

## PATIENT RIGHTS & NOTIFICATION OF OWNERSHIP

<p>Every patient has the right to be treated as an individual and to actively participate in and make informed decisions regarding his/her care. The facility and medical staff have adopted the following list of patient's rights and responsibilities, which are communicated to each patient, or patient's representative/surrogate in advance of the procedure.</p> <p><b>Patient Rights:</b></p> <p>Every patient of a facility shall have the right:</p> <ul style="list-style-type: none"> <li>a) To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.</li> <li>b) To receive considerate, respectful and dignified care.</li> <li>c) To be provided privacy and security during the delivery of patient care service.</li> <li>d) 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.</li> <li>e) To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.</li> <li>f) 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.</li> <li>g) 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 in the medical record.</li> <li>h) To be free from mental and physical abuse, or exploitation during the course of patient care.</li> <li>i) Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.</li> <li>j) 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.</li> <li>k) To have care delivered in a safe environment, free from all forms of abuse, neglect, harassment or reprisal.</li> </ul>	<p><b>Patient Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• To follow the treatment plan prescribed by their provider, including pre-operative and discharge instructions.</li> <li>• To provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider.</li> <li>• To inform their provider about any living will, medical power of attorney, or other advance healthcare directive in effect.</li> <li>• To accept personal financial responsibility for any charges not covered by their insurance.</li> <li>• To be respectful of all the healthcare professional and staff as well as other patients.</li> </ul> <p><b>If you need an Interpreter:</b></p> <p>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.</p> <p><b>Rights and Respect for Property and Person</b></p> <p><b><i>The patient has the right to:</i></b></p> <ul style="list-style-type: none"> <li>• Exercise his or her rights without being subjected to discrimination or reprisal</li> <li>• Voice grievance regarding treatment or care that is or fails to be furnished</li> <li>• Be fully informed about a treatment or procedure and the expected outcome before it is performed</li> <li>• Confidentiality of personal medical information</li> </ul> <p><b><u>Privacy and Safety</u> <i>The patient has the right to:</i></b></p> <ul style="list-style-type: none"> <li>• Personal privacy</li> <li>• Receive care in a safe setting</li> <li>• Be free from all forms of abuse or harassment</li> </ul> <p><b><u>Statement of Nondiscrimination</u></b></p> <p>Northwest Ohio Endoscopy Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.</p> <p>Northwest Ohio Endoscopy Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad,</p>	<p><i>You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative or surrogate) prior to the procedure being performed.</i></p> <p>Northwest Ohio Endoscopy Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery 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 surgery center, the personnel 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.</p> <p>If the patient has Advance Directives which have been provided to the surgery 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.</p> <p><b>Complaints/Grievances</b></p> <p>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 resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.</p> <p>The following are the names and/or agencies you may contact:</p> <p>Melinda Newis, BSN RN Center Administrator  <b>Northwest Ohio Endoscopy Center</b>  4841 Monroe Street, Suite 111  Toledo, OH 43623  419-474-3949</p> <p>You may contact the state to report a complaint:  <b>Ohio Department of Health</b>  246 N. High Street  Columbus, Ohio 43215  614.466.3543</p> <p>State Web site: <a href="http://www.odh.ohio.gov/">http://www.odh.ohio.gov/</a></p>
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<ul style="list-style-type: none"> <li>l) Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.</li> <li>m) Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.</li> <li>n) 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 coordination of his/her care.</li> <li>o) To be informed of the right to change providers if one is available</li> <li>p) To know which facility rules and policies apply to his/her conduct while a patient.</li> <li>q) 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's rights.</li> <li>r) 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 for participation in research shall be obtained and retained in his/ her patient record.</li> <li>s) To examine and receive an explanation of his/her bill regardless of source of payment.</li> <li>t) To appropriate assessment and management of pain.</li> <li>u) To be advised if the physician providing care has a financial interest in the surgery center.</li> </ul>	<p>edad, discapacidad o sexo.</p> <p>Northwest Ohio Endoscopy Center respecte les lois fédérales en vigueur relative's aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.</p> <p>Northwest Ohio Endoscopy Center 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。</p> <p><b><u>Advance Directives</u></b></p> <p><i>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 Advanced Directives are found in Ohio Statutes 2133.01 -26:</i></p> <p><i>In the state of Ohio, a patient has a right to express your wishes regarding your future health care. An "advance directive" is the term used to describe three types of legal documents you can complete to express your wishes regarding future health care: 1) durable power of attorney for health care; 2) declaration from mental health treatment; and 3) living will.</i></p>	<p><b>Medicare Ombudsman website</b></p> <p><a href="https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home">https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home</a></p> <p><b>Medicare:</b> <a href="http://www.medicare.gov">www.medicare.gov</a> or call 1-800-MEDICARE (1-800-633-4227)</p> <p><b>Office of the Inspector General:</b>  <a href="http://oig.hhs.gov">http://oig.hhs.gov</a></p> <p>This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or grievances may also be filed through:</p> <p><b>Accreditation Association for Ambulatory Health Care (AAAHC)</b></p> <p>3 Parkway North Blvd, Suite 201    Deerfield, IL 60015    (847)853-6060 or email: <a href="mailto:info@aaahc.org">info@aaahc.org</a></p> <p><b>Physician Financial Interest and Ownership:</b></p> <p><i>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.</i></p> <p><b>David L. Zack, DO FACG</b>  <b>Scott Corman, DO</b>  <b>Michael A. Pappas, MD</b></p> <p><b>Northwest Ohio Endoscopy Center</b>  <b>4841 Monroe Street Suite 111</b>  <b>Toledo, Ohio 43623</b>  <b>419-474-3949</b></p>
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**Northwest Ohio  
Gastroenterology  
Associates and  
Endoscopy Center**

Origination	02/2014	Owner	Melinda Newis: Center Leader
Last Approved	04/2024	Area	Patient Rights
Effective	04/2024	Applicability	2048-001 Toledo GI
Last Revised	02/2014	References	Center Policy
Next Review	04/2026		

## Advance Directives

### POLICY:

The Center respects and upholds the right of a patient to participate in and make informed decisions regarding their care.

