

We are providing this information in accordance with Federal regulations. Please read it in its entirety prior to the date of your procedure, as you will be asked to sign that you have been made aware of its contents.

PATIENT RIGHTS:

As a patient of Endoscopy Center of Dayton or/ Endoscopy Center of Dayton North, it is your right:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To receive considerate and respectful care in a clean and safe environment free of unnecessary restraints, abuse or harassment.
- To understand the indications for the procedure and have their questions, concerns or complaints addressed in good faith.
- To ask questions if they do not understand or access communication aids if needed (interpreter, sign language, etc)
- To receive all the information needed to give informed consent for a procedure, including the possible risks and benefits.
- To receive complete information about their diagnosis, planned treatment and prognosis. When medically inadvisable to give such information to a patient, the information will be provided to a person designated by the patient or to a legally authorized person.
- To participate in all decisions involving health care, including advance directives, except when such participation is contra-indicated for medical reasons.
- To be provided privacy, confidentiality and integrity of all information and records regarding their care.
- To approve or refuse the release of their medical records except when required by law.
- To be aware of fees for service and the billing process.
- To refuse to participate in research or allow care from a student.
- To refuse treatment and be told what effect this may have on their health..
- To complain without fear of reprisals about the care and service they are receiving or to change physicians if desired.
- To assure safe use of equipment by trained personnel and to know the credentials of those personnel.
- To expect, and receive assistance in obtaining, continuity of care.

PATIENT RESPONSIBILITIES:

- To provide the health care providers with information about any past illnesses, hospitalizations, medications including over the counter products and dietary supplements, and any allergies.
- To make known and ask questions if they do not understand instructions or explanations given by the health care providers.
- To keep appointments as scheduled and to telephone the office in case of cancellation.
- To follow health care providers instructions and plan of treatment.
- To make timely payments for services rendered if a balance remains after insurance pays.
- To discuss consequences of refusing treatment or not adhering to plan of treatment or leaving AMA, with their physician.
- To be respectful and to treat the physician, staff , as well as other patients in a courteous manner.
- To provide a responsible adult to transport him/her home from the facility.

ADVANCED DIRECTIVES:

It is your right to make informed decisions regarding your health care. An advance directive tells your doctor what kind of care you would like to have if you become unable to make medical decisions.

Ohio law recognizes the following advance directives: Health Care Power of Attorney, Living Will and DNR (Do-Not-Resuscitate) Orders.

In accordance with Ohio law, we are notifying you that we are not required to honor and do not honor DNR orders. Due to the nature of our procedures, if a life threatening event occurs, we will perform emergency procedures to stabilize the patient until transport to the hospital, where decisions may be made whether or not to continue treatment. If you do not agree with our advanced directive policies, please speak to us immediately and arrangements will be made to provide care for you in another location or by another physician. Further information regarding Advance Directives is available upon request.

PATIENT GRIEVANCE:

A grievance should be registered by contacting the Nurse Manager of the Center at (937) 427-2078. For further unresolved issues, you may contact a patient advocate at the Ohio Department of Health 246 N. High St. Columbus, Ohio 43215 (614) 995-7466 or Medicare Beneficiary Ombudsman at 1-800-633-4227 or www.cms.hhs.gov/center/ombudsman.asp

PHYSICIAN OWNERSHIP DISCLOSURE:

The physicians that practice at the Endoscopy Center of Dayton, LTD and/or Endoscopy Center of Dayton North, LLC have ownership in these facilities.