Patient Rights, Responsibilities and Notification of Physician Ownership

Every patient has the right to be treated as an individual and to actively participate in and make informed decisions about his/her care. Our facility and medical staff have adopted the following Patient Rights and Responsibilities, which are communicated to each patient or the patient’s representative/surrogate prior to the procedure and/or care received.

Patient Rights

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment
- To receive considerate, respectful, spiritual and dignified care and communication
- To be provided privacy and security during the delivery of patient care service and access to protective services if needed
- To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand
- To receive as much information about any proposed treatment or procedure(s) as he/she may need in order to give informed consent prior to the start of any procedure or treatment
- When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized person
- To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented on the medical record.
- To be free from mental and physical abuse, or exploitation during the course of patient care
- Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
- To have care delivered in a safe environment, free from all forms of abuse, neglect, harassment or reprisal
- Reasonable continuity of care and to know in advance the time and location of the appointment, as well as the physician providing the care
- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements or unanticipated outcomes following his/her discharge from the facility
- To know the identity and professional status of individuals providing services to them and to know the name of the physician who is primarily responsible for the coordination of his/her care
- To be informed of their right to change providers if other qualified providers are available
- To know which facility rules and policies apply to his/her conduct while a patient
- If communication restrictions are necessary for patient care and safety, to know how the Center will document and explain the restriction to the patient and family
- To have all patients’ rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient rights.
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient’s care. The patient’s written consent of participation in research shall be obtained and retained for his/her patient record.
- To examine and receive an explanation of his/her bill regardless of source of payment
- To appropriate assessment and management of pain
- To be advised if the physician providing care has a financial interest in the Endoscopy Center

Patient Responsibilities

- To 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
- To follow the treatment plan prescribed by their provider, including pre-procedure and discharge instructions
- To provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider
- To inform their provider about any living will, medical power of attorney, or other advance directive in effect
- To accept personal financial responsibility for any charges not covered by their insurance
- To be respectful of all healthcare professionals and staff, as well as other patients
- To contact us as soon as possible if you will not be able to keep your appointment. Two late cancellations (less than 48 hours notice) or no-shows may result in discharge from the practice.

If You Need an Interpreter

If you will need an interpreter, 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 procedure.
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Rights and Respect for Property and Person, Privacy and Safety

The patient has the right to:

- Exercise his or her rights without be subjected to discrimination or reprisal
- Personal privacy
- Voice a grievance regarding treatment or care that is, or fails to be furnished
- Receive care in a safe setting
- Be fully informed about a treatment or procedure and the expected outcome before it is performed
- Be free from all forms of abuse or harassment
- Confidentiality of personal medical information

Advance Directives

An “Advance Directive” is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates Advance Directives differently. State laws regarding Advance Directives are found in Washington State Statutes §70.122.010-920. In the state of Washington, you have a right to an Advance Directive which refers to your oral and written instructions about your future medical care in the event you are unable to express your medical wishes. In Washington State, the Directive is used only if you have a terminal condition where life-sustaining treatment would only artificially prolong the process of dying; or if you are in an irreversible coma and there is no reasonable hope of recovery. The Durable Power of Attorney for Healthcare allows a person to give instructions about future medical care.

You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility’s policy on Advance Directives with the patient (and/or patient’s representative or surrogate) prior to the procedure being performed.

The Endoscopy Center respects the right of patients to make informed decisions about their care. The Center has adopted the position that an ambulatory endoscopy center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this Center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient’s condition during treatment at the Center, the personal staff at the Center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made. If the patient has Advance Directives which have been provided to the Center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient’s care.

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 prompt resolution.

You have the right to have your verbal or written grievances investigated and to receive written notification of actions within 14 days. The following are the names/agencies you may contact:

- **Washington State Department of Health**
  PO Box 47857
  Olympia, WA 98504-7857
  (360) 236-4700 | (800) 633-6828 | Fax (360) 236-2626
  HSQAComplaintIntake@doh.wa.gov

- **Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman:**
  or call 1-800-MEDICARE (1-800-633-4227)

- **Office of the Inspector General**
  http://oig.hhs.gov

- **Accreditation Association for Ambulatory Health Care**
  5250 Old Orchard Road, Suite 200
  Skokie, IL 60077
  (847) 853-6060 | info@aaahc.org

Physician Ownership

The Center is owned, in part, by the physicians. The physician(s) who referred you to this Center and who will be performing your procedure(s) may have a financial and ownership interest. 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.

The following physicians have a financial interest in all Digestive Health Specialists, Western Washington Endoscopy Centers:

- Sanjay Agrawal, MD
- Steven Alabaster, MD
- Garrick Brown, MD, Charles Donner, MD
- W. Mark Hassig, MD
- William Holderman, MD
- Lin Huang, MD
- Jonathan Hurst, MD
- Shaily Jain, MD
- Steven Kaptik, MD
- Ralph Katsman, MD
- Michael Lee, MD
- Kevin Leung, MD
- Rajesh Manam, MD
- Oussama Moussan, MD
- Jeremiah Ojeburu, MD
- Darren Schwartz, MD
- Jason Sugar, MD
- Nicholas Sun, DO
- Gary Taubman, MD

You Have the Option of Using an Alternative Facility:

Tacoma General Hospital, St. Joseph Medical Center, Good Samaritan Hospital, Covington Day Surgery Center or Auburn Medical Center