



Frequently Asked Questions -- Preparing for Your Colonoscopy

Please review this page one week before procedure

What can I eat or drink?

Please avoid ANY food or drink that is not "clear" (a Rule of Thumb: eliminate any food you can't see light through). The entire day before your testing, do not consume any solid food, pudding, ice cream, milk, milk products, sherbet, yogurt, Ensure or shakes, creamer for hot beverages, etc. If you must drink colas or coffee, please limit intake the day before your procedure to 4 ounces. Caffeinated clear soda like *Mountain Dew* can help with "caffeine withdrawal."

What are clear liquids?

Water, Apple Juice, White grape juice, White Cranberry Juice, Sprite, Mountain Dew, Ginger Ale, Gatorade, Poweraids, chicken or beef broth (particle free), Jello, popsicles, and Italian ices (particle free). (avoid anything with red, orange, and purple dyes)

When must I stop taking fluids?

Your Anesthesiologist at MCDH requires you stop drinking 4 hours before your test(s). However, you may take medications with a very small sip of water up to 2 hours before the procedures.

Should I stop my blood pressure and other medicines?

Please do NOT stop your blood pressure medicine. Take it as directed, even on the day of your testing. Please refer back to the printed instructions regarding blood thinners, diabetic drugs, other agents (prescription and non-prescription). Contact us with any question concerning medication restrictions pre-procedure. If your prescribing doctor wants you to continue Pradaxa or other blood thinners before your procedure, please call our office.

I forgot to stop my aspirin or other anti-inflammatory medicine at the prescribed time. Can I still have the test?

Yes, but don't take any more of the drug(s) in question, and alert our nurse on arrival to what medicines have been consumed.

I can't stomach the prep!

If taste is the issue, try sipping the solution through a straw or add non red-colored Crystal Light sugar-free flavoring to the product. Avoid sugared additives since this will reduce the effectiveness of your prep product. Chilling the prep solution may also improve its palatability.

If the amount of the solution is problematic, start drinking it earlier so the full volume of the prep can be consumed.

If nauseated or vomiting, take a 30-60 minute break then restart the prep. Also, rinsing with mouthwash, chewing sugar-free gum, or sucking on a piece of sugar-free candy may help improve your prep tolerance.

Can I stop drinking when my stools are running "yellow water"?

Please make every effort to finish the full volume of the prescribed prep. Many patients make the mistake of stopping too soon. Not finishing the product often results in a less than ideal preparation, which in turn adversely affects the quality of your colonoscopy exam. However, if you really can't drink anymore, have finished a minimum of 75% of the prep, and your stools are running "clear yellow" without particulate, then you can stop drinking.

I have my period. Can I still have the test?

Yes

I have a cold and/or fever. Can I still have the test?

Probably, but alert your Anesthesiologist on arrival. They will determine if sedation can be safely administered.

THIS FAQ SHEET IS JUST A GUIDE. PLEASE REVIEW THE PREP INSTRUCTIONS YOU RECEIVED FROM YOUR PRESCRIBING AAGA PHYSICIAN OR REFERENCE THEM FROM THE AAGASTRO.COM WEBSITE. CALL US DIRECTLY AT 410-224-2116 IF YOU HAVE QUESTIONS. BETWEEN 5PM AND 8AM, OUR DOCTOR-ON-CALL CAN ASSIST YOU.

MCDH (Maryland Center for Digestive Health) is an affiliate of AAGA (Anne Arundel Gastroenterology Associates, P.A.)



For billing and authorization questions please contact one of our Billing associates at 443-837-2039. For all other questions please call 410-224-2116. Our representatives are available Mon-Fri, 8am to 5pm to answer your questions. Please visit our website www.aagastro.com for forms and prep instructions.

