

Your Rights and Responsibilities as our Patient

This Center is a physician owned facility. You may exercise the following rights without being subjected to discrimination or reprisal.

Patient Rights – You have a right to:

- Considerate, respectful, and safe care that is free from abuse or harassment.
- A discussion of your illness, what we can do about it, and the likely outcome of care.
- Know the names and roles of the people caring for you here.
- Respectful and effective pain management.
- Receive as much information to consent to or refuse a course of treatment or invasive procedure and to actively participate in decisions regarding your medical care.
- Involve your health care proxy or significant others in the decision making process for medical decisions.
- Receive information regarding Advance Directives- available upon request; or at Caring Information Organization @ www.caringinfo.org or 1-800-658-8898. You have a right to develop a living will or healthcare power of attorney; *although, since the procedures that we do are not high risk, we will do all that is necessary to stabilize you including CPR if an emergency occurs.* EMS will be called and you will be transferred to the hospital.
- Reasonable continuity of care and to know in advance the time and location of an appointment as well as the doctor you are seeing.
- Full consideration of personal privacy and confidentiality of your medical information. Your written permission will be obtained prior to releasing any medical information. When we do release your information to others, we ask them to keep them confidential.
- Review your medical record and ask questions unless restricted by law.
- Know of any relationships with other parties that may influence your care.
- Know about rules that affect your care and about charges and payment methods. You have a right to receive and examine an explanation of your bill regardless of the source of payment.
- Know that all of our physicians who are full partners own an equal percentage of our Endoscopy facility. Additional information can be found on our website at www.gastro-associates.net.
- Choose your own physician or an external physician not in our practice.
- Voice your concerns, complaints, or problems with the care you received by contacting our Nurse Manager, Clinical Director, or CEO at 828-328-3300. If we are unable to satisfactorily address your complaint, you may contact the NC Medical Board: Phone: 919-326-1100 or toll-free at 1-800-253-9653 or www.ncmedboard.org. You may also contact AAHC at 1-847-853-6060 or www.aaahc.org. *You may also contact the NC DHHS Complaint Intake Unit by phone at 1-800-624-3004 or 1-919-855-4500, by mail at 2711 Mail Service Center, Raleigh, NC, or online at www.dhhs.state.nc.us/dhhs/ciu/complaintintake.* For Medicare related issues, you may contact the Office of the Medicare Beneficiary Ombudsman - www.cms.hhs.gov/center/ombudsman.asp

Patient Responsibilities - You agree to:

- Provide accurate and complete information concerning your symptoms, past history, and current health status including a complete and current list of medications you are taking.
- Make known whether you clearly comprehend your medical care and what is expected of you in the plan of care.
- Participate in the development and follow the treatment plan and care instructions given to you.
- Keep appointments and notify us if you are unable to do so.
- Accept responsibility for your actions if you refuse planned treatment or do not follow your doctor's orders.
- Accept financial responsibility for care received and pay promptly.
- Follow facility policies and procedures.
- Be considerate of the rights of other patients and staff.
- Be respectful of your personal property and of others in the facility.
- Inform the staff of any discomfort or pain and patient safety issues.
- Share your values, beliefs, and traditions to help the staff provide appropriate care.
- Provide a responsible adult for transportation after procedures if you receive sedation.
- Provide any Advance Directive information.