

Boise Endoscopy Center

425 W. Bannock St.
Boise, Idaho 83702
208-342-7169

Meridian Endoscopy Center

2235 E. Gala St.
Meridian, Idaho 83642
208-695-2100

Canyon County Endoscopy Center

1216 Garrity Blvd
Nampa, Idaho 83687
208-954-8218

PATIENT RIGHTS & RESPONSIBILITIES**RESPECTFUL CARE**

The patient has the right to considerate and respectful care which optimizes the comfort and dignity of the patient throughout his/her treatment. Recognition of the patient's dignity as a human being is of utmost concern. The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal. Reasonable attempts will be made to accommodate the patient needs to communicate in the language primarily used by the patient. Interpretation services are available via the language line. The patient is encouraged to communicate their specific needs to the staff and physicians involved in their care.

The patient has the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation. Idaho Gastroenterology Associates follows CFR 438.100 to help prevent restraint or seclusion and the patient has a right to file a grievance if they have experienced this. *Please refer to section "Complaint/Grievance".*

PRIVACY

The patient has the right to every consideration of privacy, and to receive care in a safe setting, free from all forms of abuse and harassment. The patient has the right to refuse to talk with anyone not officially connected with the center, including visitors. The patient's privacy will be respected from the check-in process throughout the evaluation and treatment areas, when conducting interviews or while the patient is being examined. The patient has the right to wear appropriate personal clothing and religious or other symbolic items if they do not interfere with diagnostic procedures or treatment. The physician and nursing staff will discuss the results of the procedure and additional follow up with the patient and the patient's representative unless otherwise instructed.

CONFIDENTIALITY AND DISCLOSURES

The patient has the right to expect that all communication and records pertaining to his/her care will be treated as confidential. The patient or his/her legal representative has access to this information within the limits of the law. Except when required by law, patients are given the opportunity to approve or refuse their release. (See Notice of Privacy Practices).

INFORMATION AND TREATMENT

The patient has the right to be well informed about his/her illness, possible treatments, and likely outcomes and to discuss this information with his/her doctor. The patient has a right to know the names and roles of the providers treating him/her. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known. The patient has the right to be told of realistic care alternatives when existing care is no longer appropriate. If it is medically inadvisable to provide the patient with information concerning their diagnosis, evaluation, treatment and prognosis a person designated by the patient is given the information.

INFORMED CONSENT/REFUSAL OF CARE

The patient has the right to receive from his/her physician the information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information should include, but not necessarily limited to, the specific procedure and/or treatment planned, the medically significant risks involved, the benefits and alternatives associated. The patient has the right to refuse recommended treatment or plan of care to the extent permitted by law, and to be informed of the medical consequences of this action.

BILLING INFORMATION

The patient has the right to receive an explanation of his/her bill, regardless of the source of payment. Billing procedures regarding payment arrangements will be discussed with the patient by the billing personnel. Patients requesting information regarding the expenses associated with procedures are encouraged to speak with the billing personnel.

EXPERIMENTAL RESEARCH

The patient has the right to consent or decline to take part in research affecting his/her care. The facilities are not currently participating in research studies.

ADVANCED DIRECTIVES

The patient has the right to an Advanced Directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker, with the expectation the center will honor the patient's wishes to the extent permitted by law. The possession of an advance directive is documented at the time of check in. The physician performing the endoscopy deems the advance directive to apply to hospital care and not for the purposes of an elective outpatient *procedure*. Resuscitative measures would be implemented at the ASC if the patient undergoing an elective outpatient procedure were to have an adverse reaction to the sedation or procedure.

CREDENTIALING OF HEALTHCARE PROFESSIONALS

All physicians are Board Certified Gastroenterologists and are credentialed by the medical staff of the center. Gastroenterologists specialize in procedures specific to diagnosing diseases of the gastrointestinal tract. All licenses and registration are kept current and verified. Re-credentialing occurs every three years. All nursing staff is licensed in the State of Idaho. All physicians and registered nurses are certified in Advanced Cardiac Life Support. All other clinical personnel are current in Basic Life Support.