If you are unable to keep your appointment, **please notify our office at 410-224-2116 at least 3 business DAYS prior to your scheduled appointment.**

BILLING INFORMATION: If you are having a procedure, you may receive up to four separate statements reflecting charges for the following services:

- **Physician Component:** Fee to be paid to the physician for performing the basic procedure, plus any additional procedure(s) that may be required, such as: performing a biopsy, removing polyps, dilating the esophagus, etc. A definitive cost cannot be given until the physician has completed the procedure(s). This service is billed from Anne Arundel Gastroenterology Associates (AAGA).
- **Facility Component:** Fee for the use of the facility for the surgical procedure and service overhead, including facility staff, equipment, supplies, etc. This fee is billed from The Maryland Center for Digestive Health (MCDH) which is a certified, fully licensed ambulatory surgery center.
- **Anesthesia Fee:** The anesthesiologist/Certified Nurse Anesthetist who administers your anesthesia and monitors your airway and vital signs will bill separately for their services. This service is billed from Bestgate Anesthesia, LLC. Please note: BESTGATE ANESTHESIA IS NON-PAR WITH CIGNA AND UNITED HEALTHCARE, meaning claims will be processed using out-of-network benefits.
- **Pathology Fee (if applicable*):** If tissue is removed during your procedure, you will be billed for pathology service(s). This service is billed from AAGA, unless your insurance requires the tissue to be sent to an outside lab for interpretation, in which case you will receive a separate bill from that lab.

For insurance companies with which we are contracted (where we are considered a participating provider), we will submit claims on your behalf for the services provided. Your insurance company will send you an Explanation of Benefits explaining how your bill was paid and specify any amount for which you may be responsible. We recommend that you contact your insurance carrier for specific questions related to your Explanation of Benefits. We are happy to provide you with factual information about your care and billing to help you discuss this with them; but you are still required to pay any outstanding balance presented to you, even if your issue with the insurance company is not resolved.

INSURANCE PARTICIPATION: Our physicians participate with most healthcare plans and insurance companies. As a courtesy to our patients, we make every effort to verify your insurance benefits and secure authorization prior to your procedure. However, this is not a guarantee of payment. There is considerable variation in how claims are processed by individual insurance plans and we cannot predict how your procedure will be handled by your insurance company. We highly recommend you also contact your insurance carrier and check into your coverage for Gastroenterology services. Do not assume that you will not owe anything if you have more than one insurance policy.

If your insurance plan requires a referral, it is your responsibility to obtain a referral from your primary care physician. Referrals must be presented prior to or at the time of your procedure in order to avoid having to reschedule your appointment. REFERRALS MAY BE FAXED TO OUR BUSINESS OFFICE AT 410-224-2118.

Being referred to our clinic by another physician does not necessarily guarantee that your insurance will cover our services. Please remember that you are fully responsible for all charges incurred: your physician's referral and our verification of your insurance benefits are not a guarantee of payment.

IF YOU HAVE QUESTIONS REGARDING PARTICIPATION WITH YOUR SPECIFIC HEALTH PLAN, REFERRALS, OR PRE-AUTHORIZATION FOR YOUR PROCEDURE, PLEASE CONTACT OUR PRE-REGISTRATION DEPARTMENT AT 410-224-2116,

EXT. 3009. We are happy to assist you in obtaining the proper authorizations and pre-certifications necessary to obtain maximum benefits for your procedure.

NO INSURANCE COVERAGE: In order to make our services accessible to patients without health care coverage, we offer a significant discount for patients who have no health insurance coverage of any kind, including federal and state health care programs. Our discounted prices are comparable to the discounted rates that most private insurance plans have negotiated. In order to receive this discount, balances must be paid within 30 days of the first statement date otherwise the discount may be forfeited. If you are unable to pay the balance by the required date you should contact our office prior to the deadline and a payment plan may be offered. A missed or declined payment will result in a forfeit of the entire discount. FOR MORE DETAILS OR TO DISCUSS YOUR PAYMENT OPTIONS IN ADVANCE, PLEASE CONTACT OUR BUSINESS OFFICE AT 443-837-2039.

PAYMENT POLICY: All payments for applicable coinsurance, deductibles, and copayments are required at the time services are rendered and you will be billed for any amounts not covered by your health plan. Additional payment(s) may be required based on your insurance plan, your deductible, the types of services you receive, and whether or not you have an outstanding balance with AAGA or MCDH. Inability to pay at the time of service may result in having to reschedule your appointment. If you can't pay your entire bill all at once we will work with you to set up a reasonable payment plan provided your account is in good standing.

