

## **PATIENT RIGHTS AND RESPONSIBILITIES NOTIFICATION**

### **PATIENT RIGHTS**

- a. The Center is owned by Scott A. Clark MD, Sheraj Jacob MD, John Kalarickal MD, Namita Pareek MD, Vinayasekhara M. Reddy MD, Neraj Sharma MD, Ankur Sheth MD, and Andrew Lake, MD. All staff physicians retain privileges at the Center. The patient will be provided a copy of the "Patient Rights and Responsibilities" prior to the date of the procedure. The provision of this form is delegated to the main office which shall provide a copy of the form to the patient prior to the procedure. Patients will indicate whether or not they have received such by completing and initialing the appropriate section of the "Advanced Directive/Patient Rights Acknowledgement".
- b. The privacy of all patients shall be respected at all times. Patients shall be treated with respect, consideration and dignity.
- c. Patients shall receive assistance in a prompt, courteous, and responsible manner.
- d. Patient medical records are considered confidential. Except as otherwise required by law, patient records and/or portions of records will not be released to outside entities or individuals without patients' and/or designated representatives' express written approval
- e. Patients have the right to know the identity and status of individuals providing services to them.
- f. Patients have the right to change providers if they so chose.
- g. Patients, or a legal authorized representative, have the right to thorough, current and understandable information regarding their diagnosis, treatment options and prognosis, if known, and follow-up care. All patients will sign an informed consent form after all information has been provided and their questions answered.
- h. When it is medically inadvisable to give such information to the patient, the information is provided to a person designated by the patient or to a legally authorized person.
- i. Unless participation is medically contraindicated, patients have the right to participate in all decisions involving their healthcare.
- j. Patients have the right to refuse treatment and to be advised of the alternatives and consequences of their decisions.
- k. Patients are encouraged to discuss their objectives with their provider.
- l. Patients have the right to refuse participation in experimental treatment and procedures. Should any experimental treatment or procedure be considered, it shall be fully explained to the patient prior to commencement.
- m. Patients have the right to make suggestions or express complaints about the care, or the lack of care, they have received and to submit their grievance, verbal or written, to the Center Administrator or Clinical Supervisor who will complete an "Incident Notification" and bring the issue to the attention of the Medical Director in a timely manner so the grievance may be addressed.
- n. All alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.
- o. Patients will be informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.
- p. Patients have the right to be provided with information regarding emergency after-hours care.
- q. Patients have the right to obtain a second opinion regarding the recommended procedure. Responsibility for the expense of the second opinion rests solely with the patient.
- r. Patients have the right to a safe and pleasant environment during their stay.
- s. Patients have the right to have visitors at the Center as long as visitation does not encumber Center operations and the rights of other patients are not infringed.
- t. Patients have the right to have procedures performed in the most painless way possible.
- u. Patients have the right to an interpreter if required.
- v. Patients have the right to be provided informed consent forms as required by the laws of the State of Georgia.
- w. Patients have the right to truthful marketing and/or advertising regarding the competence and capabilities of the Center and its staff.
- x. Patients have the right to have copies of their "Advanced Directives: and "Living Wills" in their medical records and to have Center staff honor these wishes to the extent feasible. However, due to the Center's limited capabilities, in the event of an emergency, the patient will be transferred to Northeast Georgia Health Systems at which attending physician have privileges. Hospital staff will be informed of the existence of the Advance Directives and such will be provided if the Center has copies.

- y. Patients will be provided, upon request, all available information regarding services available at the Center, as well as information about estimated fees and options for payment.
- z. All patients will sign an informed consent form after all information has been provided and their questions answered in advance of the date of the procedure, in a language and manner that the patient or the patient’s representative understands.
- aa. Patient has the right to be free from all forms of abuse or harassment.
- bb. The patients has the right to exercise his or her rights without being subjected to discrimination or reprisal
- cc. Patients have the right to approve the release of their medical records to other care providers, legal representatives and other persons authorized by the patient.
- dd. Patients have the right to change providers if other qualified providers are available.

