POLICY ON ADVANCE DIRECTIVES

Because the scope of care at this facility is limited to elective outpatient procedures, regardless of any advance directives set forth in a living will, health care power of attorney or other written statement, any unexpected medical emergency will be managed with resuscitative or other stabilizing measures followed by a transfer to a hospital's emergency department. If you have an executed advance directive please bring a copy with you at the time of your appointment so we can place such in your medical record. To obtain an advance directive form, please visit http://www1.nyc.gov/site/doh/health/health-topics/advanced-directives.page.

PATIENT'S NOTICE OF PRIVACY PRACTICES

Your rights regarding medical information about you.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your health record is the physical property of Liberty Endo. The information contained in the record, however, belongs to you. You have the specific right to your medical information. Liberty Endo will provide you with a copy of these rights on the day of your procedure.

CONCERNS & SUGGESTIONS

We strive to provide you with excellent quality care. We welcome the opportunity to listen to your suggestions and complaints. Please contact the Administrator to obtain further information about our complaint resolution policy. If your concern is not resolved, you may contact the following organizations:

Administrator: (646) 215-2244

NYS Department of Health Hotline: (800) 804-5447

NYS Department of Health:
CA/DCS. Empire State Plaza, Albany, NY 12237

Office of the Medicare Beneficiary Ombudsman:
http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html or 1-800-MEDICARE

The Joint Commission:
One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181,
http://www.jointcommission.org/report_a_complaint.aspx

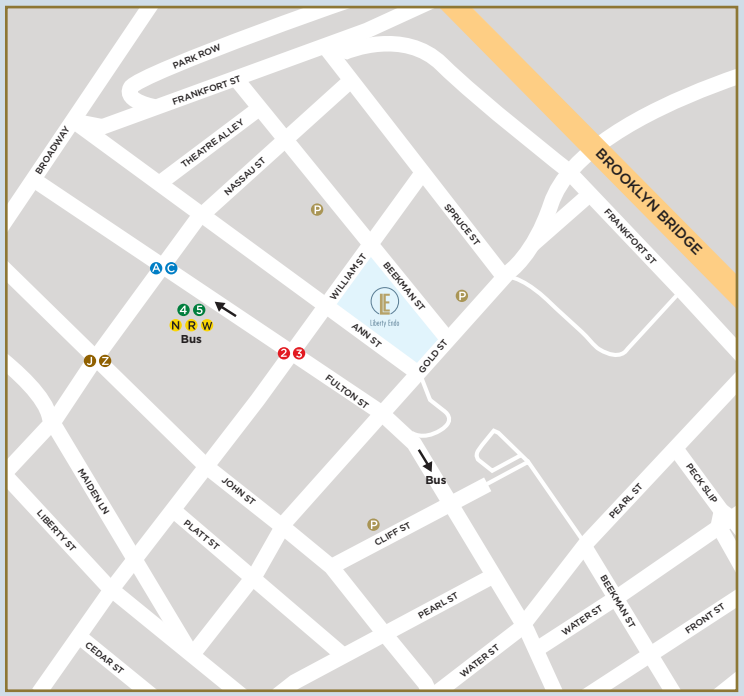
PHYSICIANS' HOSPITAL AFFILIATIONS

- **Mount Sinai Beth Israel**
- **Lenox Hill Hospital**
- **NYU Langone Medical Center**

DIRECTIONS

Liberty Endo is located at
156 William Street, 4th floor, New York, NY 10038

The entrance is on the North East Corner of
William Street and Ann Street.



BY SUBWAY:

Take the **2, 3, 4, 5, A, C, J, Z, N, R, W** Train to Fulton Center, exit through the Fulton Street Exit and head Southeast on Fulton Street toward Nassau Street then turn Left onto William Street and continue one block to Ann Street.

BY BUS:

Take **M9, M103, X8, X15, QM7, QM8, QM11, QM25** to Park Row. Park Row southwest to Ann Street. Turn right and continue past Nassau Street to William Street.

Take **BM1, BM2, BM3, BM4, M15, X14, M15 SBS** to Water Street. Water Street southwest to Fulton Street. Fulton Street northwest 4 blocks to William Street. Turn right on Ann Street.

BY CAR:

Parking is available at the following:

25-27 Beekman Street:
25 Beekman Street (btwn William Street and Nassau Street)

Icon Parking Systems:
11 Cliff Street (btwn Fulton Street and John Street)

Seaport Parking LLC:
70 Gold Street (btwn Beekman Street and Spruce Street)

Liberty Endo

156 WILLIAM STREET
4TH FLOOR
NEW YORK, NY 10038

T 646-215-2244
F 646-215-2245

www.LibertyEndoscopy.com

BEFORE YOUR PROCEDURE

1. A Center staff member will call you on the day before your procedure to confirm the time you should arrive at the Center and also ask you for additional pre-procedure information, as necessary.
2. **PLEASE BE CERTAIN THAT YOU FOLLOW DIETARY INSTRUCTIONS PROVIDED BY YOUR PHYSICIAN**.
3. Certain medications such as blood thinners, aspirin and diabetes medications may need to be stopped prior to your procedure. Please confirm with your doctor.
4. **YOU MUST MAKE PLANS TO HAVE A RESPONSIBLE ADULT TAKE YOU HOME**. Do not resume normal activities until the following day. Do not drive, return to work or operate any machinery or power tools. Do not make important personal or business decisions, sign legal papers, or perform any activity that depends on your full concentrating power or mental judgment.
5. We suggest that you do not smoke for at least 24 hours before your procedure or drink alcohol for 24 hours after your procedure.
6. If you need special assistance, are not fluent in English, or require a sign language interpreter, please let the physician's office know so arrangements can be made to assist you.
7. Please notify your doctor of any change in your medical condition, or if fever or other illness develops. If you need to cancel or reschedule your appointment, notify your physician as soon as possible.

