

Patient Responsibilities

You have the responsibility to provide complete and accurate information to the best of your ability about your health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.

You have the responsibility to follow the treatment plan prescribed by your provider.

You have the responsibility to provide a responsible ADULT to transport you home from the facility and to remain with you for 24 hours, if required by your provider.

You have the responsibility to inform your provider about any living will, medical power of attorney, or other directive that could affect your care.

You have the responsibility to accept personal financial responsibility for any charges not covered by your insurance.

You have the responsibility to be respectful of all health care providers and staff, as well as other patients.

ENDOSCOPY CENTER FOR DIGESTIVE HEALTH

PATIENT RIGHTS AND RESPONSIBILITIES

Center for Digestive Health

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Patient Rights and Responsibilities

Health care involves a partnership between patients, families, and healthcare providers, each of whom have certain rights and responsibilities. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other healthcare professionals, you help make your care as effective as possible. The Endoscopy Center for Digestive Health encourages respect for the personal preferences and values of each individual.

While you are a patient you have the right to considerate, dignified, and respectful care based on the psychosocial, spiritual, and cultural needs of you and your family.

You have the right to receive care in a safe environment free from all forms of abuse, neglect or harassment.

You have a right to be well informed about your illness, obtain from caregivers relevant current and understandable information concerning diagnosis, treatment, and prognosis, except when treatment is urgent, discuss and request information related to specific procedures and/or treatment, and the risks involved, length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.

You have the right to be free from restraints and seclusion unless clinically necessary.

You have the right to know the names and roles of people treating you.

You have the right to choose a different Physician to manage your care.

You have the right to know the financial implications, both immediate and long term, of treatment choices, in so far as they are known.

You have the right to expect and receive appropriate pain management for acute, chronic, and terminal conditions.

You have the right to make decisions about your plan of care, prior to, and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and organizational policy, and to be informed of the medical consequences of this action. If you refuse a recommended treatment, you are entitled to appropriate care.

You have the right to have an Advance Directive. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written Advance directive, you should provide a copy to the Center, your family, and your doctor. It will be honored to the extent permitted by law and organizational policy.

You have a right to privacy. The facility, your doctor and others caring for you will protect your privacy as much as possible.

You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law.

You have a right to review your medical records and to have the information explained in a reasonable timeframe, except when restricted by law and in accordance with facility policy.

You have the right to expect that the Endoscopy Center for Digestive Health will give you necessary health services to the best of its ability. Treatment referral or transfer may be recommended, and if so, you will be informed of risks, benefits, and alternatives.

You have the right to know if the Center has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, and other healthcare providers, or insurers.

You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the facility otherwise provides.

You have the right to be told of realistic care when the Endoscopy Center for Digestive Health care is no longer appropriate.

You have the right to know that the facility rules affect you and your treatment and about charges and payment methods. To know that you have rights to help resolve any problems and questions regarding your care at the Endoscopy Center for Digestive Health.

You have the right to exercise your rights without being subjected to discrimination or reprisal.

You have the right to know that the ownership of the facility consists of an equal partnership between Genesis Medical Center and the Physicians of Gastroenterology Associates, PC.

To file a formal complaint or submit suggestions with the Iowa Department of Inspections and Appeals please call 515-281-7102 or the Iowa Foundation for Medical Care at 800-752-7014.

The Medicare Beneficiary Ombudsman works to ensure that people with Medicare get the information and help they need to understand their Medicare options and to apply their rights and protections. The Medicare Ombudsman works to ensure that existing Medicare information, counseling, and assistance resources work the way they would to help people with Medicare with complaints, appeals, grievances, or questions about Medicare. Visit www.medicare.gov on the Web or call 1-800-MEDICARE (1-800-633-4227) for more information, to ask questions, and to submit complaints about Medicare to the Office of the Medicare Ombudsman. You can also submit complaints to the Medicare Beneficiary Ombudsman at:

<http://www.medicare.gov/Ombudsman/resources.asp>

TTY users should call 1-877-486-2048.