Patient payments will be applied to the oldest balance first. In the event that your account has a credit for one affiliate of AAGA and a deficit for another, we reserve the right to transfer credits to any outstanding balance prior to issuing a refund. Credit balances greater than \$50 will be automatically refunded. Credit balances less than \$50 will remain as a credit on the patient's account or refunded upon request. Refunds will be made in the same manner as the original payment. Payments made by cash or check will be refunded by check. Credit card payments will be refunded back to the original credit card presented at the time of payment. Refund processing time can take up to eight weeks.

If you are unable to keep your appointment, please notify our office at 410-224-2116 at least 3 business DAYS prior to your scheduled appointment. Late cancellations, missed appointments, returned payments, and collection fees incurred by use of an outside collection agency, are subject to the following charges:

- Missed appointment or late cancellation: \$50 for an office visit and \$200 for a procedure
- Returned payment: \$25 per transaction

BAD DEBT POLICY: If you call us to schedule an appointment or procedure and your account shows an unpaid balance with AAGA/MCDH, you can speak with one of our billing representatives. Once your account is satisfied you will be able to continue the scheduling process. If your account is past due, we'd like to talk through options with you.

Disclaimer: The information contained on this form is general medical information. If you have any questions or concerns about your medical condition, please contact your provider. No statement made is intended to recommend specific medical care.



Dear Patients of Anne Arundel Gastroenterology Associates:

Anesthesia is commonly a covered component of your procedure. As a courtesy to you, the charges for your anesthesia services will be filed directly to your primary insurance carrier then to your secondary insurance carrier. If no secondary insurance was provided at the time of service, we will send you a statement for the co-insurance due as determined by your insurance carrier. We have accepted assignment of benefits and your insurance carrier should send the payment directly to our remittance address.

If your insurance carrier sends payment directly to you, please endorse the back of the check and list "Pay to the order of Bestgate Anesthesia, LLC," above your signature OR write a personal check for the amount received. Please forward payment and a copy of the explanation of benefits to: Bestgate Anesthesia, LLC, PO BOX 63206, Charlotte, NC 28263-3206.

In some cases, even though your physician participates with your insurance carrier, the anesthesia provider who will participate in your care *may* be considered out-of-network with your plan. Bestgate Anesthesia, LLC will work with your insurance carrier through appeal efforts and will negotiate with your insurer to allow minimal or no out-of-pocket anesthesia costs to you due to any out-of-network status. If you have any questions about your insurance benefits, please contact Anesthesia Business Consultants patient accounts department at 1-800-222-1442 directly.

Please read & ask any questions that you may have so the content of this letter is understood at the time of service. Please retain a copy of this letter for your records in case you need to contact us while the claim is being processed and until it has been satisfied. You will receive an explanation of benefits from your carrier outlining the amount they paid and the amount you owe. However, please do not make any payments to us until you receive a statement from Bestgate Anesthesia, LLC.

Assignment of Benefits and Authorization to Appeal: I authorize payment of medical benefits to Bestgate Anesthesia LLC. It is my understanding that the only charges that I may be responsible for are those charges assigned as "patient responsibility" by my insurance company or other third party payer or when I have no insurance or third party coverage. I agree to immediately remit to Bestgate Anesthesia, LLC any payments that I receive directly for services provided. I hereby authorize release of any medical records or information necessary to process insurance claims, appeal benefit determinations, coverage denials, or other adverse decisions on my behalf.

HIPAA Notice: Please note that Bestgate Anesthesia, LLC and Anne Arundel Gastroenterology Associates are business associates. As a result, Bestgate Anesthesia, LLC may receive, use, obtain, access or create Protected Health Information from or on behalf of Anne Arundel Gastroenterology Associates for Procedures in the course of providing anesthesia services. In order to insure your privacy and protection, please carefully read the HIPAA information which Bestgate Anesthesia, LLC and Anne Arundel Gastroenterology Associates have provided.

