
PATIENT RIGHTS

The Patient, the Patient Representative, or Surrogate has the Right to:

- Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- Be treated with consideration, respect, and dignity.
- Be provided appropriate privacy.
- All complete and current information concerning their diagnosis, evaluation, treatment and prognosis, in terms that he/she can understand. If not medically advisable to give information to the patient, the information shall be made available to a person designated by the patient or to a legally authorized person.
- Know the credentials of health care professionals responsible for coordinating their care.
- Participate in their own healthcare decisions except when such participation is contraindicated due to medical reasons.
- Receive from the physician enough information including the treatment/procedure and expected outcome so that he/she may understand beforehand the services being rendered in order to sign the informed consent.
- Refuse treatment and to be informed of the consequences of his/her actions.
- Privacy and security of any individually identifiable health information or treatment concerning his/her own medical care.
- Be informed of any persons other than authorized staff that would be observing or participating in his/her treatment and to refuse that observation and/or participation.
- For all medical records to be treated as confidential and given the opportunity to approve or refuse their release unless it would be cause for a negative outcome in the continuation of medical care.
- Information concerning the facility to which he/she may have to be transferred. The facility, that the patient is to be transferred to, must give approval prior to the patient transfer.
- Know if any research will be done during his/her treatment and has the right to refuse it.
- Expect quality care and service in a safe setting from the ambulatory surgery center.
- Accurate information regarding the competence, capabilities and services of the organization, its employees and medical staff.
- Be informed of the mechanism by which he/she will have continuing health care and actions to take in the event the facility is closed or for a potential emergency following discharge from the ambulatory surgery center.
- Examine and receive an explanation of their bill, regardless of the source of payment.
- Know, in advance, the expected amount of his/her bill, regardless of the source of the payment and any other necessary financial arrangements pertaining to their care
- Know the Rules and Regulations of the ambulatory surgery center that apply to his/her conduct, responsibilities and participation as a patient.
- Expect reasonable attempts to communicate in their language or manner primarily used by them.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Be free from all forms of abuse or harassment.
- Voice grievances regarding treatment or care that is (or fails to be) furnished as well as methods for providing feedback, compliments or complaints.
- Be provided written information pertaining to the facility-specific policy for advance directives. Forms from the State of Idaho (as applicable to State health and safety laws for Advance Directives) will be provided upon request.
- Know if physicians do not have malpractice insurance.

PATIENT RESPONSIBILITIES

The Patient, the Patient Representative, or Surrogate has the Responsibility to:

- Read and understand all permits and/or consents to be signed: Either ask the nurse or physician to clarify any information not understood about your care or services.
- Provide complete and accurate information to the best of their ability about their health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Follow the treatment plan prescribed by their provider, including pre-procedure and discharge instructions.
- Provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider.
- Inform their provider about any living will, medical power of attorney, or other advance healthcare directive.
- Accept personal financial responsibility for any charges not covered by their insurance.
- Be respectful of all healthcare professionals and staff, as well as other patients.
- Make known if they want to change providers and understand that they have a right to change their provider if other qualified providers are available.
- Notify the administration of ambulatory surgery center, you think that your right(s) have been violated or if you have a significant complaint.
- To contact the physician if any complications or unexpected outcomes occur.

IF YOU NEED AN LANGUAGE ASSISTANCE

If you will need language assistance, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your visit.

NOTICE OF OWNERSHIP

Physician Financial Interest and Ownership:

Idaho Endoscopy Center, LLC dba Nama Idaho Endoscopy Center is a single member limited liability company that is wholly (100%) owned by Digestive Health Clinic, LLC.

Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

Owners of Digestive Health Clinic, LLC

Samuel S. Gibson, MD	Mark A. Mallory, MD
Nic R. Cordum, MD	Christopher J. Goulet, MD
Robb F. Gibson, MD	Ashley T. Evans, MD
Stephen M. Schutz, MD	Meghan T. Jankowski, MD

MISSION STATEMENT

Our mission is to deliver outstanding medical care to patients and provide superb service to the referring healthcare provider. Our commitment is to people. Patients will have access to the best medical services in a caring setting. Referring healthcare providers will receive excellent and timely service. Office staff will work in a supportive environment, where growth is encouraged – in the practice, in medical knowledge, and as individuals. By doing this, we will continue our reputation for excellence.

COMPLAINTS & GRIEVANCES

If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

Administrator

Digestive Health Clinic LLC & Idaho Endoscopy Center, LLC
dba Nampa Digestive Health Clinic & Nampa Idaho Endoscopy Center
6259 W Emerald St. Boise, ID 83704
Phone: (208) 489-1900

You may contact the state to report a complaint:

Idaho Department of Health and Welfare
PO Box 83720 • Boise, ID 83720 • Phone: (208) 334-6626
State Web site: <http://healthandwelfare.idaho.gov>

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman. The Ombudsman's role is to ensure that you receive the information and help you need to understand your Medicare options and to apply your Medicare rights and protections. Medicare Ombudsman Web site: <https://www.medicare.gov/claims-appeals/your-medicare-rights/get-help-with-your-rights-protections> Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) Office of the Inspector General: <http://oig.hhs.gov>

Additionally, for complaints regarding discrimination on the basis of race, color, national origin, sex, age or disability, you may contact:

Office of Civil Rights at 1-800-368-1019, 1-800-527-7697 (TDD) or by visiting <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail at

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at www.cms.gov/center/ombudsman.asp