**PATIENT RESPONSIBILITIES**

- a. Patients are expected to provide complete and accurate medical histories including providing information on all current medications, keep all scheduled pre- and post-procedure appointments and comply with treatment plans to help ensure appropriate care.
- b. Patients are responsible for reviewing and understanding the information provided by their Physician or nurse. Patients are responsible for understanding their insurance coverage and the procedures required for obtaining coverage.
- c. Patients are responsible for providing insurance information at the time of their visit and to notify the receptionist of any changes in information regarding their insurance or medical information.
- d. Patients will be provided, upon request, all available information regarding services available at the Clinic, as well as information about estimated fees and options for payment.
- e. Patients are responsible for paying all charges for co-payments, co-insurance, and deductibles on non-covered services at the time of the visit unless other arrangements have been made in advance with the Medical Practice.
- f. Patients are responsible for treating Clinic Physicians and Staff in a courteous and respectful manner.
- g. Patients are responsible for asking questions about their medical care and to seek clarification from their physician of the services to be provided until they fully understand the care they are to receive.
- h. Patients are responsible for following the advice of their provider and to consider the alternatives and/or likely consequences if they refuse to comply.
- i. Patients are responsible for expressing their opinions, concerns or complaints in a constructive manner to the appropriate personnel at the Center.
- j. Patients are responsible for notifying their health care providers of patient’s Advance Directives, Living Wills, medical Power of Attorney or any other directives that could affect their care.
- k. Patients are responsible for having a responsible adult transport them from the Center and remain with them as directed by the physician.
- l. The patient will be provided a copy of the Patient Rights and Responsibilities prior to the date of the procedure. The provision of this form is delegated to the main office. A copy shall be provided to the patient. The patient shall indicate receipt of such on the “Acknowledgement Form”.
- m. The patient or family may voice concerns or complaints without having care affected in any way. They may discuss their concerns with their doctor, nurse, or other caregiver. If concerns are not resolved, they should contact the Supervisor at 678-997-2160, or the Administrator at 678-997-2105. If preferred, the patient/caregiver may contact the Section Head of the Acute Care Section of the Healthcare Facility Regulation Division of the Georgia Department of Community health at 404-657-5728 or at 800-878-6442, or 2 Peachtree Street NW, 31-447, Atlanta, Georgia 30303 or their Ombudsman at <https://www.cms.gov/Center/Special-Topic/Ombudsman-Center>

<b>Complaints can be submitted to the following:</b>	<b>Against Physicians:</b>
DCH-HFRD 2 Peachtree Street Atlanta, GA 30303 Phone: 1-800-878-6442 Email: <a href="mailto:chr.georgia.gov">chr.georgia.gov</a>	Composite Board of Medical Examiners Complaints Unit 2 Peachtree Street, NW 36 <sup>th</sup> Floor Atlanta, GA 30303 Phone: 404-463-8902

For Medicare concerns please notify the following:  
 Office of the Medicare Beneficiary Ombudsman  
 1-800-633-4227

or <https://www.medicare.gov/claims-appeals/your-medicare-rights/get-help-with-your-rights-protections>

## **ADVANCE DIRECTIVE NOTIFICATION**

In the state of Georgia, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorizes others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. The Gainesville Endoscopy Center and Braselton Endoscopy Center respects and upholds those rights.

However, unlike an acute care hospital setting, the Gainesville Endoscopy Center and Braselton Endoscopy Center does not routinely perform "high risk" procedures. While no surgery is without risks, most procedures performed in these centers are considered to be of low to minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your procedure.

Therefore, on the basis of the facility conscience, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at one of these centers, we will initiate resuscitative or other stabilizing measures and transfer to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive or health care Power of Attorney. Your agreement with these Centers' policies will not revoke or invalidate any current health care directive or health care power of attorney. If you wish to complete an Advance Directive, copies of the official state forms are available at our centers.

If you do not agree with our center's policies, we will be pleased to assist you in rescheduling your procedure.

## **PRIVACY POLICY**

I acknowledge that I have reviewed copy of Braselton Endoscopy Center's or Gainesville Endoscopy Center's Notice of Privacy Practices and Policies. I understand that a copy of the policy is in the waiting room and that I may request a copy. Patients will indicate whether or not they have received such by completing and initialing the appropriate section of the "Advanced Directive/Patient Rights Acknowledgement".

## **DISCLOSURE OF OWNERSHIP**

Braselton Endoscopy Center and Gainesville Endoscopy Center operate as outpatient Endoscopy Centers, licensed by the State of Georgia. These facilities are owned by the physicians affiliated with Gastroenterology Associates of Gainesville, PC/ These physicians have become owners due to their commitment to provide quality health care and services to patients at a more affordable cost. You have the right to choose where to receive services, including the following reasonable alternative sources of services for the physicians:

Northeast Georgia Health System  
Habersham County Medical Center

Patients will indicate they have been made aware of this information by completing and initialing the appropriate section of the "Advanced Directive/Patient Rights Acknowledgement".