

## **GEORGIA ENDOSCOPY CENTER, LLC**

*The Center is owned by Melvin Bullock, M.D., Alan M. Fixelle, M.D., Jay A. Cherner, M.D., M. Thomas Riddick, M.D., Arnaldo M. Jimenez, MD, and Bruce A. Salzberg, M.D., and Tenet Healthcare. All physicians retain privileges at the Center. The patient will be provided with verbal and written notice of their "Patient Rights and Responsibilities" prior to the start of the procedure in a language and manner that ensures the patient understands their rights. If applicable, the rights will also be provided to the patient's representative or surrogate.*

### **Patients Have a Right:**

- a. *To be free from discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression and be free from all forms of abuse or harassment.*
- b. *To have their privacy respected at all times and be treated with respect, consideration and dignity and with respect to culture, religion and personal values.*
- c. *To a safe and pleasant environment and shall receive assistance in a prompt, courteous, and responsible manner.*
- d. *To access medical records and information. Patient disclosures and medical records are considered confidential. Except as otherwise required by law, patient records and/or portions of records will not be released to outside entities or individuals without patients' and/or designated representatives' express written approval.*
- e. *To receive professional medical services and to know the credentials, identity and status of individuals providing services to them and have the right to change providers or facility if they so choose if qualifies providers are available. They have a right to truthful marketing and/or advertising regarding the competence and capabilities of the Center and its staff and to obtain a second opinion regarding the recommended procedure. Responsibility for the expense of the second opinion rests solely with the patient. They have the right to choose another facility for their procedure.*
- f. *To thorough, current and understandable information and to be fully informed about their diagnosis, treatment options, procedure, prognosis, if known, expected outcome and follow-up care before a procedure is performed. All patients will be provided and will sign an informed consent form after all information has been provided and their questions answered as required by the laws of the State of Georgia. When it is medically inadvisable to give such information to the patient, the information is provided to a person designated by the patient or to a legally authorized representative or surrogate.*
- g. *To participate in all informed decisions involving their healthcare unless participation is medically contraindicated.*
- h. *To refuse treatment and to be advised of the alternatives and consequences of their decisions. Patients are encouraged to discuss their objectives with their provider.*
- i. *To refuse participation in experimental and/or research treatment and procedures. Should any experimental treatment or procedure be considered, it shall be fully explained to the patient prior to commencement.*
- j. *To make suggestions or express complaints about the care they have received (or fail to receive) and to submit such to the Center Administrator or Clinical Supervisor so the grievance may be addressed in a timely manner.*
- k. *To be provided with information regarding emergency and after-hours care.*
- l. *To have visitors at the Center as long as visitation does not encumber Center operations and the rights of other patients are not infringed. m. To have procedures performed in the most painless way possible.*
- n. *To an interpreter if required. When the need arises, reasonable attempts will be made for health care professionals and other staff to communicate in the language or manner primarily used by the patient.*
- o. *To have copies of their "Advance Directives" and "Living Wills" in their medical records and to have Center staff honor these wishes to the extent feasible and to express life-saving or palliative care and entitle someone else to make decisions when patient becomes incompetent. Confidentiality will be maintained within life and after death except in limited situations. (Due to the Center's limited capabilities, in the event of an emergency, the patient will be transferred to the nearest hospital. Hospital staff will be informed of the existence of the Advance Directives and such will be provided if the Center has copies.)*
- p. *To be provided, upon request, all available information regarding services available at the Center, as well as information about estimated fees and options for payment.*
- q. *To exercise his/her rights without being subject to discrimination or reprisal.*
- r. *To apply to court for financial compensation and non-financial damages because of the rights infringement, malpractice, faults of institution, inadequate supervision or control by State, suspending or revoking provider license, changing state medical standards. s. To access the State medical program.*
- t. *To receive comprehensive and timely information on resources, payment, risk/benefit or procedure, results of medical investigations, alternatives, results of refusal, diagnosis, prognosis and ongoing treatment, identity and experience of provider.*
- u. *If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf. If a state court has not judged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's right to the extent allowed by state law.*

- a. *For providing complete and accurate medical histories, to the best of their ability, including providing information on all current medications, over-the counter products and dietary supplements and any allergies or sensitivities.*
- b. *For keeping all scheduled pre- and post-procedure appointments and complying with treatment plans to help ensure appropriate care.*
- c. *For reviewing and understanding the information provided by their Physician or nurse. Patients are responsible for understanding their insurance coverage and the procedures required for obtaining coverage.*
- d. *For providing insurance information at the time of their visit and for notifying the receptionist of any changes in information regarding their insurance or medical information.*
- e. *For paying all charges for co-payments, co-insurance and deductibles or for non-covered services at the time of the visit unless other arrangements have been made in advance with the Center Administrator.*
- f. *For treating Physicians, Staff and other patients in a courteous and respectful manner.*
- g. *For asking questions about their medical care and to seek clarification from their Physician of the services to be provided until they fully understand the care they are to receive.*
- h. *For following the advice and/or treatment plan by their provider, participate in their care, and to consider the alternatives and/or likely consequences if they refuse to comply.*
- i. *For expressing their opinions, concerns or complaints in a constructive manner to the appropriate personnel at the Center.*
- j. *For notifying their health care providers of patient's Advance Directives, Living Wills, Medical Power of Attorney or any other directives that could affect their care.*
- k. *For having a responsible adult transport them from the Center and remain with the patient for twenty-four (24) hours, if required by the Physician.*

The patient or family may voice concerns or complaints without having care affected in any way. They may discuss their concerns with their doctor, nurse, or other caregiver. If concerns are not resolved, they should contact the Administrator at **770-821-6800 or 678-399-2050**. If preferred, the patient/caregiver may contact the Complaint Line of the Healthcare Facility Regulation Division of the Georgia Department of Community Health at 404-6575728 or at 2 Peachtree Street NW, 31st Floor, Atlanta, Georgia, 30303-3142 or their Ombudsman at 800MEDICARE or <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>.