

ATHENS GASTROENTEROLOGY ENDOSCOPY CENTER

PATIENT RIGHTS

1. To become informed of his/her rights as a patient in advance of, or when discontinuing, the provision of care. Patient may use appointed representative.
2. Exercise these rights without regard to race, sex, cultural, educational or religious background or the source of payment for care.
3. To have considerate and respectful care, provided in a safe environment, free from all forms of abuse or harassment.
4. Remain free from seclusion or restraints of any form that are not medically necessary.
5. Coordinate his/her care with physicians and healthcare providers they will see.
6. Receive information from the physician about illness, course of treatment and the prospects for recovery in terms that he/she can understand.
7. Receive information about any proposed treatment or procedure as needed to give informed consent or to refuse 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.
8. Have a family member or representative of his/her choice be involved in his/her care.
9. Full consideration of patient privacy concerning consultation, examination, treatment and surgery.
10. Confidential treatment of all communications and records pertaining to patient care. Written permission will be obtained before medical records can be released to anyone not directly concerned with patient care.
11. Access information to his/her medical record within reasonable time frame (48 hours).
12. May leave the facility even against medical advice.
13. Have access to facility grievance process; to communicate any of his/her care problems; to voice grievances regarding treatment or care that is (or fails to be) furnished and receive written notice of the Ambulatory Surgery Center's decision.
14. Be informed by physician or designee to the continuing healthcare requirements after discharge including appointments as well as the physician providing the care.
15. Examine and receive an explanation of the bill regardless of source of payment.
16. Have all patient's rights apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
17. All facility personnel performing patient care activities shall observe these above rights.
18. To be advised as to the reason for the presence of any individual involved in your healthcare.

PATIENT RESPONSIBILITIES

1. The patient has the responsibility to provide accurate and complete information concerning present complaints, past illnesses, hospitalizations or any other health related issues.
2. The patient is responsible for making it known whether the planned surgical procedure/treatment risks, benefits and alternative treatments have been explained and understood.
3. The patient is responsible for following the treatment plan established by the physician, including instructions by nurses and other healthcare professionals, given by the physician.
4. The patient is responsible for keeping appointments or notifying the facility/physician in advance if unable to do so and **understand that cancelling the procedure within 24 hours may result in a charge of \$100.00.**
5. The patient accepts full responsibility for refusal of treatment and/or not following directions.
6. The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
7. The patient is responsible for being respectful for the rights of others in the facility.
8. The patient is responsible for following facility policies and procedures.
9. The patient is responsible for notifying the staff if they have any safety concerns.
10. The patient has the responsibility to provide a responsible adult to transport him/her home from the facility.
11. The patient is responsible for informing facility personnel about any living will, medical power of attorney, or other directive that could affect his/her care.

Complaints Against the Surgery Center:

Healthcare Facility Regulation Division

Attn: Complaints Dept.

2 Peachtree Street, NW Ste 3100

Atlanta, GA 30303

(404) 657-5726•(800)878-6442

Issues Regarding Medicare: Visit Medicare Ombudsman's Webpage at www.cms.hhs.gov/center/ombudsman.asp or (800)MEDICARE

Complaints Against the Physician:

Composite State Board of Medical Examiners

Attn: Ms. Gladys Henderson

2 Peachtree Street, NW, 36th Floor

Atlanta, GA 30303

(404)657-6487

Complaints Against Nursing Staff:

Professional Licensing Boards Division

Georgia Board of Nursing

237 Coliseum Drive

Macon, GA 31217

(478)207-2440

ATHENS GASTROENTEROLOGY ENDOSCOPY CENTER

• Dr. Jeff Williams •

3320 Old Jefferson Road • Building 400 • Athens, GA 30607 • (706) 613-1625

PHYSICIAN OWNED FACILITY

I understand that the physician on staff at Athens Gastroenterology Endoscopy Center who provides medical services is in fact the owner of the facility. I understand that I may choose to have my surgery in a facility not owned by physicians. I have been given the option and choose to have my surgery at Athens Gastroenterology Endoscopy Center.

ADVANCE DIRECTIVES

I consent to all resuscitative measures as deemed necessary by my physicians in the event of a life threatening emergency. Athens Gastroenterology Endoscopy Center does not honor advance directives for any patient. A copy of the advance directive may be placed on the chart if the patient desires, and the chart will be flagged indicating its presence. More information related to advance directives can be obtained at the Endoscopy Center or Physician Office. I consent to emergency transfer to a nearby hospital in case of the need for emergency hospital care. The admitting facility is not affiliated or in partnership with Athens Gastroenterology Endoscopy Center.

RELEASE OF INFORMATION

I hereby authorize Athens Gastroenterology Endoscopy Center to release any information acquired in the course of my examination, treatment, procedure to: Any physician, medical practitioner, hospital, clinic, or other medical or medically related facility, or insurance company. I understand that the information released to these facilities will be used in furthering or processing my claim with my insurance. The information released will not be given, sold, or transferred to any other person not mentioned above. I understand that I am entitled to a photocopy of the authorization upon request.

AUTHORIZATION TO PAY BENEFITS TO PHYSICIANS

I understand that my insurance company may send payments for the rendered services to me. I hereby assign to the above named physician all surgical, medical insurance, and/or other benefits, if any, otherwise payable to me for their services as described below. I agree to endorse the checks over to the doctor. I understand that if I use the insurance proceeds for my personal use, I have committed insurance fraud. I hereby authorize and direct payment directly to the above named physicians from the obligor of said benefits. Further, I hereby assign and convey to the above named physicians, unless charges for their services have been paid, so much of any cause of action or right of recovery and any payment proceeds relating thereto, that I may have against any third party and direct may attorney, if one has been retained as well as any person or insurance company obligated to pay damages or restitution to me, to deduct the amount of any outstanding bill for the above named physician's services from any settlement proceeds or other proceeds to be paid directly to me, prior to receiving said proceeds. I further understand that should any account with Athens Gastroenterology Endoscopy Center be turned over to a collection agency, I will be responsible for any additional interest on my outstanding balance or charges that may be incurred in the collection of my account.

BILLING INFORMATION

There will be three separate billings for this procedure.

1. A charge from Athens Gastroenterology Association for your surgeon's fee. This charge is what your physician charges for performing the procedure.
2. A charge from Athens Gastroenterology Endoscopy Center for a facility fee. This charge covers the use of the operating and recovery rooms, equipment, supplies and medications necessary to perform the procedure. It also covers the services of clinical staff. As this charge may rarely be considered out-of-network, your insurance carrier may send the payment to you. You will be responsible for forwarding that payment to Athens Gastroenterology Endoscopy Center.
3. A charge from the Northeast Georgia Anesthesiology, LLC. This charge covers the sedation/analgesia and the anesthesiologist's charge for administering and supervising the anesthesia services provided during your procedure.

GRIEVANCE PROCEDURE

All alleged grievances will be fully documented, investigated and reported to the persons in authority at Athens Gastroenterology Endoscopy Center. Any substantiated allegation will be reported to the State or Local Authority or both. The grievance documentation will include the process for how the grievance was addressed. The patient will be provided a thorough written notice of its decision within 10 days which will contain the name of the Endoscopy Center's contact person. Contact information for the state is included in the Bill of Rights and Responsibilities.