

**WEST GEORGIA ENDOSCOPY CENTER, LLC
PATIENT RIGHTS & RESPONSIBILITIES**

PATIENT RIGHTS

1. The privacy of all patients shall be respected at all times. Patients shall be treated with respect, consideration, and dignity.
2. Patients shall receive assistance in a prompt, courteous, and responsible manner.
3. Patient medical records are considered confidential. Except as otherwise required by law, patient records and/or portions of records will not be released to outside entities or individuals without patients' and/or designated representatives' express written approval.
4. Patients have the right to know the identity and status of individuals providing services to them.
5. Patients have the right to change providers if they so choose.
6. Patients, or legal authorized representative, have the right to thorough, current and understandable information regarding their diagnosis, treatment options and prognosis, if known, and follow-up care. All patients will sign an informed consent from after all information has been provided and their questions have been answered.
7. Patients have the right to refuse treatment and to be advised of the alternatives and consequences of their decisions. Patients are encouraged to discuss their objectives with their provider.
8. Patients have the right to refuse participation in experimental treatment and procedures. Should any experimental treatment or procedure be considered, it shall be fully explained to the patient prior to commencement.
9. Patients have the right to express complaints about the care they have received and to submit their grievance to the Clinical Supervisor. The Clinical Supervisor will complete an "Adverse Event Notification" and bring the issue to the attention of the Medical Director in a timely manner, so that the grievance may be addressed. West Georgia Endoscopy Center is responsible for providing the patient or his/her designee with a written response within 30 days, indicating the findings of the investigation.
10. Patients have the right to be provided with information regarding emergency and after hours care.
11. Patients have the right to obtain a second opinion regarding the recommended procedure. Responsibility for the expense of the second opinion rests solely with the patient.
12. Patients have the right to a safe and pleasant environment during their stay.
13. Patients have the right to have procedures performed in the most painless way possible.
14. Patients have the right to develop Advance Directives, however, West Georgia Endoscopy Center, LLC does not accept Advanced Directives.
15. Patients have the right to be provided, upon request, all available information regarding services available at the Center, as well as information about estimated fees and options for payments.
16. Patients have the right to approve or refuse the release or disclosure of his/her medical record to a healthcare facility, except as required by law or third party payment contract.
17. Patients have the right to be informed that West Georgia Endoscopy Center is owned and operated by Howard Seeman, M.D.
18. Patients have the right to exercise his or her rights without being subjected to discrimination or reprisal.
19. Patients have the right to be free from all forms of abuse or harassment.

Patient Responsibilities

1. Patients are responsible for providing complete and accurate medical histories, including providing information on all current medications.
2. Patients are responsible for providing an adult to transport them home after the procedure.
3. Patients are responsible for keeping all scheduled pre-and post-procedure appointments, and complying with treatment plans to help ensure appropriate care.

4. Patients are responsible for reviewing and understanding the information provided by the Physician or Nurse.
5. Patients are responsible for understanding their insurance coverage and the procedures required for obtaining coverage.
6. Patients are responsible for providing insurance information at the time of their visits, and notifying the receptionist of any changes in insurance coverage or medical information.
7. Patients are responsible for paying all charges for co-payments, co-insurance, and deductibles on non-covered services at the time of the visit, unless other arrangements have been made in advance.
8. Patients are responsible for treating physicians and staff in a courteous and respectful manner.
9. Patients are responsible for asking questions about their medical care and seeking clarification from the physician of the services to be provided, until they fully understand the care they are to receive.
10. Patients are responsible for following the advice of their provider, and understanding the alternatives and/or likely consequences if they refuse to comply.

Signature: _____ Date: _____

To file a grievance, you may contact:

Jeannie Rockwell, Administrator @ 770-214-2800

Georgia Department of Community Health
Healthcare Regulation Division
2 Peachtree St, NW
Suite 31-447
Atlanta, GA 30303-3142

Complaint Line
(404) 657-5726 or 5728
1-800-878-6442

Office of Medicare Beneficiary Ombudsman
<http://www.cms.hhs.gov/center/ombudsman.asp>