

The Endoscopy Center is a federal and state licensed ambulatory surgical facility. It is regularly inspected and conforms to the guidelines of national accreditation organizations. It is the policy of all of our doctors, nurses and other medical staff members to respect your individuality, dignity and privacy and to make your stay as pleasant as possible. As a patient at the Center, you have specific rights, which protect your interests. You also have responsibilities to help us to provide you with efficient, quality care. Together, these rights and responsibilities provide the basis for a more positive, mutually beneficial patient-physician relationship.

YOUR RIGHTS

You have the right to quality medical care and appropriate treatment without regard to race, creed, color, sex, sexual preference, national origin, cultural beliefs, religion, handicap, disability, or the source of payment for your care.

You have the right to good quality care and high professional standards that are continually maintained and reviewed.

You have the right to be addressed properly, to be heard when you have a question or need more information and to be given an appropriate and helpful response. You will be provided with an interpreter, if possible, so that language differences are not a barrier.

You have the right to good health care management techniques that make the most effective use of your time and still provide for your comfort and convenience.

You have the right to a very high degree of privacy. Case discussions, consultations, examinations and treatment plans are confidential and should be conducted discreetly. When you are examined you are entitled to know what role any observer may have in your care. You may request that any observer not required for your care leave the examination area.

At the Center, your records are Confidential, and no person or agency beyond those caring for you is permitted access to this information without your specific permission. However, you have the right to request access to all the information in your medical record unless specifically restricted by your attending physician for medical reasons or prohibited by law. You have a right to receive a full and prompt explanation regarding any such restriction.

You have the right to know the name of the doctor who is responsible for your care, to talk with that doctor and any others who give you care. You have the right to know who will perform any test or operation.

You have the right to receive full information in layman's terms concerning your medical problems, the planned course of treatment, a full explanation of procedures and tests and the prognosis, or medical outlook for your future. This includes information about alternative treatments and possible complications. You have the right to receive adequate alternative treatments and possible complications. You have the right to receive adequate instruction in self-care, prevention of disability and maintenance of your health. You have the right to ask our doctors all other relevant questions about your health. When it is not medically advisable to give the information to you, it will be given on your behalf to your family or significant other.

You have the right to treat all staff, health care professionals, and all other patients with respect.

You have the right to refuse any particular procedure or treatment. Before any test or other procedure is performed, you may be asked to sign a form giving your consent. If you are unable to give informed consent, a responsible person may do so for you. You have the right to receive from the doctor information which is necessary for you to be able to give and informed consent prior to the start of any procedure or treatment. Except in emergencies when procedures must be implemented without unnecessary delay, such information should include the specific risks involved, the probable time that you

will be incapacitated and what alternatives there may be to the particular procedure or treatment proposed. If you refuse to give consent to a particular procedure or treatment, you have the right to receive help that the Center can still offer under the circumstances.

You or, if you are unable to give consent, a responsible person, have the right to be advised when your physician is considering you as part of a medical care research program or donor program. You, or a responsible person, must give informed consent prior to the actual participation in the program. You have the right to refuse to continue in a program to which you have previously given informed consent.

You have the right to expect that the Center will provide a mechanism whereby you are informed upon discharge of your continuing health care requirements and means for fulfilling them. Also, if there is a need to transfer you to another health care facility, you have the right to be told the reasons and whether there may be any alternatives to such a transfer.

You have the right to expect emergency procedures to be implemented, without unnecessary delay.

You have the right to assistance in obtaining consultation with another physician at your request and your own expense.

You have the right to examine and receive a detailed explanation of your bill.

As a patient in this facility, you have the right to expect reports of pain will be believed. You can expect information about pain and pain relief measures. You can expect a concerned staff committed to pain prevention and management, health professionals who respond quickly to reports of pain and you have the right to effective pain management.

You have a right to be informed whether or not the physician caring for you at the Endoscopy Center is an owner or has financial interest in the Center. Drs Dobrota, Kucer and Markos are joint owners of the center.

You have the right to file complaints or grievances if you are unsatisfied with the care you received at The Endoscopy Center. Formal complaint forms are available at the center. Grievances should be directed to the center's Clinical Administrator, and will be addressed in a timely manner. Formal complaints will be logged, dated and kept in the Clinical Administrator's office. You and/or your family member will be contacted by the Director within 3 days of your complaint. Complaints may also be directed to The Patient Safety Authority at (717)346-0469 (website: patientsafetyauthority@state.pa.us), or the Medicare Ombudsman at Pennsylvania Department of Aging at (717)783-1550 (website <http://www.cms.hhs.gov/ombudsman/resources.asp>)

You have a right to make informed decisions in your care, including whether or not you possess/have formulated a living will or advanced directive for medical care. You have the right to receive information regarding the center's policy regarding advanced directives and to receive information to assist you in formulating your own advanced directive if you desire. The center has such information and sample advanced directives available for you.

You have the right to receive an electronic record of your health record.

You have the right to restrict disclosure to your health insurance plan concerning treatment for which you paid in full out of pocket.

All of our patients have the right to be informed of these rights at the earliest possible moment in the course of their medical care. These rights as stated are posted in the waiting area of the center and are provided to patients prior to their date of service.

YOUR RESPONSIBILITIES

While practicing at the Center, your doctor is obligated to exercise good medical judgment in order to help you. It is your responsibility to cooperate in the treatment program with your doctor specifies.

It is your responsibility to ask questions immediately if you do not understand instructions concerning your health or if you feel you cannot follow the instructions.

It is your responsibility to keep all scheduled appointments, or to contact the center when you cannot keep an appointment.

It is your responsibility to bring with you information about past illnesses, hospitalizations, medications, and other matters related to your health.

You are expected to show consideration for the privacy and comfort of other patients and medical personnel and to assist in the control of noise. You are also expected to be respectful of the property of other persons, and the property of the Center.

Duly authorized members of your family are expected to be available to Center personnel for review of your treatment in the event you are unable to communicate with the physicians or nurses.

Your care may involve sedation, analgesia, or anesthesia. You have a responsibility to help us reduce your risk of injury due to falling by following the safety guidelines provided by our staff.

You have a responsibility to provide information necessary for insurance processing of your bills, to be prompt about payment of Center bills, and to ask any questions you may have concerning your bills.

As a patient in this facility you have a responsibility to ask your doctor or nurse what to expect regarding pain management, and discuss pain relief options with your doctor or nurse. You have a responsibility to work with your doctor or nurse to develop a pain management plan, ask for pain relief when pain first begins, help your doctor or nurse assess your pain and tell your doctor if pain is not relieved. Also, tell your doctor or nurse about any concerns you have about taking pain medication.

It is your responsibility to treat all staff, health care professionals, and other patients with respect.

If you are concerned or displeased with any aspect of your care, we ask that you discuss the problem with the clinical administrator of the Center. Communication between you and your Center's team is an important element in good health care.

Suggestions or comments you would like to make following discharge are most appreciated.