

## CHAMBERSBURG ENDOSCOPY CENTER, LLC

### PATIENT RIGHTS AND RESPONSIBILITIES

Chambersburg Endoscopy Center is a federal and state licensed ambulatory surgical facility. It is regularly inspected and conforms to the guidelines of national accreditation organizations.

It is the policy of all of our doctors, nurses and other medical staff members to respect your individuality, dignity and privacy and to make your stay as pleasant as possible. As a patient at the Center, you have specific rights, which protect your interests. You also have responsibilities to help us to provide you with efficient, quality care. Together, these rights and responsibilities provide the basis for a more positive, mutually beneficial patient-physician relationship.

### YOUR RIGHTS

1. Chambersburg Endoscopy Center LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Chambersburg Endoscopy Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Chambersburg Endoscopy Center

遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

2. You have the right to have your cultural, psychological, spiritual, and personal values, beliefs, and preferences respected.
3. You have the right to receive considerate, respectful care at all times and under all circumstances, with recognition of your personal dignity. You can expect reasonable responses to all reasonable requests made for service.
4. You have the right to good quality care and high professional standards that are continually maintained and reviewed.
5. You have the right to be addressed properly, to be heard when you have a question or need more information and to be given an appropriate and helpful response. You have the right to be provided with an interpreter, so that language differences are not a barrier.
6. You have the right to good health care management techniques that make the most effective use of your time and still provide for your comfort and convenience.
7. You have the right to a very high degree of privacy. Case discussions, consultations, examinations and treatment plans are confidential and should be conducted discreetly. When you are examined you are entitled to know what role any observer may have in your care. You may request that any observer not required for your care leave the examination area.
8. Your records are confidential, and no person or agency beyond those caring for you is permitted access to this information without your specific permission. However, you have the right to request access to all the information in your medical record unless specifically restricted by your

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attending physician for medical reasons or prohibited by law. You have a right to receive a full and prompt explanation regarding any such restriction.

9. You have the right to know the name of the doctor who is responsible for your care, to talk with that doctor and any others who give you care. You have the right to know who will perform any test or operation.
10. You have the right to receive full information in layman's terms concerning your medical problems, the planned course of treatment, a full explanation of procedures and tests and the prognosis, or medical outlook for your future. This includes information about alternative treatments and possible complications. You have the right to receive adequate instruction in self-care, prevention of disability and maintenance of your health. You have the right to ask our doctors all other relevant questions about your health. When it is not medically advisable to give the information to you, it will be given on your behalf to your family or significant other.
11. You have the right to have access to an interpreter if you do not speak or understand English.
12. You have the right to have access to an interpreter if you have a hearing impairment.
13. You have the right to refuse any particular procedure or treatment. Before any test or other procedure is performed, you may be asked to sign a form giving your consent. If you are unable to give informed consent, a legal power of attorney may do so for you. You have the right to receive from the doctor information, which is necessary for you to be able to give an informed consent prior to the start of any procedure or treatment. Except in emergencies, when procedures must be implemented without unnecessary delay, such information should include the specific risks involved, the probable time that you will be incapacitated and what alternatives there may be to the particular procedure or treatment proposed. If you refuse to give consent to a particular procedure or treatment, you have the right to receive help that the Center can still offer under the circumstances.
14. You or, if you are unable to give consent, a legal power of attorney, have the right to be advised when your physician is considering you as part of a medical care research program or donor program. You, or a legal power of attorney must give informed consent prior to the actual participation in the program. You have the right to refuse to continue in a program to which you have previously given informed consent.
15. You have the right to expect that the Center will provide a mechanism whereby you are informed upon discharge of your continuing health care requirements and means for fulfilling them. Also, if there is a need to transfer you to another health care facility, you have the right to be told the reasons and whether there may be any alternatives to such a transfer. The facility you are being transferred to will also be notified prior to your arrival. With your permission, the responsible person with you will also be notified of the transfer.
16. You have the right to expect emergency procedures to be implemented, without unnecessary delay. If you have an Advanced Directive and an untoward event occurs, Chambersburg Endoscopy Center will stabilize and transfer you to Chambersburg Hospital. If you do not have an Advanced Directive one will be furnished to you upon your request.

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17. You have the right to assistance in obtaining consultation with another physician at your request and your own expense.
18. You have the right to examine and receive a detailed explanation of your bill.
19. All of our patients receive a copy of these rights when they are scheduled for a procedure at the Center. These rights are posted in the waiting area of the center.
20. As a patient in this facility, you have a right to effective pain management. You have the right to expect reports of pain will be believed. You can expect information about pain and pain relief measures. You can expect a concerned staff committed to pain prevention and management, and health professionals who respond quickly to reports of pain.

**YOUR RESPONSIBILITIES**

1. While practicing at this Center, your doctor is obligated to exercise good medical judgment in order to help you. It is your responsibility to cooperate in the treatment program that your doctor specifies.
2. It is your responsibility to ask questions immediately if you do not understand the treatment, service plan, or instructions concerning your health or if you feel you cannot follow the instructions. You are responsible for the outcomes if you do not follow the care, treatment, and service plan.
3. It is your responsibility to keep all scheduled appointments, or to contact the Center when you cannot keep an appointment.
4. It is your responsibility to bring with you information about past illnesses, hospitalizations, medications and other matters relating to your health. You are also expected to report perceived risks in your care and unexpected changes in your condition.
5. You are expected to show consideration for the privacy and comfort of other patients and medical personnel and to assist in the control of noise. You are also expected to be respectful of the property of other persons, and the property of the Center.
6. Duly authorized members of your family are expected to be available to Center personnel for review of your treatment in the event you are unable to communicate with the physicians or nurses.
7. Your care may involve sedation, analgesia or anesthesia. You have a responsibility to help us reduce your risk of injury due to falling by following the safety guidelines provided by our medical staff.
8. You have a responsibility to provide information necessary for insurance processing of your bills, to be prompt about payment of bills and to ask any questions you may have concerning your bills. You are responsible to promptly meet any financial obligation agreed to with this organization.

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9. As a patient in this facility you have a responsibility to ask your doctor or nurse what to expect regarding pain management, and discuss pain relief options with your doctor or nurse. You have a responsibility to work with your doctor or nurse to develop a pain management plan, ask for pain relief when pain first begins, help your doctor or nurse assess your pain and tell your doctor if pain is not relieved. Also, tell your doctor or nurse about any concerns you have about taking pain medication.

If you are concerned about or displeased with any aspect of your care, we ask that you discuss the problem with the Center Director. Communication between you and the Center's team is an important element in good health care. Suggestions or comments you would like to make following discharge are most appreciated.

If you have discussed concerns related to patient care and safety with the Center Director and are not satisfied with the resolution, you may contact the Pennsylvania Department of Health Patient Complaint Hotline at 1-800-254-5164. Medicare patients may report concerns to the Office of the Medicare Beneficiary Ombudsman at <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>.

The public may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission accredited health care organization by either calling 1-800-994-6610 or emailing [complaint@jcaho.org](mailto:complaint@jcaho.org).