

WEST CHESTER ENDOSCOPY, L.L.C.

Patient's Bill of Rights and Responsibility

1. A patient has the right to respectful care given by competent personnel.
2. A patient has the right, upon request, to be given the name of his attending practitioner, the names of all other practitioners directly participating in his care and the names and functions of other health care persons having direct contact with the patient.
3. A patient has the right to consideration of privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.
4. A patient has the right to have records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual agreements.
5. A patient has the right to know what ASF rules and regulations apply to his conduct as a patient.
6. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
7. The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
8. The patient has the right to full information in layman's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person.
9. Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure. Informed consent is defined in section 103 of the Health Care Services Malpractice Act (40 P.S. 1301.103).
10. A patient or, if the patient is unable to give informed consent, a responsible person, has the right to be advised when a practitioner is considering the patient as a part of a medical care research program or donor program, and the patient, or responsible person, shall give informed consent prior to actual participation in the program. A patient, or responsible person, may refuse to continue in a program to which he has previously given informed consent.
11. A patient has the right to refuse drugs or procedure, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
12. A patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability or source of payment.
13. The patient who does not speak English shall have access, where possible, to an interpreter.
14. The ASF shall provide the patient, or patient designee, upon request, access to the information contained in his medical records, unless access is specifically restricted by the attending practitioner for medical reasons.
15. The patient has the right to expect good management techniques to be implemented within the ASF. These techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.
16. When an emergency occurs and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
17. The patient has the right to examine and receive a detailed explanation of his bill.
18. A patient has the right to expect that the ASF will provide information for continuing health care requirements following discharge and the means for meeting them.
19. A patient has the right to be informed of his rights at the time of admission.
20. To be informed of their right to change providers if other qualified providers are available

Patient Responsibilities:

- To provide complete and accurate information to the best of their ability about their health, medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- To ask questions when they do not understand what they have been told about the patient's care.
- To follow the treatment plan established by their physician
- To keep appointments and notifying physician or facility when unable to do so.
- To be responsible for disposition of patient valuables
- To be responsible for their actions should they refuse treatment or follow physician's orders
- To be respectful and considerate of the rights of other patients, visitors and facility personnel
- To provide a responsible adult to transport them home from the facility and remain with them for the period of time designated by physician.
- To accept personal financial responsibility for any charges not covered by their insurance.

If you need an Interpreter:

If you will need an interpreter, please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

Rights and Respect for Property and Person

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal
- Voice grievance regarding treatment or care that is or fails to be furnished
- Be fully informed about a treatment or procedure and the expected outcome before it is performed
- Confidentiality of personal medical information

Privacy and Safety

The patient has the right to:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

Advance Directives

You have the right to information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will be provided upon request.

The surgery center is not an acute care facility; therefore, regardless of the contents of any advanced directive or instructions from a health care surrogate, if an adverse event occurs during treatment, patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family. If they have been provided to the surgery center, a copy of the patient's Advanced Directives will be sent to the acute care facility with the patient.

If the patient or patient's representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with those wishes.

Statement of Nondiscrimination: West Chester Endoscopy complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

West Chester Endoscopy respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

West Chester Endoscopy 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。

Complaints/Grievances: If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

West Chester Endoscopy, LLC

Margaret Ferguson Administrator

915 Old Fern Hill Rd, Building B, Suite 300 West Chester, PA 19380
610-431-3122

You may contact your state to report a complaint:

Pennsylvania Department of Health

Acute and Ambulatory Services

PO Box 90 Harrisburg, PA 17120 1-800-254-5164

State Web site:

http://www.portal.health.state.pa.us/portal/server.pt/community/departement_of_health_home/17457

Medicare Ombudsman website

www.medicare.gov/claims-and-appeals/medicare-rights/get-help/Ombudsman.html

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>

Accreditation Association for Ambulatory Health Care (AAAHC)

5250 Old Orchard Road, Suite 200

Skokie, IL 60077

(847)853-6060 or email: info@aaahc.org

Physician Financial Interest and Ownership: The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

Dr. David Bobman MD

Dr. David Neiblum MD

Dr. Alex Kuryan MD

Dr. Reina Bender MD

Dr. Matthew Baichi MD

Dr. Albert Hahm MD

Dr. Eva Sum MD