DAY OF YOUR PROCEDURE

1. Please bring your insurance card and a photo ID.
2. Bring a current list of all your medications with dosages and how often you take them (including prescriptions, over-the-counter, herbals, patches, inhalers, eye drops, supplements, vitamins, Aspirin and Oxygen). If you are instructed by your doctor or nurse to take your morning medications, you may do so with a **SIP OF WATER ONLY**.
3. Please leave all valuables such as jewelry and electronics at home or with your escort during the procedure.
4. Wear loose and comfortable clothing that can be stored easily.
5. If you wear glasses, contact lenses, dentures, or a hearing aid, bring along a case to put them in during your procedure.
6. If you have sleep apnea and own a CPAP or BiPAP machine, please bring the machine with you and discuss with your physician on the date of your procedure.
7. During your procedure, those who accompanied you to the Center should wait in the reception/waiting room area.
8. Prior to discharge you will be given written post-procedural instructions. It is important that you understand the instructions. The nurses will answer any questions that you have.
9. At Liberty Endo, our staff and physicians are focused on maintaining an efficient schedule in order to avoid long wait times for our patients. To assist in maintaining our schedule, please arrive at the facility at your appointed time.
10. We are committed to providing you with a comfortable and safe environment during your stay.

AFTER YOUR PROCEDURE

You will rest in our recovery room under the care of our specialty-trained registered nurses until you are discharged from the facility.

PATIENT RIGHTS & RESPONSIBILITIES

Liberty Endo (the "Center") will ensure patients are aware of their rights and responsibilities by ensuring that the patients receive a copy of these Patient Rights & Responsibilities, in writing and verbally, prior to their date of procedure.

AS A PATIENT TREATED AT THIS CENTER YOU HAVE THE RIGHT TO:

A. Be treated with respect, consideration and dignity in a clean and safe environment.

B. Receive treatment without regard to age, sex, race, sexual orientation, national origin, disability, color, religion, or marital status.

C. Be given the name of your attending physician, the names of all other physicians directly assisting in your care and the names functions of other health care persons having direct contact with you.

D. Privacy and confidentiality of all information pertaining to your treatment, including the right to approve or refuse the release or disclosure of the contents of your medical record to any healthcare practitioner and/or healthcare facility.

E. Accessible and available health services, including information on after-hour and emergency care.

F. Receive complete information concerning your diagnosis, recommended treatment and prognosis.

G. Receive the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment, alternatives for care or treatment, and expected outcomes, in a manner permitting you to make a knowledgeable decision.

H. Refuse treatment and/or medications to the extent permitted by law and to be fully informed of the medical consequences of your actions. Such refusal will be documented in your medical record.

I. Have access to an interpreter.

J. Access to all information contained in your medical record unless prohibited by law.

K. Accurate information regarding the competence and capabilities of the Center

L. Make suggestions regarding policy changes, complaints or grievances to the staff, or administrator, and to request a written response, without fear of reprisal. If you are not satisfied with the response, you may contact the New York State Department of Health or other oversite agencies at the addresses, phone numbers or email addresses listed below. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation.

M. Participate in decisions involving your healthcare, except when such participation is contraindicated for medical reasons.

N. Receive information regarding services provided at the Center.

O. Information on payment and fee policies and provider credentialing as necessary.

P. Information on Advanced Directives, as required by New York State law, in writing.

Q. Information on the charges for services, eligibility for third-party reimbursement and, when applicable, the availability of free or reduced-cost care and receive an itemized copy of your account statement upon request.

R. Information on physician ownership, in writing, prior to the day of the procedure.

S. Refuse to participate in research.

T. Be free from abuse and harassment.

U. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

V. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card.

AS A PATIENT TREATED AT THIS CENTER, YOU HAVE THE RESPONSIBILITY TO:

1. Provide full cooperation by complying with the pre-procedure and post-procedure instructions given by you physician and anesthesiologist, including the provision of a responsible adult to transport you home from the Center.
2. Provide the Center staff with all medical information that may have a direct impact on the care provided at the Center.
3. Provide the Center with all information regarding third-party responsibility insurance coverage.
4. Fulfill financial responsibility for all services received, as determined by his/her insurance carrier.
5. Be respectful of healthcare providers, staff and other patients and visitors of the Center.

ABOUT YOUR BILL

Liberty Endo will make every effort to keep this process as simple as possible. Your procedure will generate several different bills from different sources:

- Liberty Endo bill covers the use of the facility and all necessary supplies used during your procedure. Liberty Endo will also be submitting a claim for anesthesia services provided.
- You will receive a separate bill from your physician.
- Your procedure may employ other billable services, such as laboratory and pathology, which will be billed separately.

The estimated amount for out-of-network services is available upon request.

FOR ANY BILLING QUESTIONS, PLEASE CALL: 212-874-3384

Liberty Endo

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F 646-215-2245

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