

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of the **DESERT ENDOSCOPY CENTER**, you have the right to receive the following information in advance of your procedure.



RIGHTS OF THE PATIENT (or their representative or surrogate, as applicable):

Has the right to courtesy, respect, dignity, privacy, responsiveness, and timely attention to his/her needs.

Has the right to confidentiality. Has the right to approve or refuse the release of medical information to any individual outside the facility except in the case of transfer to another facility, or as required by law or third party payment contract.

Has the right to refuse or withdraw consent for treatment or give conditional consent for treatment.

Has the right to express grievances or complaints without fear of reprisals.

Has the right to continuity of health care. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements.

Is provided complete information regarding diagnosis, treatment and prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or to a legally authorized individual.

Has the right to make decisions regarding their health care. The patient may accept or refuse any recommended medical treatment.

Has the right to be informed of any research or experimental projects and to refuse participation without compromise to the patient's usual care.

Has the right to the assessment and management of pain.

Has the right to be free from physical, psychological or chemical abuse.

Has the right to be informed of the cost of services prior to services being provided.

Has the right to be informed regarding advance directives and provided information about advance directives as requested.

Has the right to be aware of fees for service and the billing process, including Medicare and Arizona Health Care Cost Containment System coverage.

Has the right to exercise his/her rights without being subjected to discrimination or reprisal.

Has the right to be free from all forms of abuse or harassment.

Has the right to have verbal/written grievances submitted, investigated, and to receive a written notice of the decision.

Advance Directives

Information regarding Advance Directives and Desert Endoscopy Center policy regarding those directives will be available to all patients prior to the procedure. Desert Endoscopy Center, per Arizona State Law R9-10-1701 requires all staff members to recognize the statutory right of a patient, who is a competent adult, to decide whether to receive or refuse medical treatment. This decision may be in the form of Advance Directives for Health Care Decisions ("Advance Directive").

Each patient of Desert Endoscopy Center has the right to obtain information regarding advance directives. If you have an advance directive and provide a copy to the surgery center, we will put that in your chart and, in the event of an emergency, it will be transferred with you to the hospital. If you do not have an Advance Directive, an official Advance Directive Form will be provided to you upon request.



Complaints / 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 our verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

Rose Ellertson, RN Administrator
Desert Endoscopy Center
610 E. Baseline Road
Tempe, AZ 85283
480-969-0405

Arizona Department of Health Services
Office of Medical Facility Licensing
Program Manager
150 N. 18th Ave., Suite 450
Phoenix, AZ 85007-3245
602-364-3030
State Website: www.azdhs.gov

Arizona Medical Board
Attn: Intake
9545 E. Doubletree Ranch Rd.
Scottsdale, AZ 85258
FAX: 480-551-2702

Link/Form for Arizona Medical Board: http://www.azmd.gov/Forms/md_complaint.pdf

Sites for address and phone numbers of regulatory agencies:

Medicare Ombudsman Website: www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

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

Office of the Inspector General: <http://oig.hhs.gov>

Responsibilities / Expectations of the Patient or their representative or surrogate, as applicable:

- Patients/surrogates are expected to be honest and direct about matters that relate to them, including answering questions honestly and completely.
- Patient/surrogates are expected to provide accurate past and present medical history, present complaints, past illnesses, hospitalizations, surgeries, existence of advance directives, medication, and other pertinent data.
- Patients/surrogates are responsible for assuring that the financial obligations for health care rendered are paid in a timely manner.
- Patients/surrogates are responsible for their actions if they should refuse a treatment or procedure, or if they do not follow or understand the instructions given them by the physician or Facility employee.
- Patients/surrogates are responsible for keeping their procedure appointment. If they anticipate a delay or must cancel, they will notify the Facility and Physician office as soon as possible.
- Patients/surrogates are responsible for informing the facility of any living will, medical power of attorney, or other advance directive that could affect his/her care.
- Patients/surrogates are responsible for informing the facility of any change to their insurance benefits, including termination of services.
- Patients/surrogates are responsible for the disposition of their valuables, as the Facility does not assume this responsibility.
- Patients/surrogates are expected to be respectful of others, of other people's property, and the property of the facility.

Physician Financial Interest and Ownership: The center is owned, in part, by the following physicians: Gregory Foutch, DO, Robert Sawyer, MD, Andrew Grade, MD, Sumir Patel, MD, Shiv Verma, MD, Michael Schwimmer, MD, Rohit Mahajani, MD, Nilay Kavathia, MD and Charles Saperstein, MD. We are making this disclosure in accordance with federal regulations. Patients have the right to be treated at another health care facility of their choice.

If You Need A Translator:

If you 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.

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 procedure and have decided to have your procedure performed at this center.

Signature of Patient or Patient Legal Representative

Date