**DISCLOSURE OF OWNERSHIP**

We are the Physician Owners of the Center, and we would like to take this opportunity to Thank You. We recognize that you have the right to choose the facility for your healthcare services. We are pleased that you have chosen The Endoscopy Center of New York.

Daniel J. Adler, M.D.  
James Aisenberg, M.D.  
Neville D. Bamji, M.D.  
Joseph B. Felder, M.D.  
Leon Kavaler, M.D.  
Arnon Lambroza, M.D.  
Brian R. Landzberg, M.D.  
Kenneth M. Miller, M.D.  
Yevgenia Pashinsky, M.D.  
William Perlow, M.D.

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**POLICY ON ADVANCE DIRECTIVES**

Because the scope of care at this facility is limited to elective outpatient procedures, regardless of any advance directives set forth in a living will, health care power of attorney or other written statement, any unexpected medical emergency will be managed with resuscitative or other stabilizing measures followed by a transfer to a hospital's emergency department. If you have an executed advance directive please bring a copy with you at the time of your appointment so we can place such in your medical record. To obtain an advance directive form, please visit [http://www.nyc.gov/html/doh/html/living/adv-dir.shtml](http://www.nyc.gov/html/doh/html/living/adv-dir.shtml).

**PATIENT’S NOTICE OF PRIVACY PRACTICES**

Your rights regarding medical information about you.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your health record is the physical property of The Endoscopy Center of New York. The information contained in the record, however, belongs to you. You have the specific right to your medical information. The Endoscopy Center of New York will provide you with a copy of these rights on the day of your procedure.

**CONCERNS & SUGGESTIONS**

We strive to provide you with excellent quality care. We welcome the opportunity to listen to your suggestions and complaints. Please contact the Administrator 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  
NYS Department of Health Hotline: (800) 804-5447  
NYS Department of Health: CA/DCS. Empire State Plaza, Albany, NY 12237  
AAAHC: 5250 Old Orchard Rd., Suite 200, Skokie, IL 60077, (847) 853-6060

**DIRECTIONS**

The Endoscopy Center of New York is located at 201 East 93rd Street, 2nd floor, New York, NY 10128  
The entrance is on the North East Corner of 3rd Ave and 93rd St.

BY SUBWAY: Take the 6 Train to E 96th St, exit near intersection of Lexington Ave and E 96th St and head South to E 93rd St (Transfer is available from the 4 & 5 Trains at E 86th St and E 42nd St, Grand Central Terminal). Take Uptown Q (Second Ave) Train to E 96th St, take South West exit on E 94th St, walk South to E 93rd St and head West towards 3rd Ave.

BY BUS: Take the BXM1, M101, M102, or M103 to E 92nd St (corner of 3rd Ave). Walk North on 3rd Ave towards E 93rd St.

BY CAR: Parking is available at the following: Imperial Parking Systems, Inc.: 200 E 94th St (corner of 3rd Ave)  
M H M Parking Corp: 215 E 95th St (btwn 2nd and 3rd Ave)  
Manhattan Parking: 215 E 96th St (btwn 2nd and 3rd Ave)
BEFORE YOUR PROCEDURE

1. A Center staff member will call you on the day before your procedure to confirm the time you should arrive at the Center and also ask you for additional pre-procedure information, as necessary.

2. PLEASE BE CERTAIN THAT YOU FOLLOW DIETARY INSTRUCTIONS PROVIDED BY YOUR PHYSICIAN.

3. Certain medications such as blood thinners, aspirin and diabetes medications may need to be stopped prior to your procedure. Please confirm with your doctor.

4. YOU MUST MAKE PLANS TO HAVE A RESPONSIBLE ADULT TAKE YOU HOME. Do not resume normal activities until the following day. Do not drive, return to work or operate any machinery or power tools. Do not make important personal or business decisions, sign legal papers, or perform any activity that depends on your full concentrating power or mental judgment.

5. We suggest that you do not smoke for at least 24 hours before your procedure or drink alcohol for 24 hours after your procedure.

6. If you need special assistance, are not fluent in English, or require a sign language interpreter, please let the physician’s office know so arrangements can be made to assist you.

7. Please notify your doctor of any change in your medical condition, or if fever or other illness develops. If you need to cancel or reschedule your appointment, notify your physician as soon as possible.

