

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

SHREVEPORT ENDOSCOPY CENTER, A.M.C. has adopted the following policies regarding Patients' Rights and Responsibilities:

You have the Right to:

1. Considerate and respectful care at all times in a safe setting free from abuse or harassment.
2. Treatment without discrimination as to race, color, religion, sex, national origin, source of payment, political belief, or handicap.
3. Privacy to the extent consistent with appropriate medical care. Case discussions, consultations, examinations, and treatments are confidential and will be conducted discreetly.
4. Confidentiality of medical records and disclosures and the opportunity to approve or refuse their release, except when release is required by law.
5. Know the names and credentials of health care professionals that treat you.
6. Know that a physician may be reached for after-hours and emergency care by calling the local office number, 318-631-9121, or 1-800-925-2132.
7. Receive information, in terms you can understand, concerning your diagnosis, treatment, evaluation and prognosis. When it is medically inadvisable to give such information to a patient, it will be provided to a person delegated by the patient or to a legally authorized person or surrogate.
8. Be fully informed about a treatment or procedure and the expected outcome before it is performed. Participate in decisions involving your health care, except when such participation is contraindicated for medical reasons. Refuse treatment as permitted by law.
9. Know the services customarily rendered by the facility.
10. Be informed by a medical staff member of any continuing health care requirements following discharge. You may have a designee assigned to receive this information.
11. Receive an itemized explanation of all fees for services, regardless of source of payment, by calling the billing office at the main telephone number, 318-631-9121.
12. An interpreter or use of alternative communication techniques/aids as needed.
13. Know that this facility does not honor advance directives. Information you give to staff regarding an advance directive you have in place will be forwarded with your medical chart in the event you must be transferred to another facility. Information and forms regarding advance directives may be found at www.caringinfo.org on the Internet.
14. Change your provider if other qualified providers are available.
15. Refuse to participate in research. Research affecting care or treatment shall be performed only with your informed consent.
16. Know the facility's rules and regulations that apply to your conduct as a patient.

17. If having a procedure, you may choose any of the facilities in which our physicians have privileges.
18. Know that the physicians of GastroIntestinal Specialists have a financial interest in the Center. If you have any questions about this relationship, please feel free to discuss it with us.

You have the Responsibility to:

1. Keep the appointment made for you or, when unable to do so for any reason, notify the Center as soon as possible.
2. Provide complete and accurate information regarding your current health status, medical history and all medications you take including over-the-counter products and supplements.
3. Be accompanied by a responsible adult to drive you home after a procedure and assume your care upon leaving our facility. You cannot leave unaccompanied or by taxi or public transportation.
4. Follow the treatment plan prescribed by your provider. Notify the staff if you do not understand and ask any questions you might have concerning your health care. Report unexpected changes in your condition to the responsible practitioner.
5. Observe the rules and regulations of the Center. Be considerate of other patients and facility personnel.
6. Pay for services rendered in a timely manner.
7. Notify the Administrator of the Center if you have suggestions, complaints, or feel your privacy or safety have been violated. You will be notified in writing of the resolution within 14 days.

Administrator
3217 Mabel Street
Shreveport, LA 71103

PH: 318-631-9121
FAX: 318-631-9126

8. File a grievance within 30 days of the occurrence if you feel your rights have been violated, with the Office of Medicare Beneficiary Ombudsman

1-800-MEDICARE (1-800-633-4227)
Centers for Medicare & Medicaid Services
7500 Century Boulevard
Baltimore, MD 21244-1850
<http://www.medicare.gov/Ombudsman/activities.asp>

TTY: 1-877-486-2048

9. File a grievance with the LA Department of Health and Hospitals if you have a complaint

Health Standards Section
P. O. Box 3767
Baton Rouge, LA 70821

PH: 225-342-0138

10. File a quality of care complaint to eQHealth Solutions, Inc.

8591 United Plaza Blvd., Suite 270
Baton Rouge, LA 70809
<http://louisianaqio.eqhs.org/>

PH: 225-926-6353