

# PATIENT RIGHTS Brochure

## University Endoscopy Center

### PATIENT RIGHTS & NOTIFICATION OF OWNERSHIP

<p>Every patient has the right to be treated as an individual and to actively participate in and make informed decisions regarding his/her care. The facility and medical staff have adopted the following list of patient's rights and responsibilities, which are communicated to each patient, or patient's representative/surrogate in advance of the procedure.</p> <p><b><u>Patient Rights:</u></b></p> <p>Every patient of a facility shall have the right:</p> <ul style="list-style-type: none"> <li>a) To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.</li> <li>b) To receive considerate, respectful and dignified care.</li> <li>c) To be provided privacy and security during the delivery of patient care service.</li> <li>d) 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.</li> <li>e) 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.</li> <li>f) 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.</li> <li>g) 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.</li> <li>h) To be free from mental and physical abuse, or exploitation during the course of patient care.</li> <li>i) Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.</li> <li>j) 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.</li> </ul>	<ul style="list-style-type: none"> <li>t) To appropriate assessment and management of pain.</li> <li>u) To be advised if the physician providing care has a financial interest in the surgery center.</li> </ul> <p><b><u>Patient Responsibilities:</u></b></p> <ul style="list-style-type: none"> <li>•To provide complete and accurate information to the best of their ability about their health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.</li> <li>•To follow the treatment plan prescribed by their provider, including pre-operative and discharge instructions.</li> <li>•To provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider.</li> <li>•To inform their provider about any living will, medical power of attorney, or other advance healthcare directive in effect.</li> <li>•To accept personal financial responsibility for any charges not covered by their insurance.</li> <li>• To be respectful of all the healthcare professional and staff as well as other patients.</li> </ul> <p><b>If you need an Interpreter:</b></p> <p>If you will need an interpreter, 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.</p> <p><b><u>Rights and Respect for Property and Person</u></b></p> <p><b>The patient has the right to:</b></p> <ul style="list-style-type: none"> <li>•Exercise his or her rights without being subjected to discrimination or reprisal</li> <li>•Voice grievance regarding treatment or care that is or fails to be furnished</li> <li>•Be fully informed about a treatment or procedure and the expected outcome before it is performed</li> <li>•Confidentiality of personal medical information</li> </ul> <p><b><u>Privacy and Safety</u> The patient has the right to:</b></p> <ul style="list-style-type: none"> <li>•Personal privacy</li> <li>•Receive care in a safe setting</li> <li>•Be free from all forms of abuse or harassment</li> </ul> <p>University Endoscopy Center with applicable Federal civil rights laws and does not</p>	<p><b><u>Advance Directives cont.</u></b></p> <p>University Endoscopy Center, respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.</p> <p>If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.</p> <p><b><u>Complaints/Grievances:</u></b> 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.</p> <p>The following are the names and/or agencies you may contact:</p> <p>Kristina Lykins, Center Director University Endoscopy Center 9275 Montgomery Rd Cincinnati, OH 45242 513-475-4920</p> <p>You may contact the state to report a complaint; Ohio Department of Health 246 N. High Street Columbus, Ohio 43215 614.466.3543 State Web site: <a href="http://www.odh.ohio.gov/">http://www.odh.ohio.gov/</a></p> <p><b>Medicare Ombudsman website</b> <a href="http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html">www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html</a></p>
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<p>k) To have care delivered in a safe environment, free from all forms of abuse, neglect, harassment or reprisal.</p> <p>l) Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.</p> <p>m) Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.</p> <p>n) 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.</p> <p>o) To be informed of the right to change providers if one is available</p> <p>p) To know which facility rules and policies apply to his/her conduct while a patient.</p> <p>q) 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.</p> <p>r) To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's care The patient's written consent for participation in research shall be obtained and retained in his/ her patient record.</p> <p>s) To examine and receive an explanation of his/her bill regardless of source of payment.</p>	<p>discriminate on the basis of race, color, national origin, age, disability, or sex.</p> <p>University Endoscopy Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.</p> <p>University Endoscopy Center respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.</p> <p>University Endoscopy Center 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。</p> <p><b>Advance Directives</b></p> <p>An "Advance Directive" is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates advance directives differently. STATE laws regarding Advanced Directives are found in Ohio Statutes 2133.01 -26:</p> <p>In the state of Ohio, a patient has a right to express your wishes regarding your future health care. An "advance directive" is the term used to describe three types of legal documents you can complete to express your wishes regarding future health care: 1) durable power of attorney for health care; 2) declaration from mental health treatment; and 3) living will.</p> <p>You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative or surrogate) prior to the procedure being performed.</p>	<p><b>Medicare:</b> <a href="http://www.medicare.gov">www.medicare.gov</a> or call 1-800-MEDICARE (1-800-633-4227)</p> <p><b>Office of the Inspector General:</b> <a href="http://oig.hhs.gov">http://oig.hhs.gov</a></p> <p><b>Accreditation Association for Ambulatory Health Care (AAAHC)</b></p> <p>5250 Old Orchard Road, Suite 200 Skokie, IL 60077 (847)853-6060 or email: <a href="mailto:info@aaaahc.org">info@aaaahc.org</a></p> <p><b>Physician Financial Interest and Ownership:</b></p> <p>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.</p> <p>University of Cincinnati Physicians Company LLC</p> <p>University Endoscopy Center 9275 Montgomery Rd. Suite 400 Cincinnati, OH 45242</p>
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