



PATIENT'S BILL OF RIGHTS

The purpose of this policy is to establish guidelines for Wichita Falls Endoscopy Center patient's rights. Copies of the Bill of Rights shall be given to all patients or responsible party prior to admission and shall be displayed prominently in the waiting area.

1. A Patient has the right to respectful care given by competent personnel.
2. A Patient has the right, upon request, to be given the name of his attending practitioners, the names of all other practitioners directly participating in his care, and the names and functions of other health care persons having direct contact with the patient.
3. A Patient has the right to consideration of privacy concerning his own medical care program. Case discussion, consultation, examination, treatment, and medical records are considered confidential and shall be handled discreetly.
4. A Patient has the right to confidential disclosures and records of his medical care except as otherwise provided by law or third party contractual arrangement.
5. A Patient has the right to participate in decisions involving his health care except when such participation is contraindicated for medical reasons.
6. A Patient has the right to know what Wichita Falls Endoscopy Center rules and regulations apply to his conduct as a patient.
7. The Patient has the right to expect emergency procedures to be implemented without unnecessary delay.
8. The Patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
9. The Patient has the right to full information, in layman's terms, concerning diagnosis, evaluation, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the person designated by the patient or to a legally authorized person.
10. Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.

11. If the patient is unable to give consent, a legally authorized person has the right to be advised when a practitioner is considering the patient as a part of a medical care research program or donor program. The patient or responsible person shall give informed consent prior to participation in the program. The patient or responsible person may refuse to continue in a program to which he has previously given informed consent.

12. A Patient has the right to refuse drugs or procedures, to the extent permitted by status. A practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.

13. A Patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability, or source of payment.

14. The Patient who does not speak English shall have access, where possible, to an interpreter.

15. Wichita Falls Endoscopy Center shall provide the patient, or patient designees, upon request, access to the information contained in his medical records, unless the attending practitioner for medical reasons specifically restricts access.

16. The Patient has the right to expect good management techniques to be implemented within Wichita Falls Endoscopy Center. These techniques shall make effective use of time for the patient and avoid personal discomfort of the patient.

17. When an emergency occurs and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.

18. The Patient has the right to examine and receive a detailed explanation of his bill.

19. A Patient has the right to expect that Wichita Falls Endoscopy Center will provide information for continuing health care requirements following discharge and the means for meeting them.

20. The Patient is informed of his/her right to change primary or specialty physician, if another qualified physician is available.

21. The Patient is provided with appropriate information regarding the absence of malpractice insurance coverage.

22. A Patient has the right to be informed of his rights at the time of admission.

Communication between you and our office team is an important element in good health care. If you are concerned about or displeased with any aspect of your care, we ask that you first discuss the problem with your physician. If your concern is not alleviated, please contact Wichita Falls Endoscopy Center's Assistant Administrator:

Jeremy Watkins BSN,RN, CPAN Assistant Administrator/ Clinical Manager
Wichita Falls Endoscopy Center
1500 Ninth Street Wichita Falls, TX 76301
(940)-761-9034

All communication forwarded to the Assistant Administrator/Clinical Manager will be investigated immediately. You will be notified within 30 days of the findings of the investigation. If your complaint

is not addressed to your satisfaction, you have the right to send your complaint directly to the Texas Department of Health and Human Services Commission. Their contact information is as follows:

Department of State Health Services
Manager, Health Facility Compliance Group
P.O. Box 149347
Austin, TX 78714-9347
Toll free call 1-888-973-0022
www.dshs.state.tx.us

Medicare patients can contact:
Medicare Ombudsman for Complaints
1-800-252-2412
www.medicare.gov

The Accreditation Association for Ambulatory Health Care may also be contacted at (847)-853-6060 and via mail at:
AAAHC
5250 Old Orchard Road, Suite 200
Skokie, Illinois 60077

SUBJECT: PATIENT CONDUCT AND RESPONSIBILITIES

The purpose of this policy is to outline Wichita Falls Endoscopy Center patient responsibilities in regards to their appointment, cooperation, and information provided for insurance claims.

1. Please keep appointments or telephone Wichita Falls Endoscopy Center when you cannot keep a scheduled appointment. Bring with you information about past illnesses, hospitalizations, medications, and other matters relating to your health. Ask questions immediately if you feel you cannot follow the instruction.
2. While practicing in Wichita Falls Endoscopy Center, your doctor is obligated to exercise good medical judgment in order to help you. It is your responsibility to cooperate in the treatment program that your doctor specifies.
3. You are expected to be considerate of other patients, their family members, and the property of other persons.
4. Authorized members of your family should remain in the facility during your entire stay, if possible. They may be needed to answer questions that may arise while you are sedated, and they must drive you home after the procedure. If your driver is not with you when you first arrive, you will be asked to sign a statement stating that a driver will be present prior to leaving the facility.
5. You have a responsibility to provide information necessary for insurance processing of your bills, to be prompt about payment of office/center bills, and to ask any questions you may have concerning your bills. Our billing specialist is available to assist you.
6. It is your right to have Advance Directives; however, if you have a procedure done in this facility and sign a consent form, we will resuscitate in case of emergency. If you would like information on Advance Directives, you can obtain it at the Endoscopy Center or at the following website: www.caringinfo.org