Indianapolis Endoscopy Center
Community Health Network

PATIENT RIGHTS & RESPONSIBILITIES

We want to meet and exceed your health care expectations during your stay at the Center. Our staff and physicians work together to achieve the highest standards of care. It is our goal and commitment to provide excellent service to you and your family. To maintain our state licensure, we are required to provide the following information to you prior to your scheduled surgery date. The following document includes the required information on Patient Rights and Responsibilities, Advance Directives and disclosure of any financial investment of your physician if applicable. If your procedure is scheduled on the same day, you will be given this information on the same day of surgery with plenty of time to review and ask questions. Please contact the Center with any questions you may have. Contact information is at the end of this document.

PATIENT RIGHTS: As a patient of the Center, you have the right to:

1. Be informed of your patient rights in advance of care being provided or discontinued.
2. Participate in and make informed decisions about your care and pain management, including being able to request or refuse treatment.
3. Have your condition, treatment, pain alternatives and outcomes explained in a manner that you understand. You have the right to interpretation services if needed.
4. Be provided, to the degree known, complete information concerning your diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to you, the patient, the information is provided to a person designated by you or to a legally authorized person.
5. Expect timely and appropriate assessment and treatment of physical pain and emotional or spiritual discomfort.
6. Receive safe, high quality, medical care, without discrimination, that is compassionate and respects personal dignity, values, beliefs and preferences and contributes to a positive self-image.
7. Know the name and role of your caregiver (e.g., Doctor, Nurse, Technician, etc.). You have a right to request information and/or credentials about the Physician providing your care. A list of public websites is available upon request.
8. Receive information about continuing your health care at the end of your visit.
9. Be informed of the provisions for after hours and emergency care.
10. Be informed of your right to refuse to participate in experimental research if applicable.
11. Receive private and confidential treatments, communications, and medical records, to the extent permitted by law.
12. Have your patient disclosures and records treated confidentially. You have the right to be given the opportunity to approve or refuse their release, except when release is required by law
13. Be informed of charges, fees for service, payment policies, receive an explanation of your bill and receive counseling on the availability of known financial resources for health care services.
14. Receive treatment without harassment or abuse or neglect.
15. Have your compliments, concerns, complaints, or grievances addressed. Sharing your concern and/or complaints will not compromise your access to care, treatment and services. You may request a grievance form from the registration staff or your care provider. You may initiate the complaint process and discuss your concerns with the Center's Executive Director or your physician. Your concerns will be reviewed and you will be given a response to your concerns. You may contact the Executive Director in person at the time of your visit or at 317-621-1850 or report the complaint to the contact listed at the end of this document.

PATIENT RESPONSIBILITIES

1. To respect and be considerate of the rights of other patients and Center personnel in the control of noise, the number of visitors and to be respectful of the property of other persons and the Center.
2. To follow the rules of the Center.
3. To provide, to the best of your knowledge, accurate and complete information about your health, present complaints, past illnesses, hospitalizations, medications including over-the-counter and dietary supplements; allergies, sensitivities and insurance benefits.
4. To ask for more information if you have questions about your care, treatment, services or caregivers. It is also your responsibility to report perceived risks in your care and unexpected changes in your condition.
5. To ask your care provider when you do not understand medical words or instructions about you plan of care. If you are unable or unwilling to follow the plan of care, you are responsible for telling your care provider. Your care provider will explain the medical consequences of not following the recommended treatment. You are responsible for the outcome of not following your plan of care.
6. To notify the Center if you have a need to change or cancel your procedure.

7. You must have a responsible adult to drive you home after your procedure. Your procedure will be cancelled if you do not have a driver. Having a responsible adult accompany you home in a taxi is also acceptable.
8. Inform your caregiver about any living will, medical power of attorney, or other directive that could affect your care.
9. To tell us how satisfied you are with your care, so that we can resolve your concerns and learn from them.
10. To assure that the financial obligations of your healthcare are fulfilled as promptly as possible. Ultimate responsibility for insurance benefit coverage information belongs to the patient and/or legal guardian.
11. To abide by the NO SMOKING policy of the Center.

ADVANCE DIRECTIVES

Advance Directives are written instructions that tell your physician what kind of care you would like to have if you become unable to make medical decisions. They do not take away your right to decide about your current healthcare needs. Copies of advanced Directive documents may be obtained at the reception desk of the Center.

Advance Directives include the following:

- Living Will
- Life Prolonging Declaration
- Health Care Representative
- Appointment of Durable Power of Attorney for Healthcare

The Surgery Center recognizes Appointment of Healthcare Representative and Durable Power of Attorney for Healthcare. In most cases, we will be able to honor these directives.

However, the Center does NOT recognize, nor will it honor a Living Will or a Life Prolonging Declaration. In all instances of emergency or life threatening situations, life sustaining treatment will be started; all possible measures will be taken to resuscitate you. You will be transferred to a hospital and at that time any Advance Directives you have provided to the Center will be sent to the hospital with you.

PHYSICIAN FINANCIAL INTEREST DISCLOSURE

- Patients have a right to know that their physician may have a financial interest in Indianapolis Endoscopy Center. A "financial interest" means that your physician has an ownership or investment interest through equity, debt or other means in the Center. Any physician who has a financial interest in the Surgery Center is required to inform patients prior to scheduling their procedures/services at the Center. As a patient, you are free to choose the Center or any other facility for your procedures/services required, without penalty, subject to any limitations of your health insurance plan. A list of physician investors is available upon request.

Indianapolis Endoscopy Center:
Executive Director – Kathy Anderson, RN
317-621-1800
8315 East 56th Street, Suite 100
Indianapolis, Indiana 46216

The Indiana State Department of Health Contact Information:

Department of Health
Division of Acute Care
2 North Meridian Street, 4A
Indianapolis, IN 46204
1-800-246-8909

Medicare Beneficiary Ombudsman
1-800-MEDICARE (800-633-4227)
www.cms.hhs.gov/center/ombudsman.asp

If you feel you are a victim of Medicare Fraud, please refer to the following information to report your claim:

Phone: 1-800-HHS-TIPS (1-800-447-8477)
Email: HHSTips@oig.hhs.gov

Fax: 1-800-223-8164 (no more than 10 pages)
Mail: Office of the Inspector General
HHS TIPS Hotline
P.O. Box 23489
Washington, DC 20026