

Patient Rights and Responsibilities

The Endoscopy Center of Colorado Springs, LLC and its medical staff have adopted the following statement of patient rights. This list shall include but not be limited to the patient's right to:

1. Considerate and respectful care, provided in a safe environment, free from all forms of abuse or harassment. The patient may exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
2. Informed and easily understood information about your health care plan, treatment, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just do not understand something, you can expect that help will be given so that you can make informed health care decisions prior to your treatment or procedure.
3. Know your treatment options and take part in decisions about your care. Parents, guardians, family members, or surrogates that you select can represent you if you cannot make your own decisions according to state law. If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper justice, the rights of the patient are to be exercised by the person appointed under state law to act on your behalf.
4. Informed health care and to the extent permitted by law, this includes the right to request and/or refuse treatment. You have the right to consent or refuse any medical care and treatment, unless care is ordered by a court
5. Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
6. Choose health care providers who can give you high quality care.
7. Have your health care information protected and confidential treatment of all communications and records pertaining to your care and your visit at the facility. Case discussion, consultation, examination and treatment are confidential.
8. Expect confidential treatment and security of all communications and records pertaining to your care and your visit at the facility. Except when required by law, patients are given the opportunity to approve or refuse their release.
9. Access information contained in your medical record within a reasonable time frame (within 48 hours of request, excluding weekends and holidays).
10. Become informed of your rights as a patient in advance of, or when discontinuing, the provision of care. The patient may appoint a representative or surrogate to receive this information should he or she so desire.
11. Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
12. Have knowledge of the name of the physician who has primary responsibility for coordinating his or her care and the names and professional relationships of other physicians and healthcare providers who will see him or her. The patient has the right to change the primary physician if another is available.
13. Obtain knowledge of the credentialing process for medical staff upon request.
14. Receive information from his or her physician about the illness, his or her course of treatment (including unanticipated outcomes), and prospects for recovery in terms that he or she can understand.
15. Upon request, and prior to the initiation of care or treatment, get an estimate of the facility charges, potential insurance payments and an estimate of any co-payment, deductible, or other charges that will not be paid by insurance.
16. Examine and receive the fees for service, the explanation of his or her bill, and the payment policy regardless of source of payment.
17. Be informed by his or her physician or a delegate of his or her physician of the continuing healthcare requirements following his or her discharge from the facility. The facility is not for emergency care, therefore all after hours' care will be directed to the closest emergency room.
18. Refuse to participate in experimental research.
19. Have appropriate assessment and management of pain or sudden illness, including emergency services if required.
20. Be advised of the policy on advance directives, and living wills in the facility and to be given information upon request.

Advance Directives, Living Will, and CPR directive

- In an event of an adverse event or emergency, your consent to resuscitation (CPR), medical care, and treatment is assumed.
- You may make out a CPR directive (allows you to refuse resuscitation), advance directive (written instructions concerning your wishes about your medical treatment) or living will (which applies only in cases of terminal illness). If you have advance directives, please bring a copy with you that we may place on your chart.
- In order to be in compliance with the Self-Determination Act (PSDA) and State laws and rules regarding advance directives, we will be asking if you have an advance directive. If you do not, this facility's staff will offer you information on how to make an advance directive.

- Because this is an ambulatory setting, any Advanced Directive to withhold resuscitation (CPR) will not be honored after the procedure has begun while you are in this facility. Should you suffer a cardiac or respiratory arrest or other life threatening emergency during or after the procedure, we will attempt resuscitation and transfer you to a higher level of care. Therefore, in accordance with federal and state law, The Endoscopy Center of Colorado Springs is notifying you that we will **NOT** honor any previously signed advanced directive to withhold CPR or other resuscitation efforts for any patient.
 - Colorado web site: www.dora.state.co.us/Insurance/senior/stern12.pdf
 - **You have the right to transfer to another facility or provider that will honor your Advance Directive for withholding CPR**
 - **Medical Durable Power of Attorney:** (you name the person who will make decisions for you)
 - In cases of an adult without decision-making capacity or a minor, these rights and responsibilities shall be exercised by the person(s) having legal responsibilities to make decisions regarding medical care on behalf of the patient. Minors capable of participating in treatment decisions shall be involved in these decisions along with the parent(s), guardian(s), or surrogate decision-maker. A medical durable power of attorney can cover more health care decisions than a living will does and is not limited to terminal illness.
 - Allows you to name an agent or surrogate who can make decisions for you
21. Documentation of the appropriate liability insurance coverage of the physicians or information that the physician does not carry malpractice insurance. It is the policy of this ASC that all physicians will carry malpractice insurance.
 21. Reasonable continuity of care. The facility does not have after hours or overnight care. The patient will be transferred to a hospital if after hours or overnight care is required.
 22. Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
 23. Leave the facility even against the advice of his or her physician.
 24. Know which facility rules and policies apply to your conduct while a patient.

PATIENT RESPONSIBILITIES:

- The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect.
- The patient has the responsibility to provide accurate and complete information concerning his or her present complaints, past illnesses and hospitalizations and other matters relating to his or her health.
- The patient is responsible for reporting perceived risks in their care and unexpected changes in their condition to their responsible practitioner.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient is responsible for following the treatment plan established by his or her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible to provide transportation home and provide a responsible adult for at home care.
- The patient is responsible for his or her actions, for keeping appointments and for notifying the facility or physician should he or she refuse treatment or decide not follow his or her physician's orders.
- The patient is responsible for assuring that the financial obligations of his or her care are fulfilled as promptly as possible.
- The patient is responsible for following facility policies and procedures.
- The patient is responsible for being considerate of the rights of other patients and facility personnel.
- The patient is responsible for being respectful of his or her personal property and that of other persons in the facility.

DISCLOSURE OF OWNERSHIP

- Endoscopy Center of Colorado Springs is a AAAHC accredited free-standing ambulatory surgical center wholly owned by some of the Physicians of Associates in Gastroenterology. The following physicians have an ownership interest in this facility: Drs. VanOs, Lunt, Howden, Garza and Kavanaugh. These procedures are performed at hospitals and other outpatient facilities in this community. You have the right to choose where to receive services, including a facility where your physician does or does not have an ownership interest.

HOW TO FILE A GREIVANCE:

You may express your concern or complaint at any time to a staff member, physician, or director. The director reviews all complaints and attempts to rectify any issue immediately or within 48 hours of receipt. If not resolved immediately, you will receive a written notice within fourteen days that will describe notice of our decision, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion. You may contact the Endoscopy Center of Colorado Springs Center Director: Monica Clayton, RN (Ph. 719-785-3503) 2940 N. Circle Dr. Colo. Springs, Co 80909 If facility staff have not resolved the problem, you may contact the Colorado State Department of Health by mail or phone or on line. You may call the toll-free number at 1-800-886-7689 (ttd line for hearing impaired: (303-691-7700) or you may file a complaint on line at www.medicare.gov/ombudsman/resources.asp or in writing at:

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