DAY OF YOUR PROCEDURE

1. Please bring your insurance card and a photo ID.

2. Bring a current list of all your medications with dosages and how often you take them (including prescriptions, over-the-counter, herbal, patches, inhalers, eye drops, supplements, vitamins, Aspirin and Oxygen). If you are instructed by your doctor or nurse to take your morning medications, you may do so with a SIPS OF WATER ONLY.

3. Please leave all valuables such as jewelry and electronics at home or with your escort during the procedure.

4. Wear loose and comfortable clothing that can be stored easily.

5. If you wear glasses, contact lenses, dentures, or a hearing aid, please bring the machine with you and discuss with your physician the date of your procedure.

6. If you have sleep apnea and own a CPAP or BiPAP machine, please bring the machine with you and discuss with your physician on the date of your procedure.

7. During your procedure, those who accompanied you to the Center should wait in the reception/waiting room area.

8. Prior to discharge you will be given written post-procedural instructions. It is important that you understand the instructions. The nurses will answer any questions that you have.

9. At The Endoscopy Center of New York, our staff and physicians are focused on maintaining an efficient schedule in order to avoid long wait times for our patients. To assist in maintaining our schedule, please arrive at the facility at your appointed time.

10. We are committed to providing you with a comfortable and safe environment during your stay.

AFTER YOUR PROCEDURE

You will rest in our recovery room under the care of our specialty-trained registered nurses until you are discharged from the facility.

PARTICIPATING INSURANCES

The Endoscopy Center of New York accepts most major insurance plans, including Medicare and Medicaid. We will bill your primary insurance and secondary insurance carrier or governmental agency directly. The Endoscopy Center of New York and its anesthesia providers are participating providers with the following health plans:

- Aetna
- Affinity (MCR & MCD)
- Affinity Exchange
- BCBS
- BCBS-Exchange
- BCBS-Healthplus (originally Amerigroup)
- Cigna
- Elderplan
- Emblem (GHI, HIP, HIP-Exchange)
- Empire Plan
- NY State Gov’t
- Fidelis (MCR & MCD)
- Fidelis Exchange
- Healthfirst (MCR & MCD)
- Healthfirst Exchange
- Local 6 NYHT
- Magnacare
- Medicare
- Medicaid
- Metroplus (MCR & MCD)
- Metroplus Exchange
- Oscar (Magnacare Health Exchange Policy)
- Oxford/UCH
- UHC-Compass
- (UHC Health Exchange Policy)
- UHC-AARP
- UHC-Community Plan (MCR & MCD)
- VNS (MCR & MCD)

The estimated amount for out-of-network services is available upon request.

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 Rights & Responsibilities.

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, including privacy in treatment without regard to age, sex, race, sexual orientation, national origin, disability, color, religion, or marital status.

B. Respectful care given by competent personnel with consideration of their privacy concerning medical care. Your privacy shall be respected when facility personnel are discussing you and your care.

C. When the need arises, reasonable attempts are made for health care professionals and other staff to communicate in the language or manner primarily used by patients.

D. 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.

E. Privacy and confidentiality. 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.

F. Expect and receive appropriate assessment, management and treatment of pain.

G. Accessible and available health services, including information on after-hour and emergency care.

H. Receive complete information concerning your diagnosis, recommended treatment and prognosis.

I. Information concerning the credentials of health care professionals.

J. 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.

K. 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.

L. Receive appropriate and timely follow-up information of abnormal findings and tests and receive information regarding “continuity of care.” The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation; as required by the state regulation, title 10, section 751.9 part L.

M. Have access to interpretive services.

N. Access to all information contained in your medical record unless prohibited by law.

O. Accurate information regarding the competence and capabilities of the Center.

ABOUT YOUR BILL

The Endoscopy Center of New York will make every effort to keep this process as simple as possible. Your procedure will generate several different bills from different sources:

- The Endoscopy Center of New York bill covers the use of the facility and all necessary supplies used during your procedure. The Endoscopy Center of New York will also be submitting a claim for anesthesia services provided.

- You will receive a separate bill from your physician.

- Your procedure may employ other billable services, such as laboratory and pathology, which will be billed separately.

FOR ANY BILLING QUESTIONS, PLEASE CALL: (212) 874-3384