PHYSICIAN SELECTION/FINANCIAL DISCLOSURE

Patients have the right to select their gastroenterologist. For information regarding each physician please refer to the website idahogastro.com or ask any staff member. You have the right to change providers. When requesting a transfer of your care to another provider this change must be approved by the new provider you are requesting.

Idaho Gastroenterology Associates and All Associated Ambulatory Surgery Centers (ASCs) are owned and operated by the physicians of Idaho Gastroenterology Associates. Physician owners include Akshay Gupta, Chris Hammerle, Matthew Sericati, Brian Story, Robert Lockwood, Kirsten Morigeau, Erin McCoy, Justin Tomal, Victoria Jaeger, Oswaldo Bisbal, and John Dever. The intent of disclosing this information in advance of your scheduled procedure is to assist you in making an informed decision about your care.

PATIENT APPOINTED REPRESENTATIVES

If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf. A patient who has been determined to be incompetent under a State legal process is not capable of exercising his or her rights independently. For such patients, the person appointed under State law is to act on the patient's behalf and exercise all the rights afforded to any patient.

If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by the State law. A competent patient with legally appointed representation has the right to delegate a legally appointed person to make informed decisions on their behalf to the degree permitted by State law. Boise, Meridian, and Canyon County Endoscopy Centers will respect the patient's wishes and follow that process.

If a patient becomes unconscious, incapacitated, or is unable to make decisions for themselves, our centers will defer to our advanced directives policy. The ASC must and will consult advance directives, medical power of attorney or patient representative, or surrogate.

In the event of an emergency, and we need to provide the patient with care beyond our care, the patient will be transferred to the closest St. Luke's Facility in accordance with our patient transfer agreement.

AFTERHOURS CARE

Afterhours care is available. Patients can access care afterhours by calling 208-343-6458. The patient will be connected to the answering service. The service will direct the caller to either the nurse or physician on call.

COMPLAINT/GRIEVANCE

If you as a patient or patient's representative wish to provide feedback regarding your care, file a complaint or grievance, please contact @ 208-955-8439. You may also file a grievance with:

Chief of Bureau Facility Standards
450 W State Street
Boise, Idaho 83702
208-334-6626
fsb@dhw.idaho.gov

Medicare Beneficiary Ombudsman
<https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home>

AAAHC
5250 Old Orchard Road Suite 200
Skokie, Illinois 60077
847-853-6060

Idaho State Board of Medicine
208-347-7000
www.bom.state.id.us

PATIENT CONDUCT, RESPONSIBILITIES AND PARTICIPATION

The patient and his/her family are responsible for:

- Providing the most accurate and complete information to the best of their abilities regarding his/her health, medications, OTC products, dietary supplements, and any allergies or sensitivities
- Reporting unexpected changes in your condition
- Letting staff know when you do not understand the treatment plan.
- Follow the agreed upon treatment plan prescribed by the provider and participate in their care.
- Keeping appointments and for contacting the facility if you cannot keep the appointment for some reason.
- Behave respectfully toward all healthcare professionals and staff as well as other patients and visitors.
- Accepting financial responsibility for any charges not covered by your insurance.
- Provide a responsible adult to provide transportation from the facility and provide home care if needed.
- Inform provider of living will, power of attorney or other directives.

CONSENT TO TREATMENT

I request admission to Idaho Gastroenterology Associates and its affiliated Ambulatory Surgery Centers (ASC). I authorize the facility, staff, and physicians to provide care. I request and consent to medical care and diagnostic procedures that my attending physician(s), or his/her designees, determine are necessary. I acknowledge that the medical care I receive while in Idaho Gastroenterology Associates and its affiliated ASC's is under the direction of my attending physician(s) and that Idaho Gastroenterology Associates and its affiliated ASC's are not responsible for acts of omission of my attending physician(s). I authorize Idaho Gastroenterology Associates and affiliated ASC's to retain or dispose of any specimen or tissue taken from the patient.