



As a healthcare consumer, you have a choice in where your procedure is performed. We consider you a partner in your care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. Austin Gastroenterology, PA and Austin Endoscopy Center North and Austin Endoscopy Center South encourage respect for the personal preferences and values of each individual.

Your Rights as a Patient

- ◆ You have the right to impartial access to treatment or accommodations that are available or medically indicated regardless of race, creed, sex, national origin, age, or disability.
- ◆ You have the right to be informed about your illness, possible treatments, likely outcomes, and the right to discuss this information with your doctor.
- ◆ You have the right to know the names, professional credentials, and roles of the people treating you.
- ◆ You have the right to privacy. The Center, your doctor, and others caring for you will protect your privacy as much as possible.
- ◆ You have the right to expect that your medical records are confidential unless you have given permission to release information or reporting is required and/or permitted by law. When the Center releases records to others, such as insurers, it emphasizes that the records are confidential. The Center is in compliance with all HIPAA requirements.
- ◆ You have the right to review your medical records and to have the information explained, except when restricted by law.
- ◆ You have the right to expect that the Center will give you the necessary health services to the best of its ability. Treatment, referral, or transfer may be recommended or requested, and you will be informed of the risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you and you have agreed.
- ◆ You have the right to know if this Center has relationships with outside parties that may influence your treatment and care. These relationships may be educational institutions, other healthcare providers, or insurers.
- ◆ You have the right to consent or decline to take part in research affecting your care. You will receive the most effective care the Center provides, whether or not you choose to participate in research.
- ◆ You have the right to be told of realistic care alternatives.
- ◆ You have the right to know about the Center rules and guidelines that affect you and your treatment.
- ◆ You have the right to know about the Center's resources that may help you resolve problems, complaints, and questions about your care.
- ◆ You have the right to considerate and respectful care.
- ◆ You have the right to request and receive an itemized statement of your charges regardless of the source of payment.
- ◆ You have the right to make statements regarding any aspect of your care - in written form or verbally. We encourage and respect your feedback.
- ◆ You have the right to be placed in a protective environment when it is deemed necessary for your personal safety.
- ◆ You have the right to participate in all aspects of your healthcare.
- ◆ You have the right to receive instructions and/or education to allow you to achieve an optimal level of wellness and an understanding of your basic needs.
- ◆ You have the right to access all health records pertaining to you. You have the right to challenge the accuracy of these records and to have your records corrected. You also have the right to transfer all such records in the case of continuing care at another facility or to another doctor.
- ◆ You have the right to receive information regarding your financial responsibilities, charges, payment plans, and insurance requirements.
- ◆ You have the right to protection of your identity to guard against identity theft.
- ◆ All patients have the right to participate in their own healthcare decisions and to make advance directive or to execute Power of Attorney that authorizes others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Austin Endoscopy Center respects and upholds these rights. However, unlike an acute care hospital setting, procedures that are scheduled in this facility are routinely considered to be elective and of minimal risk. Therefore, it is our policy that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive or Healthcare Power of Attorney. Your agreement with the policy does not revoke or invalidate any current healthcare directive or Healthcare Power of Attorney. If you do not agree with this policy, we are pleased to assist you in rescheduling your procedure. Please visit www.dshs.state.tx.us/emstraumasystems/dnr.shtm for additional information on advance directives.

Your Responsibilities as a Patient

- ◆ You are **required** to have a responsible adult accompany you to the Center who will be expected to remain with you during your stay. You will not be allowed to drive for 24 hours after sedation. Your procedure will be canceled if you do not have a responsible adult with you.

◆ You are responsible for providing information about your health, including past illness, hospital stays, and use of medicines.

◆ You are responsible for providing correct and up-to-date information for insurance claims. You are responsible for working with the Center to arrange payment when needed.

