



Patient's Rights and Responsibilities

Except where medically contraindicated, these rights apply to all adults and adolescents treated at Dayton Gastroenterology, Inc. and their parents and/or guardians.

You have the right...

1. To considerate and respectful care with full recognition of your dignity, individuality and reasonable cultural needs.
2. To be provided appropriate personal and informational privacy.
3. To have your medical records and disclosure of information treated confidentially, and except when required by law, given the opportunity to approve or refuse their release.
4. To be provided, to the degree known, complete information concerning your diagnosis, evaluation, treatment and prognosis, or when it is medically inadvisable, to have such information given to a person designated by you or to a legally authorized person.
5. To be given an explanation of any proposed procedure or treatment. The explanation should include a description of the nature and purpose of the treatment or procedure; the known risks or serious side effects; expected outcome; and treatment alternatives.
6. To access information contained in your records within a reasonable time frame.
7. Not to be denied participation in all treatment services based on the grounds of race, color, creed, sex, national origin, handicap, religion, age or sources of payment for care.
8. To expect reasonable safety insofar as the center's practices and environment are concerned and free from all forms of abuse or neglect.
9. To know the name and title of staff members providing service to you.
10. To have communication in a language you understand.
11. To be informed of the center's policy regarding advance directives/living wills.
12. To participate in decisions involving your health care, except when such participation is contraindicated for medical reasons.
13. To request consultation at your own expense.
14. To expect a reasonable response to your requests.
15. To be afforded the opportunity to participate in planning your treatment program, or to refuse to participate in any treatment, including but not limited to experimental research, and to be informed of the medical consequences of such a refusal.
16. To request transfer of your care to another provider or facility.
17. To make informed decisions regarding your care.
18. To exercise your rights without being subjected to discrimination or reprisal.
19. To voice grievances regarding treatment or care that is (or fails to be) furnished.

You have the responsibility...

1. To be honest about matters that relate to you as a patient.
2. To provide complete information regarding your health, medications (including over-the-counter products and dietary supplements), allergies and sensitivities.
3. To attempt to understand your problems.
4. To attempt to follow the directions and advice offered by the staff.
5. To ask questions when you do not understand the information or instructions given to you.
6. To know the staff who are caring for you.
7. To report changes in your condition to those responsible for your care and welfare.
8. To be considerate and respectful of the rights of both fellow patients and staff.
9. To honor the confidentiality and privacy of others.
10. To notify the COO if you feel your rights are being violated.
11. To assure that the financial obligations of your health care are fulfilled as promptly as possible.
12. To provide a responsible adult to provide transportation home and to remain with you as instructed.



Patient's Rights and Responsibilities (continued)

Patient Guardian

The patient's guardian, next of kin, or legally authorized responsible person or patient's surrogate has the right to exercise the rights delineated on the patient's behalf, to the extent permitted by law, if the patient:

- has been adjudicated incompetent in accordance with the law.
- has designated a legal representative or surrogate to act on their behalf.
- is a minor.

Patient Grievances

The patient and family are encouraged to help the facility improve its understanding of the patient's environment by providing feedback, suggestions, comments and/or complaints regarding the service needs and expectations.

A complaint or grievance should be registered by contacting the center and/or a patient advocate at the Ohio Department of Health or Medicare (numbers listed below).

The surgery center will respond in writing within 30 days with notice of how the grievance had been addressed.

Contacts:

Dayton Gastro Endoscopy Units
Susan Lewis, COO
75 Sylvania Drive
Beavercreek, OH 45440
(937)320-5050, ext. 3086
slewis@daytongastro.com

Ohio Department of Health
246 North High Street
Columbus, OH 43215
(800)669-3534

Medicare Beneficiary Ombudsman
1-800-MEDICARE(1-800-633-4227)
www.medicare.gov
(Ombudsman link is in left-hand column)

Advance Directives (Please bring a copy of your Advance Directive)

In accordance with Ohio law, this center must inform you that we are not required to honor and do not honor Do Not Resuscitate (DNR) directives. A healthcare power of attorney will be honored.

If a patient should provide his/her advance directive a copy would be placed on the patient's medical record and transferred with the patient should his/her physician order a hospital transfer.

At all times the patient or his/her representative will be able to obtain any information they need to give informed consent before any treatment or procedure.

In order to assure that the community is served by this facility, information concerning advance directives is available at the facility. The state of Ohio does not require a specific form for an advance directive. Sample forms are available at the center's office or ohiohospitals.org/News-Publications/Publications/Advance-Directives

Insurance

Please check your insurance card or call your insurance company to find out if you need precertification.

If your insurance company does require precertification, please call our Business Office at (937)320-5050 to assist you.

NOTE: If you are having a colonoscopy (procedure code 45378), some medical insurance plans do not provide coverage for the following diagnosis codes:

- Family history of colon cancer (diagnosis code Z80.0)
- Family history of colon polyps (diagnosis code Z83.71)
- Colon cancer screening (diagnosis code Z12.11)

If one of the diagnosis codes listed above is the primary reason for your colonoscopy, please check with your medical insurance company to verify the diagnosis will be considered for payment with your plan.

Patient Rights Notification

Each patient at the center will be notified of their rights in the following manner:

- A written notice provided in advance of their surgery in a language and manner the patient understands.
- A verbal notice provided in advance of their surgery in a language and manner the patient understands.
- A posted notice visible by patients and families waiting for treatment.