

PATIENT RIGHTS & RESPONSIBILITIES

The Endoscopy Center of New York (the "Center") will ensure patients are aware of their rights and responsibilities by ensuring that the patients receive a copy of these Patient Right & Responsibilities, in writing and verbally, prior to their date of procedure.

AS A PATIENT TREATED AT THIS CENTER YOU HAVE THE RIGHT TO:

- A. Be treated with respect, consideration and dignity in a clean and safe environment.
- B. Receive treatment without regard to age, sex, race, sexual orientation, national origin, disability, color, religion, or marital status.
- C. Be given the name of your attending physician, the names of all other physicians directly assisting in your care and the names functions of other health care persons having direct contact with you.
- D. Privacy and confidentiality of all information pertaining to your treatment, including the right to approve or refuse the release or disclosure of the contents of your medical record to any healthcare practitioner and/or healthcare facility.
- E. Accessible and available health services, including information on after-hour and emergency care.
- F. Receive complete information concerning your diagnosis, recommended treatment and prognosis.
- G. Receive the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment, alternatives for care or treatment, and expected outcomes, in a manner permitting you to make a knowledgeable decision.
- H. Refuse treatment and/or medications to the extent permitted by law and to be fully informed of the medical consequences of your actions. Such refusal will be documented in your medical record.
- I. Have access to an interpreter.
- J. Access to all information contained in your medical record unless prohibited by law.
- K. Accurate information regarding the competence and capabilities of the Center
- L. Make suggestions regarding policy changes, complaints or grievances to the staff, or administrator, and to request a written response, without fear of reprisal. If you are not satisfied with the response, you may contact the New York State Department of Health or other oversight agencies at the addresses, phone numbers or email addresses listed below.
- M. Participate in decisions involving your healthcare, except when such participation is contraindicated for medical reasons.
- N. Receive information regarding services provided at the Center.
- O. Information on payment and fee policies and provider credentialing as necessary.

- P. Information on Advanced Directives, as required by New York State law, in writing.
- Q. Information on the charges for services, eligibility for third-party reimbursement and, when applicable, the availability of free or reduced-cost care and receive an itemized copy of your account statement upon request.
- R. Information on physician ownership, in writing, prior to the day of the procedure.
- S. Refuse to participate in research.
- T. Be free from abuse and harassment.
- U. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- V. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card.

AS A PATIENT TREATED AT THIS CENTER, YOU HAVE THE RESPONSIBILITY TO:

1. Provide full cooperation by complying with the pre-procedure and post-procedure instructions given by you physician and anesthesiologist, including the provision of a responsible adult to transport you home from the Center.
2. Provide the Center staff with all medical information that may have a direct impact on the care provided at the Center.
3. Provide the Center with all information regarding third-party responsibility insurance coverage.
4. Fulfill financial responsibility for all services received, as determined by his/her insurance carrier.
5. Be respectful of healthcare providers, staff and other patients and visitors of the Center.

CONCERNS & SUGGESTIONS

We strive to provide you with excellent quality care. We welcome the opportunity to listen to your suggestions and complaints. Please contact our Administrator or your physician to obtain further information about our complaint resolution policy. If your concern is not resolved, you may contact the following organizations:

- Administrator: (212) 897-1006
- New York State Department of Health Hotline: (800) 804-5447
- New York State Department of Health: CA/DCS, Empire State Plaza, Albany, NY 12237
- Office of the Medicare Beneficiary Ombudsman: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> or 1-800-MEDICARE
- AAAHC
5250 Old Orchard Rd., Suite 200
Skokie, IL 60077
Telephone: (847) 853-6060