If you have any questions or concerns, please contact Anesthesia Business Consultants at 1-800-222-1442.



Your Colonoscopy Procedure and Potential Out-of-Pocket Costs

It is important to understand the difference between a preventative screening and diagnostic testing, the resulting impact on your health insurance coverage, and your potential out-of-pocket costs.

Insurance policies offer varying levels of benefits for preventative versus diagnostic colonoscopy services, and the different classifications can have a significant impact on your out-of-pocket costs. There are instances in which you may think your procedure will be billed as a *screening* when it actually has to be billed as *therapeutic*.

Your primary care physician may refer you for a *screening colonoscopy* but oftentimes there is a misunderstanding of the word "screening" as it relates to colonoscopy procedures. You must have no symptoms at all for your colonoscopy to be considered a preventative screening, even if this is your first colonoscopy procedure and you meet all other requirements for a screening benefit. Any symptom, such as change in bowel habits, diarrhea, constipation, rectal bleeding, anemia, etc. prior to the procedure and noted as a symptom by the physician in your medical record will change your benefit from a screening to a diagnostic colonoscopy.

It's important to know your colonoscopy category so you can understand your coverage and financial responsibility prior to your procedure.

Colonoscopy Categories:

Preventative Colonoscopy with Screening Diagnosis: Patient has no gastrointestinal symptoms, is over the age of 50¹, and has no personal or family history of gastrointestinal disease, polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years. This usually results in \$0 or minimal out-of-pocket costs.

Surveillance Colonoscopy/High Risk Screening: Patient has no gastrointestinal symptoms and has a personal and/or family history of gastrointestinal disease, polyps, and/or cancer which usually requires the need to be screened at shortened intervals. Most payers do not consider this a preventative service; out-of-pocket costs can vary depending on your individual insurance plan.

Diagnostic/Therapeutic Colonoscopy: Patient has past and/or present gastrointestinal symptoms, polyps, gastrointestinal disease, iron deficiency anemia and/or any other abnormal tests. This is not a Screening Colonoscopy; this category typically yields higher out-of-pocket costs, but it can vary depending on your individual insurance plan.

Your physician cannot change, add, or delete a diagnosis in order to change the intent of a procedure.

The medical record is documented from information you have provided as well as an evaluation and assessment from the physician. There are strict government and insurance guidelines that prevent a physician from altering a chart or bill for the sole purpose of coverage determination.

What if my insurance company tells me that the doctor can change, add or delete a CPT or diagnosis code?

Sadly, this happens a lot. Oftentimes a representative will tell the patient that the procedure would have been covered differently if the doctor had coded it as a screening. However, further questioning of the representative will reveal that the screening diagnosis does not apply to the patient and therefore, cannot be amended. If you are given this information, please document the date, name, and phone number of the insurance representative. Next, contact our billing department, and we will investigate the information given. The usual outcome is that the representative ends up calling the patient back and explains that the member services representative should never suggest a physician change their billing of a procedure to anything other than what was originally submitted.

If you have questions about your financial obligations, please contact our Billing office at 443-837-2039.

¹ Some experts suggest that African-Americans should begin their screening at age 45.



The Maryland Center for Digestive Health

A Covenant Surgical Partner

Notice of Health Information Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

At The Maryland Center for Digestive Health, we are committed to treating and using your protected health information responsibly. Under federal and state law, your patient health information is protected and confidential. This Notice of Health Information Practices describes the personal health information we collect and how and when we use or disclose that information. It also describes your rights and our responsibilities as they relate to your protected health information.

Understanding your Health Record/Information

Each time you visit The Maryland Center for Digestive Health, a record of your visit is made. Typically, this record contains your demographic information, medical history, procedure notes, test results, diagnoses, prescription copies, discharge instructions, and signed consents. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means for nursing to contact you for follow-up.
- Legal document describing the care you received, and consents you have given.
- Means by which a third-party payer (e.g., your insurance company) can verify who you are, and that services billed were actually provided.
- Source of information for public health officials charged with improving the health of this state and the nation (such as FDA).
- Means by which a pathology lab can process and bill for biopsy samples.
- Means by which we can assess and continually work to improve the care we render at our facility, and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Uses and Disclosures of your Health Information

As described above, your health information is used for a number of different and important purposes. In some circumstances, we may use or disclose your health information without seeking your permission.

