

**Your Rights as a Patient at Digestive Disease Specialists, Inc.**

We consider you a partner in your care. When you are well informed, participate in treatment decisions and talk openly with your doctor and other health professionals, you help make your care as effective as possible.

**You have the right to:**

- ◆ Receive services without regard to race, color, age, sex, sexual orientation, religion, marital status, handicap, national origin, or sources of payment for care.
- ◆ Be treated with respect, consideration and dignity.
- ◆ Be provided a safe environment for self and family, personal privacy and free from all forms of abuse or harassment.
- ◆ Be provided reasonable physical access.
- ◆ Express your spiritual beliefs and cultural practices as long as they do not harm others or interfere with others medical care.
- ◆ Be informed, to the extent known, about your medical condition, planned treatments, options and likely outcomes and expected incapacitation and to discuss this information with your doctor before the treatment or procedure is performed. When medically inadvisable to give such information to a patient, the information is provided to a family member or person designated by the patient to be a legally authorized person.
- ◆ Participate in decisions involving your healthcare, except when participation is contraindicated for medical reasons.
- ◆ Be informed, when appropriate, of the treatment policy for an un-emancipated minor not accompanied by an adult.
- ◆ Know the names and roles of the people helping with your care.
- ◆ Be provided with appropriate privacy during care.
- ◆ Expect that all disclosures and records be treated confidentially, except when required by law, and to be given the opportunity to approve or refuse their release.
- ◆ Consent or refuse to take part in research activities regarding your care and to participate in care decisions throughout the process.
- ◆ Have your pain level addressed and methods for appropriate care for pain management discussed with you or your designee.
- ◆ Have care transferred to another physician or facility and receive the complete information about the need for and alternatives to referral.
- ◆ Be informed of your rights to change specialty physicians if other qualified physicians are available.
- ◆ Have access to your medical record and have the information explained to you.
- ◆ Refuse treatment and be informed of consequences of refusing treatment or not complying with therapy.
- ◆ Be informed as to:
  - Expected conduct and responsibilities as a patient
  - Services available from the facility
  - Provisions for after-hours and emergency care
  - Fees for services and payment policies
  - Right to refuse participation in investigational studies or clinical trials
  - Methods for expressing grievance and suggestions to the facility
  - Disclosure of ownership- **Your DDSI physician is part owner of the facility where you will have your scoping procedure.**
  - Procedure for reporting public health concerns to the appropriate authorities
  - Access to the ethics committee if you feel care was not given in an ethical manner
  - Voice complaints about your care, have complaints reviewed and when possible, resolved

**Advance Directives**

- ◆ Have an advance directive, such as a living will or health proxy. Under Oklahoma law, an individual of sound mind and 18 years of age **or** older may execute an advance directive for health care governing the provision, withholding, or withdrawal of life-sustaining treatment. According to the individual's wishes, the advance directive becomes operative when the individual can no longer make decisions regarding life-sustaining treatment **AND** the individual (a) has a terminal condition, (b) is persistently unconscious, and/or (c) has an end-stage condition which results in severe and permanent deterioration indicated by incompetency and complete physical dependency and treatment is medically indicative, is no longer able to make decisions regarding administration of life-sustaining treatment. **If you have an advance directive, please notify your DDSI Physician office and bring a copy to the scoping facility on the day of your procedure.** We can provide you with copies of the Oklahoma advance directive form upon request.

## Responsibilities of the Patient

**All** patients are responsible for behavior that shows respect and consideration for other patients, family, visitors and personnel of Digestive Disease Specialists, Inc.

**All** patients are responsible for assuring that the financial obligations for health care rendered are paid in a timely manner and for accepting personal financial responsibility for any charges not covered by his/her insurance.

**All** patients are responsible for accepting consequences of their actions if they should refuse a treatment or procedure, or if they do not follow or understand the instructions given them by the doctor or their health care team member.

**All** patients have the responsibility of providing DDSI, to the best of their knowledge, with an accurate and complete medical history about present complaints, past illnesses, any allergies and/or sensitivities, hospitalizations, surgeries, medications, (including over the counter or dietary supplements), and other pertinent data such as any living will, medical power of attorney, or other directive that could affect his/her care.

**All** patients are responsible for notifying the facility of any change in their condition.

**All** patients are responsible for notifying appropriate personnel of any pain when it occurs and for assisting in the assessment of the level of pain and working with the healthcare professional in developing an effective pain management plan.

**All** patients are responsible for keeping their appointment for scheduled procedures or office visits. If you anticipate a delay or must cancel the scheduled procedure, it is the patient's responsibility to notify the facility or physician as soon as possible.

**All** patients are responsible for the disposition of their valuables, as the facility does not assume this responsibility.

**All** patients are responsible for carrying out their preoperative and postoperative orders as supplied by the facility and for providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her physician.

**All** patients are responsible for following the treatment plan prescribed by his/her provider.

To file a grievance, contact our Ethics Committee, or have a complaint heard, please call the following:

<b><u>Office Manager:</u></b>	BMC	702-1300	<i>or</i>	<b><u>Clinical Manager:</u></b>	North AEC	702-1310
	Mercy McAuley	751-7664			South AEC	635-3700
	Mercy Plaza	751-9427				
	Mercy Tower	752-5559				
	MWC	737-4464				
	South	632-4000				

To make a report to the Oklahoma Health Department, contact:

*David Schenold*  
*Oklahoma Department of Health*  
*1000 N.E. 10<sup>th</sup>*  
*Oklahoma City, OK 73104*  
*405-271-6576*

You may also contact the Medicare Ombudsman @ website:

<http://www.cms.hhs.gov/center/ombudsman.asp>