

As a patient of the **AMBULATORY ENDOSCOPY CENTER OF MARYLAND**, you have the right to receive the following information in advance of the date of the procedure.

PATIENT'S BILL OF RIGHTS:

Every patient has the right to be treated as an individual with his/her rights respected. The facility and medical staff have adopted the following list of patient's rights:

PATIENT RIGHTS:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To receive consideration and respectful care from competent personnel in a clean and safe environment. To be free from mental, physical, sexual and verbal abuse, neglect, exploitation and free from use of unnecessary restraints. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.
- To understand the indications for the procedure. To receive all the information they need to give informed consent for any procedure, including the possible risks and benefits of the procedure.
- To receive complete information regarding diagnosis, planned treatment and prognosis, as well as alternative treatments/procedures and the possible risks/side effects associated with treatment. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or to a legally authorized individual.
- To participate in all decisions involving health care, except when such participation is contra-indicated for medical reasons.
- To refuse treatment in accordance with laws and regulations, to leave the facility even against the advice of his/her physician and to be told what affects this may have on their health.
- To change their provider to another available provider.
- To assure safe use of equipment by trained personnel.

- To be provided privacy, confidentiality and integrity of all information and records regarding their care.
- To be provided privacy, safety and security of self and belongings during the delivery of patient care service.
- To have the right to access information contained in their medical record. To approve or refuse the release of their medical records except when it is required by law and to ask for an accounting of such.
- To be aware of fees for service and the billing process.
- To complain or file a grievance without fear of reprisals about the care and services that they are receiving.
- Has the right to be informed of any research or experimental projects and to refuse participation without compromise to the patient's usual care.
- The right to appropriate assessment and management of pain.
- The right to continuity of health care and to know in advance the time and location of appointment, as well as the physician providing the care. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements.
- To be informed if the facility has authorized other healthcare and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and functions of this institution and to refuse to allow their participation in the patient's treatment.
- To request and receive information on Advanced Directives and the Center's policy on honoring them.
- 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.
- To be assured that in the event of needed long-term care; this organization will provide the mechanisms to help advance the development of continuing quality care for those patients who require it.

PATIENT'S RESPONSIBILITIES:

- To provide accurate past and present medical history, present complaints, past illnesses, hospitalizations, surgeries, existence of advance directives, medication and other pertinent data.
- To follow the treatment plan prescribed by provider and for asking questions when they do not understand something regarding their care or treatment.
- For assuring that the financial obligations for health care rendered are paid in a timely manner.
- For their actions if they should refuse a treatment or procedure; or if they do not follow or understand the instructions given them by the physician or Center employee.
- For keeping their procedure appointment. If they anticipate a delay or must cancel, they will notify the Center as soon as possible.
- For the disposition of their valuables, as the Center does not assume this responsibility.
- For showing respect and consideration to other people and property.
- Patients are responsible for **Arranging Transportation** to and from the facility by a responsible adult.
- To assure there are no children left unattended in the facility at any time.

If you need a translator:

If you will need a translator, **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.

Rights and Respect for Property and Person

The patient has the right to:

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

Voice grievance regarding treatment or care that is or fails to be furnished

Be fully informed about a treatment or procedure and the expected outcome before it is performed

Confidentiality of personal medical information

Privacy and Safety

The patient has the right to:

Personal privacy

Receive care in a safe setting

Be free from all forms of abuse or harassment

Advance Directives

You have the right to information on the Center's policy regarding Advance Directives.

Advance Directives will not be honored within the Center. In the event of a life-threatening event emergency medical procedures will be implemented. Patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family.

If the patient or patient's representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with their wishes.

If you request, an official state Advance Directive Form will be provided to you. Forms can also be found at the Maryland Attorney General's Web Site <http://www.oag.state.md.us/Healthpol/AdvanceDirectives.htm>

Submission and Investigation of Grievances: You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of the Center's decision.

The following are the names and/or agencies you may contact:

KIM WILSON, RN, BSN - Center Director
7350 Van Dusen Road Suite 230
Laurel, MD 20707
(voice) 301-498-5500 ext. 117 (fax) 301-604-5956

AAAHC
5250 Old Orchard Road, Suite 250
Skokie, IL 60077
Tel: 847/853.6060
Fax: 847/853.6118 Email: info@aaahc.org

You may contact your state representative to report a complaint;
www.gov.state.md.us/

Office of Health Care Quality
Department of Health and Mental Hygiene
Spring Grove Hospital Center
Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228
Phone Number: (410) 402-8000
Toll-free: 1-877-402-8218
Email: ohcqweb@dhmh.state.md.us

State website -<http://www.dhmh.maryland.gov/>
Sites for address and phone numbers of regulatory agencies: **Medicare Ombudsman website**
www.medicare.gov/Ombudsman/resources.asp


Medicare: www.medicare.gov or call
1-800-MEDICARE (1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>

Physician Financial Interest and Ownership: 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.



Patient Rights, Responsibilities and Notification of Physician Ownership



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**AMBULATORY ENDOSCOPY CENTER
OF MARYLAND, LLC.**

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