

D I G E S T I V E H E A L T H C L I N I C , L L C

I D A H O E N D O S C O P Y C E N T E R , L L C

PATIENT RIGHTS/RESPONSIBILITIES

1. We will appropriately respond to your reasonable requests for treatment and services.
2. You have the right to considerate and respectable care. We will try to consider your social, spiritual and cultural needs. Restraint or seclusion will not be used as a means of coercion, discipline, convenience or retaliation in accordance with applicable State and Federal regulations.
3. **NONDISCRIMINATION AND ACCESSIBILITY:**
The Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Company provides free aids and services to people with disabilities to communicate effectively, such as, a qualified sign language interpreters or written information.

The Company provides free language services to people whose primary language is not English, such as, qualified interpreters or information written in other languages.

4. Your treatment will be kept confidential. You may have access to your medical records. We will only release information to others regarding your care after you have authorized us to do so, unless it is legally acceptable.
5. You will be given information about your health care providers and about your diagnosis, prognosis and treatment options so that you can make appropriate decision about the type and intensity of treatment you desire. You have the right to have a translator explain this information to you if requested.
6. Advance directives valid in the State of Idaho are available upon request. On the basis of organization conscience, if there is a medical emergency, Idaho Endoscopy Center, LLC staff will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directives, or health care power of attorney.

If you have advance directives, Idaho provides a registry at the State of Idaho website, <https://sos.idaho.gov/hcdr/index.html>. (Idaho Statute, Title 39, Health and Safety Code, Chapter 45)

7. You may accept or refuse medical care or treatment, to the extent permitted by law. You will be informed of the consequences of such refusal.

8. In the event that your condition becomes terminal, then every consideration will be given to controlling pain and symptoms, and we will try to meet the psychosocial and spiritual needs of you and your family.
9. You and your representative may participate in the consideration of any ethical issues that arise in your care.
10. If you are unable to participate in decisions regarding your care, then your designated representative or other legally designated person will exercise your rights.
11. You will be informed about any proposed participation in research projects or clinical studies and will have the right to refuse to participate.
12. You have the responsibility to give us accurate information about your medical situation and to update us whenever your condition changes. If you do not follow through with treatment and keep appointments, then you assume responsibility for the consequences.
13. You will have the opportunity to raise questions or voice complaints without compromising your future care. You may change physicians if other qualified doctors are available.
14. Samuel S. Gibson, MD; Nic R. Cordum, MD; Robb F. Gibson, MD; Stephen S. Schutz, MD; Mark A. Mallory, MD; Christopher J. Goulet, MD; Ashley T. Evans, MD; and Meghan T. Jankowski, MD are physician owners of Idaho Endoscopy Center, LLC.
15. You and your representative have a right to file a complaint, in writing to:
 - a. an ASC Manager, (208) 489-1900
 - b. American Association for Ambulatory Health Care, Inc. (AAAHC), 5200 Old Orchard Road, Suite 200, Skokie, IL 60077, (847)853-6060
 - c. a representative of the Idaho State Department of Health, Bureau of Facility Standards, PO Box 83720, Boise, ID 83720-0036, (208) 334-6626
 - d. Office of the Medicare Beneficiary Ombudsman at <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> or call 1-800-MEDICARE (1-800-633-4227)

DIGESTIVE HEALTH CLINIC, LLC

Advance Directives Patient Information

What kind of medical care would you want if you were too ill or hurt to express your wishes? Advance directives are legal documents that allow you to spell out your decisions about end-of-life care ahead of time. They give you a way to tell your wishes to family, friends, and health care professionals and to avoid confusion later on.

Advance Directives may include Living Wills, Durable Power of Attorney, DNR (do-not-resuscitate) order, POST (Physician Orders for Scope of Treatment), or Medical Health Care Directives, expressing individual preferences under the Patient Self-Determination Act.

Idaho ensures that an individual's wishes about their healthcare are carried out in the event they become incapacitated and are not able to speak for themselves.

For more information and a copy of the forms go to:

State of Idaho
Office of the Attorney General
700 W. Jefferson Street
P. O. Box 83720
Boise, ID 83720-0010
www.ag.idaho.gov

Idaho Secretary of State
Attn: Health Care Directive Registrar
700 West Jefferson Street, Room E205
PO Box 83720
Boise ID 83720-0080
<https://sos.idaho.gov/hcdr/index.html>

D I G E S T I V E H E A L T H C L I N I C , L L C
I D A H O E N D O S C O P Y C E N T E R , L L C

- I have received a copy of the patient’s rights and responsibilities statement and understand that a verbal review will be completed upon check-in form my visit.
- Advance directives valid in the State of Idaho are available upon request. On the basis of organization conscience, if there is a medical emergency, Idaho Endoscopy, LLC staff will initiate resuscitative or other stabilizing measures and transfer to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.

Idaho provides a registry if you have advance directives at the State of Idaho website, <https://sos.idaho.gov/hcdr/index.html>. (Idaho Statute, Title 39, Health and Safety Code, Chapter 45)

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If you have advanced directives for health care, please provide us with a copy for your medical record.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I UNDERSTAND THE ABOVE INFORMATION. IF I HAVE INDICATED I WOULD LIKE ADDITIONAL INFORMATION, I ACKNOWLEDGE RECEIPT OF THAT INFORMATION.

BY: _____ DATE: _____
(Patient’s signature or patient legal representative)

Print patient’s last name

Print patient’s first name

Date of birth

Verbal Initial _____