AS A PATIENT OF THE ENDOSCOPIC IMAGING CENTER, 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

PATIENT RIGHTS:

•To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, economic status, culture, education, or age.

•To be treated with respect, consideration, and dignity by competent personnel in a clean and safe environment.

•To be free from mental and physical abuse, 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 be provided privacy and security of self and belongings during the delivery of patient care service.

•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.

•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.

•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.

•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.

•To be assured of safe use of equipment by trained personnel.

•Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.

•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.

•To leave the facility even against the advice of his/her physician.

•Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.

•To be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge for the facility.

•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.

•To know which facility rules and policies apply to his/her conduct while a patient.

•To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his or her patient record.

•To examine and receive an explanation of his/her bill regardless of source of payment.

•To appropriate assessment and management of pain.

•To have care provided by a physician who has met the qualifications of the center and has been privileged and credentialed to practice at the center.

•To complain without fear of reprisals about the care and services that they are receiving. You have a 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::

Kari Lorenzen, Center Director 913-492-0800
10200 W. 105th St. Overland Park, Ks. 66212

Kansas Department of Health and Environment
Suite 540, Curtis State Office Building
1000 SW Jackson St. Topeka, Ks. 66612
800-842-0078

Medicare: 1-800-633-4227. The Medicare Ombudsman website is www.medicare.gov/Ombudsman/resources.asp.

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

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.

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.

Physician Financial Interest and Ownership: The Center is owned, in part, by the physicians. The physician(s) who scheduled you at 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.

By signing below, you, or your legal representative, acknowledge that you have received, read and understand this information in advance of the date of the procedure and have decided to have your procedure performed at this center.

_____

Signature of Patient or Patient Legal Representative

Date _____

PLEASE BRING THIS FORM WITH YOU ON THE DAY OF YOUR PROCEDURE

Patient Rights and Notification of Physician Ownership

Endoscopic Imaging Center

10200 W. 105th St.

Overland Park, Ks. 66212

913-492-0800

Anesthesia Services Offered at the Endoscopy Center

Endoscopic Imaging Center is now offering state of the art advanced anesthesia services to its patients. Propofol is an IV drug administered by a Certified Registered Nurse Anesthetist (CRNA), who is highly trained and specialized to safely administer your sedation. Propofol has distinct advantages over other medications in that it generally produces a much deeper level of sedation, ensuring that you will be asleep and comfortable during the procedure, yet allowing you to wake up and recover much faster after the procedure is completed. The CRNA will carefully deliver medications while monitoring your vital signs (pulse, blood pressure, respiratory rate, EKG rhythm strip, and pulse oximetry) during your procedure.

Please note that charges for anesthesia services (CRNA) are separate from and in addition to routine charges for endoscopic services rendered by your physician, the endoscopy center, and pathology charges (biopsies, if taken). These charges are covered by your health insurance policy. In the event that your insurance will not cover anesthesia (CRNA) administered Propofol IV sedation for your endoscopic procedure, alternative payment arrangements can be made.

_____ **(Initial Here)** I agree to receive anesthesia services, as recommended by my physician, CRNA administered IV Propofol, and I acknowledge that my insurance will be billed and I will be responsible for payment of any deductibles and co-insurance.

_____ _____

Patient Signature Date

_____

Print Name

Overland Park Ks Endoscopy ASC, LLC
d/b/a Endoscopic Imaging Center
10200 W. 105th St.
Overland Park, Ks. 66212
(913) 492-0800

PHYSICIAN OWNERSHIP DISCLOSURE FORM

In accordance with Federal ASC Regulations (42 C.F.R. 416.50(a)(ii)), the following ownership disclosure is made in advance of the date of the procedure:

Endoscopic Imaging Center is owned in part by physicians. The physician who referred you to the Center and who will be performing your procedure is an owner.

You have the option to be treated at another health care facility of your choice. We can discuss with you alternative locations where you may receive services.

By signing below, you, or your legal representative, acknowledge that this disclosure has been made in advance of the date of the procedure, and that you have decided to have the procedure performed at Endoscopic Imaging Center.

_____

Signature of Patient or Patient Legal Representative

Date: _____ **Time:** _____

Please bring this form with you to Endoscopic Imaging Center on the day of your procedure.

Endoscopic Imaging Center
Medication Reconciliation Form

ALLERGIES:					
Medication History – Include Over the Counter Medications					Last Dose Taken
Medication Name	Dose	Route	Frequency	Comments	

Medication/Allergy History provided by: _____Date:_____Time:_____

Resume all pre-procedure medications as ordered previously by prescribing physician. Exceptions/explanations listed below:

_____
_____
_____
_____

Additional Home Medications for Patient discharge

Medication Name	Dose/Route/Frequency/Comments	Rx Given?

Physician's signature: _____Date_____Time_____
Patient/Responsible Party signature_____Date_____Time_____
Discharge Nurse signature _____Date_____Time_____