

To Our Patients,

Please be advised that the physicians of Digestive Healthcare of Georgia PC are the majority owners of Digestive Healthcare of Georgia Endoscopy Center, where you have been scheduled for a procedure. You are entitled to obtain the services for which you have been referred at an alternative location.

An alternative source of the services for which you have been referred to this entity is as follows:

Piedmont Hospital  
1968 Peachtree Road, NW  
Atlanta, GA 30309

While Digestive Healthcare of Georgia Endoscopy Center is directly adjacent to one of our offices and shares the same entrance, the medical practice of Digestive Healthcare of Georgia is a completely separate waiting room and separate business. Procedures performed at the Center are not performed in the “doctor’s office”.

An endoscopy procedure will typically generate four separate bills:

1. Facility bill (Digestive Healthcare of Georgia Endoscopy Center, LLC)
2. Physician bill (Digestive Healthcare of Georgia, PC)
3. Pathology bill (if a biopsy is taken or polyps are removed)
4. Anesthesia bill

Policy: Digestive Healthcare Endoscopy Center is a single specialty Ambulatory Surgical Center and its available resources are dedicated solely to endoscopic care. In the unlikely event of an adverse occurrence, the governing body has decided not to honor your Advanced Directive/Allow Natural Death; we will resuscitate and/or stabilize you and transfer you to an acute care facility. If you bring an Advanced Directive/Allow Natural Death, it will become a prominent part of your chart. Your Advanced Directive/Allow Natural Death will be shared/sent with you to the acute care facility where they have a broader complement of resources and are better able to assist you with your plan of care.

X \_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

95 Collier Road, NW  
Suite 4085  
Atlanta, GA 30309  
Tel: 404 355-3200  
Fax: 404 355-9819

95 Collier Road, NW  
Suite 4075  
Atlanta, GA 30309  
Tel: 404 355-3200  
Fax: 404 350-9316

95 Collier Road, NW  
Suite 4055  
Atlanta, GA 30309  
Tel: 404 355-3200  
Fax: 404 351-7548

## Patient's Rights and Responsibilities

1. The patient has the right to considerate, dignified and respectful care.
2. The patient has the *right to refuse* any treatment or care, and to be informed of any medical consequences of their actions.
3. The patient has the right to the appropriate privacy of care. HIPAA requirements will be followed unless there is imminent danger to the patient or others.
4. The patient has the right, when the need arises, to have the facility make reasonable attempts to communicate in the language or manner primarily used by the patient.
5. The patient has the right to examine and receive a full explanation of their bill and payment policies of fees for service.
6. Upon proper documentation, patient's medical records are available. If 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.
7. The patient has the right to refuse to participate or engage in human experimentation, and/or experimental research affecting their care or treatment.
8. The patient has the right to receive information regarding their care, diagnosis, treatment and prognosis and when medically inadvisable the information is provided to a person designated by the patient or to a legally authorized person.
9. The patient has the right to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
10. The patient has the right to receive information from their provider prior to signing the informed consent. This information will include but not limited to the medical risks and benefits of treatment and alternatives of care.
11. The patient has the responsibility to inform the staff that you do not understand any part of your consent and to ask any questions or clarifications before signing consent.
12. The patient has the responsibility to follow the facility's protocol regarding their care, not to behave in a disruptive or disturbing manner and to have what is considered civil conduct.
13. The patient has the responsibility to be considerate of other patients and staff members.
14. The patient has the responsibility to have a responsible adult driver present at time of procedure.
15. The patient has the responsibility to provide complete and accurate health care information to the best of their ability regarding their health, medications (including over-the-counter products and dietary supplements), and any allergies or sensitivities.
16. The patient has the responsibility to indicate whether he or she understands the contemplated plan of care and is able to follow the treatment plan prescribed by his/her provider and to participate in his/her care.
17. The patient has the right to change their provider (within the practice) without prejudice. If patient wants to change provider the day of the procedure the procedure will be cancelled and scheduled with another provider. Cancellation policy will be in effect.
18. The patient has the responsibility to be knowledgeable about their health care plan/insurance.
19. The patient has the responsibility to be accountable for their financial responsibilities.
20. The patient is given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons. When medically inadvisable the information is provided to a person designated by the patient or to a legally authorized person.
21. The patient needs to be aware that it is the policy of Digestive Healthcare Endoscopy Center not to honor Advanced Directives/Allow Natural Death. If you bring an Advanced Directive/Allow Natural Death, it will become a prominent part of your chart. In the event of an adverse occurrence we will resuscitate and/or stabilize the patient and transfer to an acute care facility. Your Advanced Directive/Allow Natural Death will be shared/sent with you to the acute care facility.
22. The patient has the right to their health care providers' credentials upon request.
23. The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.
24. The patient or their representative has the right to verbalize concerns, suggestions or complaints to any of the below listed agencies. It is the responsibility of Digestive Healthcare Endoscopy Center staff to listen to patient concerns voiced by the patient or their representative. Patients who express concerns or file a grievance will not have their future access to care compromised in any way. To share concerns, verbally or written, please contact Lisa Kittner RN, BSN at 404-355-3200 Ext. 1155, Gaye Pennington at 404-355-3200 Ext. 1111 or any staff member apart of Digestive Healthcare. The governing body will notify the patient of receipt of written complaint within three working days. A written decision will be mailed to the patient after seven working days. If you are not satisfied with the resolution of Digestive Healthcare Endoscopy Center you may contact the state agency or Medicare Ombudsman

Practice Administrator  
Digestive Healthcare Endoscopy Center  
Gaye Pennington  
95 Collier Rd  
Suite 4075  
Atlanta, GA 30309

Georgia Department of Community Health  
Attn: Complaint Department  
Two Peachtree St, NW 31-447  
Atlanta, GA 30303-3142  
Phone: 404-657-8939 or 1-800-878-6442

Medicare Beneficiary Ombudsman:  
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>  
1-800-Medicare