Patient Rights Cont.

You have the right to know Salem Endoscopy Center's policy regarding advanced directives thus allowing the patient, the patient's representative or the patient's surrogate to make an informed decision about whether to proceed at Salem Endoscopy or to seek care at another facility. Salem Endoscopy Center does not honor advanced directives.

If a patient were to be in medical distress at this facility we could take measures to revive the patient. We would then transport the patient to Salem Hospital. Any advanced directive will be noted in the patient medical record and will be communicated to the receiving facility at time of transport.

Be informed of their right to change primary or specialty physicians if other qualified physicians are available.

Provide appropriate information regarding malpractice insurance coverage.

Exercise his or her rights without being subjected to discrimination or reprisal.

To know the share-holders of Salem Endoscopy Center:

Falguny Bhavan, M.D. Nabil Choueiri, M.D. Makkalearn Em, M.D. Katherine Hoda, M.D. Patricia Kao, M.D. Robert Ponec, M.D.

(updated 8/2022)

Responsibilities of Patient

Provide complete and accurate information to the best of his/her ability about his/her health care, ALL medications, including over-the-counter products; dietary supplements, any allergies or sensitivities.

Follow the treatment plan prescribed by his/her provider.

Arrange for an adult driver who can: walk on their own, help you in and out of a car, drive you home and remain with you for 6 hours.

The patient has been instructed and agrees not to operate a motor vehicle, enter into any legal contracts, drink any alcoholic beverage or take any drugs (unless prescribed by a physician) until the day following the procedure.

Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her health.

Accept personal financial responsibility for any charges not covered by his/her insurance. Be respectful of all the health care providers and staff, as well as other patients.

Responsibilities of Visitors

Be respectful of all health care providers and staff as well as other patients.

All visitors are to remain in waiting area during friend/family member's procedure.

If authorized by patient, the provider will review your friend/family member's procedure results and home instructions with you.

As designated responsible adult, you will transport him/her from the facility and remain with him/her for 6 hours.

Questions or complaints please contact

Administrator 875 Oak Street SE Suite 3095 Salem, Oregon 97301

Phone: 503-561-8170 Fax: 503-561-8167

Email: erint@salemgastro.com

PATIENT RIGHTS AND RESPONSIBILITIES

VISITOR RESPONSIBILITIES

Physician Ownership Disclosure

In accordance with Federal ASC Regulations (42C.F.R. 416.50(a) (i)), the following ownership disclosure is made in advance of the date of the procedure: Salem Endoscopy Center is owned and operated by the physician shareholders of Salem Gastroenterology Consultants, PC. (Falguny Bhavan MD, Nabil Choueiri MD, Makkalearn Em MD, Katherine Hoda MD, Patricia Kao MD, Robert Ponec MD)

Patient's Rights

The patient has the right to:

Receive care in a safe setting.

Treatment without regard to race, sex, age, national origin, or cultural, economic, educational, or religious background, or the source of payment of patient care.

Considerate and respectful care. The right to be free from all forms of abuse or harassment.

The knowledge of the name of the physician who has primary responsibility for coordination of patient care and the names and professional relationships of other practitioners who will see patient. All health care professionals practicing at the facility have had their credentials verified and been approved to practice at the facility by the Governing Board.

Receive information from the patient's physician about the patient's illness, the patient's course of treatment, and the patient's prospects for recovery in terms that the patient can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, surrogate or to a legally authorized person.

Receive the necessary information about any proposed treatment or procedure in order to give informed consent, or to refuse this course of treatment. Except in emergencies, this information shall include a verbal description of all the procedure(s), treatment(s), the medically significant risk(s) involved in the treatment, an alternate course of treatment or non-treatment, and the risk(s) involved in each, including the name of the person who would carry out the treatment(s) or procedure(s).

Participate actively in decisions regarding his or her medical care. To the extent it is permitted by law, this includes the right to refuse treatment.

Full consideration of privacy concerning the patient's medical care program. Case discussion, consultation, examination and treatment are

confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.

Confidential treatment of all communications and records pertaining to the patient's care. The patient's written permission shall be obtained before the patient's medical records are made available to anyone not concerned with the patient's care.

Reasonable responses to any reasonable request the patient makes for services.

Reasonable continuity of care and to know in advance, the time and location of appointment(s), as well as the practitioner providing the care.

Be advised if the physician proposes to engage in or perform human experimentation affecting the patient's care or treatment. The patient has the right to refuse to participate in such research projects.

Be informed by the patient's physician, or designee, of his or her continuing health care requirement.

Examine and receive an explanation of the patient's bill regardless of the source of payment.

Receive Notice of Patient's Rights prior to the start of the procedure. Salem Endoscopy Center must provide the patient, the patient's representative, or the patient's surrogate with verbal and written notice of patient's rights in a language and manner that ensures the patient, the representative, or the surrogate understands all of the patient's rights.

Express any grievances or suggestions verbally or in writing by the patient, the patient's representative or the patient's surrogate. The patient, the patient's representative or the patient's surrogate will receive a written response from the Registered Nurse Administrator.

Complaints to:

Oregon Health Authority, Health Facility Licensing and Certification

PO Box 14260

Portland, Oregon 97293-0260

Phone: 971-673-0540

www.healthoregon.org\hcrqi

(Click on general complaint form and send)

Administrator

875 Oak Street SE Suite 3095

Salem, Oregon 97301

Phone: 503-561-8170 Fax: 503-561-8167

Email: erint@salemgastro.com

Office of the Medicare Beneficiary Ombudsman 1-800-MEDICARE (1-800-633-4227) http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html Have in effect advanced medical directives concerning such issues as living wills and durable powers of attorney that will be identified to the facility and followed as appropriate under State and Federal regulation. Advanced Directive forms are available at Salem Endoscopy Center or online at www.oregon.gov\DHS\ph\hclc (Type in advanced directive form).

An advance directive is a set of instructions that explain the specific health care measures a person wants if he or she should have a terminal illness or injury and become incapable of indicating whether to continue curative and life-sustaining treatment, or to remove life support systems. The person must develop the advance directive while he or she is able to clearly and definitively express him or herself verbally, in writing or in sign language. It must express the person's own free will regarding their health, not the will of anyone else.

Oregon, the Health Care Decisions Act (ORS 127.505-127.660 and ORS 127.995) allows an individual to preauthorize health care representatives to allow the natural dying process if he or she is medically confirmed to be in one of the conditions described in his or her health care instructions.