Prior to the surgery or procedure to be performed at the center, the patient or patient representative/surrogate is provided information regarding state advance directives regulations and the facility policy on advance directives. In addition, the patient will be offered copies of state advance directives forms.

Due to the nature of the procedures performed at this ambulatory facility, the following statement of limitations has been adopted by the Governing Board:

Northwest Ohio Endoscopy Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery 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 surgery center, the personnel 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 surgery 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.

This statement of limitation reflects the policy of the facility and does not address any objections to provision of care for particular patients on the part of individual staff members. In addition, this statement of limitation applies to all patients and procedures performed at the center.

Ohio laws regarding advanced healthcare directives presented in this policy can be found in Ohio

Statutes 2133.01 -26:

**2133.10 Transfer of patients.**

- A. An attending physician who, or a health care facility in which a qualified patient or other patient is confined that, is not willing or is not able to comply or allow compliance with a declaration of a qualified patient, with a consent given in accordance with section 2133.08 or 2133.09 of the Revised Code, with any probate court order issued pursuant to section 2133.05, 2133.08, or 2133.09 of the Revised Code, or with any other applicable provision of sections 2133.01 to 2133.15 of the Revised Code shall not prevent or attempt to prevent, or unreasonably delay or attempt to unreasonably delay, the transfer of the qualified patient or other patient to the care of a physician who, or a health care facility that, is willing and able to so comply or allow compliance.
- B. If a declaration provides for the use or continuation of life-sustaining treatment should its declarant subsequently be in a terminal condition or in a permanently unconscious state, if a consent decision of a priority individual or class of individuals under section 2133.08 of the Revised Code is to use or continue life-sustaining treatment in connection with a patient described in that section, or if a probate court issues a reevaluation order pursuant to section 2133.05 or 2133.08 of the Revised Code that is intended to result in the use or continuation of life-sustaining treatment in connection with a qualified patient or other patient, then the attending physician of the qualified patient or other patient who, or health care facility in which the qualified patient or other patient is confined that, is not willing or is not able to comply or allow compliance with the declaration, consent decision, or reevaluation order shall use or continue the life-sustaining treatment or cause it to be used or continued until a transfer as described in division (A) of this section is made.

4735. A health care provider or health care institution may decline to comply with an individual health care instruction or health care decision that requires medically ineffective health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution.

4736. A health care provider or health care institution that declines to comply with an individual health care instruction or health care decision shall do all of the following:

- a. Promptly so inform the patient, if possible, and any person then authorized to make health care decisions for the patient.
- b. Unless the patient or person then authorized to make health care decisions for the patient refuses assistance, immediately make all reasonable efforts to assist in the transfer of the patient to another health care provider or institution that is willing to comply with the instruction or decision.
- c. Provide continuing care to the patient until a transfer can be accomplished or until it appears that a transfer cannot be.

## **PURPOSE:**

To inform a patient of their right to execute Advance Directives

To provide the patient with information regarding applicable state health and safety laws regarding

## Advance Directives

To provide the patient with applicable state forms if so requested

To advise the patient of the Center policy regarding Advance Directives

## PROCEDURE:

Information regarding Advance Directives, applicable state health and safety laws, and facility policy on Advance Directives is provided to each patient prior to the start of the surgery or procedure. In addition, the patient is offered copies of applicable state forms.

Prior to admission, the patient is asked to bring a copy of any existing advance directive forms to the center on the day of their procedure/surgery. The advance directives are placed on the chart.

A notation is made on each patient's medical record whether or not he/she has executed Advance Directives.

The patient is advised that in the event of a life threatening occurrence, emergency medical procedures are implemented, the patient is stabilized and transported to a hospital. In order to support informed decision making on the part of the patient, the patient may opt to have the procedure/surgery scheduled at an alternative facility.

At the time of admission, an entry will be made in the medical record which reflects:

- Whether the patient has received information regarding Advance Directives and applicable state regulations;
- If the patient has requested copies of state Advance Directive forms and that they are provided;
- If the patient has executed an Advance Directive or not (recorded in a consistent location in all medical records);
- If the patient is transferred to an acute care facility and has provided the surgery center with their Advance Directives, copies of the Advance Directives are sent with the patient to the acute care facility

## REFERENCE:

CMS Conditions of Participation 416.50 (c) Advance Directives

## Attachments

[Form Multiple Authorization \(2\)](#)

[Form Multiple Authorization\\_ES\(US\) \(2\)](#)

## Approval Signatures

Step Description	Approver	Date
Clinical Director	Tameika Anderson: Director, Clinical Services	04/2024
	Melinda Newis: Center Leader	04/2024

## Applicability

2048-001 Toledo GI

## Standards

No standards are associated with this document