Patient Rights and Notification of Physician Ownership

AS A PATIENT OF THE ENDOSCOPY CENTER, YOU HAVE THE RIGHT TO RECEIVE THE FOLLOWING INFORMATION IN ADVANCE OF THE DATE OF THE PROCEDURE.

PATIENT’S BILL OF RIGHTS:

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN 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 OR SURROGATE IN ADVANCE OF THE PROCEDURE/SURGERY.

PATIENT RIGHTS:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To be treated with respect, consideration, and dignity in receiving care, treatment, procedures, surgery and/or services.
- To be provided privacy and security of self and belongings during the delivery of patient care service.
- To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.
- When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized person.
- To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
- To be free from mental and physical abuse, free from exploitation, and free from use of restraints. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
- Leave the facility even against the advice of his/her physician.
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge for the facility.
- To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
- Know which facility rules and policies apply to his/her conduct while a patient.
- To have all patients’ rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient’s rights.
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient’s usual care. The patient’s written consent for participation in research shall be obtained and retained in his/her patient record.
- To examine and receive an explanation of his/her bill regardless of source of payment.
- To appropriate assessment and management of pain.
- Patients are informed of their right to change providers if other qualified providers are available.
- (IF APPLICABLE) Be advised as to the absence of malpractice coverage.
• (IF APPLICABLE) Regarding care of the pediatric patient, to be provided supportive and nurturing care which meets the emotional and physiological needs of the child and for the participation of the caregiver in decisions affecting medical treatment.

PATIENT RESPONSIBILITIES:
To provide accurate and complete information regarding present medical complaints, past illnesses, hospitalizations, medications, allergies and sensitivities and other matters relating to his/her health.

The patient and family are responsible for asking questions when they do not understand what they have been told about the patient’s care.

The patient is responsible for following the treatment plan established by his/her physician.

The patient is responsible for keeping appointments and notifying the physician or facility when unable to do so.

The patient and/or patient representative is responsible for disposition of patient valuables.

The patient is responsible for arranging transportation home from the facility and to have someone remain with him/her for a period of time designated by his/her physician.

In the case of pediatric patients, a parent or guardian is responsible to remain in the facility for the duration of the patient’s stay in the facility. The parent or legal guardian is responsible for participating in decision making regarding the patient’s care.

The patient is responsible for his/her actions should he/she refuse treatment or not follow the physician’s orders.

The patient is responsible for being considerate of the rights of other patients, visitors, and facility personnel.

If you need a translator:
If you will need a translator, 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 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

You have the right to information on the Center’s policy regarding Advance Directives.
• Advance Directives will not be honored within the Center. In the event of a life-threatening event, emergency medical procedures will be implemented. Patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family.
• If the patient or patient’s representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with their wishes.
• If you request, an official state Advance Directive Form will be provided to you.
Submission and Investigation of 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:

Cheryl Pistone, RN, MA, MBA
Director of Clinical Services
3800 S Whitney Ave
Independence, MO 64055
(816) 478-4887 Ext. 249

You may contact your state representative to report a complaint:

Missouri Department of Health
Bureau of Health Services Regulation
PO Box 570
Jefferson City, MO 65102-0570
515-751-6303

Sites for address and phone numbers of regulatory agencies: Medicare Ombudsman website
www.medicare.gov/Ombudsman/resources.asp

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)


AAAHC: 5250 Old Orchard Road, Suite 200, Skokie, IL 60077. 847-853-6060 www.aaahc.org

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.

By signing below, you, or your legal representative, acknowledge that you have received, read and understand this information (verbally and in writing) in advance of the date of the procedure and have decided to have your procedure performed at this center.

____________________________________  ______________________________________
Signature of Patient or Patient Legal Representative    Date