The following are some examples of ways your information may be used or disclosed:

Treatment: We will use and disclose your health information for medical treatment purposes. For example, your doctors and nurses will update your medical record and use it to determine the best course of care. Additionally, your information may be disclosed to other health care providers involved in your treatment, or to the pharmacist who will be filling your prescriptions.

Payment: We will use and disclose your health information for payment purposes. For example, we will use your health information to prepare and submit bills and we may need to submit information to your insurance company to obtain authorization prior to providing certain types of treatment.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations. For example, we may use or disclose your health information to conduct quality assessment and improvement activities and for business management and other general administrative activities.

Special Uses: We may use your information to contact you with appointment reminders or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Uses or Disclosures: We may use or disclose your health information for the following purposes without your consent and, in some cases, we may be required to do so:

- **Required by Law:** We may be required to disclose your health information to certain legal authorities if it relates to suspected crimes, abuse, neglect, or similar injuries or events.
- **Public Health Activities:** We may be required to disclose your health information to public health officials for purposes of collecting vital statistics, information related to disease control, federal regulation of food and drug quality, safety, etc.
- **Health Oversight:** We may be required to disclose your health information to certain regulatory authorities for purposes of oversight of the health care system, government benefits programs, and regulatory compliance investigations or audits.
- **Judicial and Administrative Proceedings:** We may disclose your health information in response to a lawful subpoena, discovery request, or court order.
- **Deaths:** We may disclose information relating to deaths to coroners, medical examiners, funeral directors, or organ donation agencies.
- **Serious Threat to Health or Safety:** We may disclose your health information if necessary to prevent or lessen a serious threat to the health or safety of a person or the public.

- **Military and Special Government Forces:** If you are a member of the armed forces, we may disclose your information to appropriate military command authorities at their request. Additionally, we may disclose information to a correctional institution or law enforcement official as required for the care, health and safety of inmates and/or employees of the correctional institution.
- **Research:** In appropriate situations, we may disclose your health information for approved medical research.
- **Workers' Compensation:** We may disclose your health information in compliance with workers' compensation laws or similar programs.

State-Specific Requirements: Maryland has separate privacy laws that apply additional legal requirements. We will follow the Maryland law requirements.

Other Uses and Disclosures

There are special regulations on certain health information including psychotherapy, substance abuse, mental health, genetic testing, reproductive health, and HIV/AIDS. As the surgery center does not generally treat such conditions, our records in these areas will be incidental to other health records which we may receive from other providers. Nevertheless, we will not disclose these types of records without specific written authorization. In any other situation not identified in this notice, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you decide to authorize the use or disclosure of your health information, you may later revoke such authorization, as provided by 45 CFR § 164.508(b)(5), to prevent the future use or disclosure of your health information in this way.

Your Health Information Rights

Although your health record is the physical property of The Maryland Center for Digestive Health, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information for treatment, payment, health care operations, or other permitted purposes, as provided by 45 CFR 164.522(a). Please note, however, that we are not required to agree to the requested restriction, except for a request to restrict disclosures to a health plan if the disclosure is for payment or health care operations purposes and pertains solely to a health care item or service for which you (or someone in your behalf) have paid your health care provider out of pocket in full.
- Receive confidential communications of your health information, as provided by 45 CFR 164.522(b).
- Inspect and copy your health record as provided by 45 CFR § 164.524.
- Amend your health record as provided in 45 CFR § 164.526.
- Receive an accounting of disclosures of your health information as provided in 45 CFR § 164.528.
- Obtain a paper copy of this health notice of information practices upon request.

Our Responsibilities

The Maryland Center for Digestive Health is required by law to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the notice of health information practices currently in effect.
- Notify you of any breach of your health information that we are required by law to report to you.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide a revised notice to you at your next visit should you request one.

For More Information or to Report a Problem

If you have questions and would like additional information regarding our privacy practices, you may contact the Center Manager, at 1-410-224-2116.

