney; and the Out-Of-Hospital Do Not Resuscitate Order.

You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. 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 surrogate) prior to the procedure being performed.

ABILENE 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 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 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 hospital, where further treatment decisions will be made.

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 physician to determine the appropriate course of action to be taken regarding the patient's care.

Complaints/Grievances: If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

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

Abi Simpao RN BSN
1249 Ambler Ste 100, Abilene, TX 79601
(325) 677-2626

You may contact the state to report a complaint;
Health Facility Compliance Group (MC 1979)
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347
Complaint Hotline: 888-973-0022
Fax: 512-776-7111
Email: hfc.complaints@dshs.state.tx.us

State Web site: <http://www.dshs.state.tx.us/license.shtm>

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman.

Medicare Ombudsman Web site: 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>

This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or grievances may also be filed through:

AAAHC, 5250 Old Orchard Road, Suite 200, Skokie, IL 60077, 847-853-6060 or email: info@aaahc.org

Physician Financial Interest and Ownership: Physician Financial Interest and Ownership: 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 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 FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER:

Gary Roark, MD

William Haynes, MD

ABILENE ENDOCOPY CENTER

1249 Ambler Ste 100

Abilene, Texas 79601