Patient Rights

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion, or sources of payment for care
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, evaluation, treatment, procedure, and prognosis, as well as the risks, side effects, and expected outcomes associated with treatment and procedure prior to the procedure
- To give or withhold informed consent, participate in making decisions about his/her care, treatment, or services.
- Exercise his or her rights without being subjected to discrimination or reprisal
- Voice grievances regarding treatment or care that is (or fails to be) provided
- Personal privacy
- Receive care in a safe setting and be treated with dignity
- Be free from all forms of abuse, exploitation, or harassment
- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death
- Receive notice of their rights prior to the surgical procedure in verbal and written notice in a language and manner that ensures the patient, or the patient's representative*, or the patient's surrogate* understand *all of the patient's rights*
- Expect personnel who care for the patient to be friendly, considerate, respectful, and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services
- Be fully informed of the scope of services available at the facility, provisions for afterhours care and related fees for services rendered
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or patient's surrogate other legally designated person
- Make informed decisions regarding his or her care
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions including refusal of treatment or not following the instructions of the physician or facility
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third-party payment contract
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care
- Express grievances/complaints and suggestions at any time and to have those reviewed by the organization
- Access to and/or copies of his/her medical records
- Be informed as to the facility's policy regarding advance directives/ living wills
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English
- Have an assessment and regular assessment of pain
- Education of patients and families, when appropriate, regarding their roles in managing pain
- To change providers if other qualified providers are available
- If a patient is adjudged incompetent under applicable state health and safety 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
- If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state laws may exercise the patient's rights to the extent allowed by state law

PATIENT RESPONSIBILITIES

- Be respectful and considerate of other patients and personnel and for assisting in the control of noise, eating and other distractions
- Respecting the property of others and the facility
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician
- Providing care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, including over-the-counter products and dietary supplements, any allergies or sensitivies, unexpected changes in the patient's condition, or any other patient health matters
- Follow the treatment plan prescribed by his/her provider and participate in his/her care
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeit of care at the facility

- Promptly fulfilling his or her financial obligations to the facility and accept personal financial responsibility for any charges not covered by his/her insurance
- Identifying any patient safety concerns

ADVANCE DIRECTIVE NOTIFICATION

All patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. The Endoscopy Center of Lake County respects and upholds those rights.

Our team is dedicated to delivering the highest quality care in a safe environment that places the patient at the center of our care. We respect your rights to participate in make decisions regarding your care and self-determination and will carefully consider your requests. After careful consideration and reviewing

the applicable state regulation Ohio Revised Code Title 21 Chapter 2133, Modified Uniform Rights of the Terminally Ill Act; DNR Identification and DO-Not Resuscitate Orders; and Ohio Revised Code, Title 13, Chapter 1337, § 1337.17, Durable Power of Attorney for Healthcare, the leadership of the facility has established a policy to initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. The majority of procedures performed at The Endoscopy Center of Lake County are considered to be of minimal risk, hence the risk of you needing such measures are highly unlikely. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.

You have the option of proceeding with care at our facility or having the procedure at another location that may not set the same limitations. Having been

fully informed of our Statement of Limitations, you choose to proceed with your procedure at The Endoscopy Center of Lake County.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility. If you do not agree with this facility's policy, we

will be pleased to assist you in rescheduling your procedure.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at 440-205-1683 or by mail at:
The Endoscopy Center of Lake County
9614 Old Johnnycake Ridge Rd.
Mentor, Ohio 44060
Complaints and grievances may also be filed through:
Ohio Department of Health, Complaint Unit
246 North High Street, Columbus, Ohio 43215
800-342-0553

Medicare beneficiaries may receive information regarding their options under Medicare and their rights and protections by visiting the website for the Office

of the Medicare Beneficiary Ombudsman at:
https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home