If you believe your privacy right has been violated, you can file a complaint as above with the Office for Civil Rights, U.S. Department of Health and Human Services. You will not be penalized in any way for filing a complaint. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

You may also contact Covenant Surgical Partners Compliance Hotline at 855-315-0528 or by visiting www.covenantsurgicalpartners.com.



The Maryland Center for Digestive Health

A Covenant Surgical Partner

Patient Responsibilities

IN ADDITION TO PATIENT RIGHTS, A PATIENT ALSO HAS CERTAIN RESPONSIBILITIES. THESE RESPONSIBILITIES ARE PRESENTED TO THE PATIENT IN THE SPIRIT OF MUTUAL TRUST AND RESPECT.

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary supplements), allergies and sensitivities, and other matters relating to his/her health.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- The patient/family member/patient representative is responsible for disposition of the patient valuables.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for a period of time designated by his/her physician unless exempted from that requirement by the attending physician.
- In the case of pediatric patients, a parent or guardian is to remain in the facility for the duration of the patient's stay in the facility. The Center does not typically see patients under the age of 16 years.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- The patient is responsible to inform the facility whether the patient has a living will, medical power of attorney or other directive that could affect his/her care.
- The patient is responsible for being respectful of all of the health care providers and staff, as well as other patients.

Feedback on Our Services

You may contact any of the following:

- The Maryland Center for Digestive Health at 1-410-224-2116
- Maryland Department of Health and Mental Hygiene, Office of Health Quality, Program Manager, 55 Wade Avenue, Catonsville, MD 21228 | Phone: 1-800-492-6005 | www.dhmmh.state.md.us/ohcq/
- Medicare at 1-800-MEDICARE or by visiting <http://www.medicare.gov/claims-and-appeals/file-a-complaint/quality-of-care/complaints-about-quality-of-care-.html>
- AAAHC at 847-853-6060 or in writing to Accreditation Association for Ambulatory Health Care, 5250 Old Orchard Road, Suite 200, Skokie, IL 60077 or via email at www.AAAHC.org
- Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, Phone: 1-800-368-1019, 1-800-527-7697 (TDD), <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>
- Covenant Surgical Partners Compliance Hotline at 855-315-0528 or by visiting www.covenantsurgicalcompliance.com



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Patient Rights

PATIENT RIGHTS INCLUDE, BUT ARE NOT LIMITED TO, THE RIGHT TO:

- Be informed of his or her rights as a patient prior to the start of the surgical procedure. The patient may appoint a representative to receive this information should he or she so desire.
- Exercise these rights without regard to age, race, sex, national origin, religion, culture, disability, economic status, or source of payment for care.
- Considerate, respectful and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment or reprisal.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Appropriate assessment and management of pain.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her.
- Change providers if other qualified providers are available.
- Be advised if the physician has a financial interest in the surgery center.
- Be advised as to the absence of malpractice coverage if applicable.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- Participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Be informed of the facility's policy and state regulations regarding advance directives and be provided advance directive forms if requested by the patient or directed by State regulations.
- Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility. His/ her written permission will be obtained before his/ her medical records can be made available to anyone not directly concerned with his/her care.
- Receive information in a manner that he/she understands. Communication with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information will be appropriate to the age, understanding, and language of the patient. Communications will be specific to the patient's vision, speech, hearing, and cognitive status.
- Access information contained in his or her medical record within a reasonable time frame.
- Be advised of the facility's grievance process, should he or she wish to communicate a concern regarding the care he or she receives. Notification of the grievance process includes: whom to contact to file a grievance and that he or she will be provided a written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance, the grievance completion date.
- Be advised of contact information for the center, state, or federal agency to whom complaints can be reported, as well as contact information for the Office of the Medicare Beneficiary Ombudsman
- If the facility/personal physician proposes to engage in or perform human experimentation, research, clinical trials, or medical education affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
- Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a full informed consent process as it relates to the research, investigation and/ or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- Be informed by his/her physician or a delegate of his/ her physician of the continuing healthcare requirements following his/her discharge from the facility.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