◆ **Please bring a photo ID and your insurance cards with you to the Center when you arrive for your procedure. If your photo ID has the incorrect address, we will need additional proof of your identity, such as a current utility bill or other correspondence showing your current residential address.**

◆ You may have a deductible and/or co-insurance payment to pay for the Endoscopy Center and your physician depending on your insurance coverage.

◆ Deductible and Co-insurance payments are payable before your scheduled procedure.

◆ You are responsible for completing all necessary forms related to your health care and financial responsibilities. If you are unable to comply, please request assistance from one of our staff.

◆ You are responsible for asking questions when you do not understand information regarding your financial responsibilities.

◆ You are responsible for asking questions when you do not understand information or instructions related to your health care. If you believe you cannot follow through with your treatment or treatment preparations, you are responsible for telling your doctor.

◆ Your health depends not just on your Endoscopy care, but also on the decisions you make in your daily life. You are responsible for recognizing the effect of lifestyle on your personal health.

◆ You and your visitors are responsible for being considerate of the needs of other patients and members of the staff.

◆ You are responsible for all your belongings, including jewelry. For your safety, please do not bring money, jewelry, or other articles of unusual value to the Center.

Understanding Your Bills

You will receive separate bills for professional and facility charges. Professional charges will be billed by Austin Gastroenterology, PA and facility charges will be billed by Austin Endoscopy Center North and Austin Endoscopy Center South.

While Austin Gastroenterology, PA and the Austin Endoscopy Centers routinely file all necessary claims to insurance companies for reimbursement, the patient is ultimately responsible for payment. It is extremely important for Austin Gastroenterology, PA and the Austin Endoscopy Centers to be given your insurance information and/or any updates to insurance as soon as possible.

Austin Gastroenterology, PA and the Austin Endoscopy Centers do not make any guarantees that any laboratory, anesthesiology, professional or facility services are in-network with your contracted insurance plan. You are responsible for payment on any services received whether considered in-network or out-of-network with your insurance plan.

Most insurance plans do not cover 100 percent of your visit. Prior to procedure, you may be expected to pay both professional charges (Austin Gastroenterology, PA) and facility charges (Austin Endoscopy Center North or Austin Endoscopy Center South) depending on your insurance coverage.

If you wish to have your statement of accounts clarified or make payment arrangements, you may call the following Business Offices:

Austin Gastroenterology, PA Business Office (Professional charges) at 512-420-0186 option 3
Austin Endoscopy Centers Business Office (Facility charges) at 512-544-0182

Facility Ownership

In an effort to keep you fully informed regarding your health care options, Austin Endoscopy Center North and Austin Endoscopy Center South are owned by:

Eduardo Alcocer, MD	Craig Lubin, MD
Scott Becker, MD	Binh V. Pham, MD
Shad Dabaghi, MD	Vijay Poreddy, MD
Kenneth Ellis, MD	Mona Ridgeway, MD
Daniel Emmett, MD	Glenn Robinson, MD
Robert Frachtman, MD	Richard Sperling, MD
Carl Frank, MD	F. Douglas Srygley III, MD
Harish Gagneja, MD	William Stassen, MD
Christopher Godell, MD	Stephen Utts, MD
Benjamin Havemann, MD	George Willeford III, MD
C. Kevin Hsu, MD	John Ziebert, MD
Pradeep Kumar, MD	Austin GI Surgicenter, LLC
Chad Long, MD	

Complaints/Grievances

If you have a complaint regarding your care while at the Center that has not been resolved to your satisfaction, you may contact the Administrator/Chief Nursing Officer:

Dana DeSapio, MSN, RN, CASC, CGRN, Administrator/CNO
Austin Endoscopy Center North
8015 Shoal Creek Blvd., Suite 300, Austin, TX 78757
(512) 371-1519

or you may contact:

Accreditation Association for Ambulatory Health Care, Inc.
5250 Old Orchard Road, Suite 200, Skokie, IL 60077
(847) 853-6060

Texas Dept of State Health Services Licensing and Complaint Line
(888) 973-0022

Texas Health and Human Services: Patient Quality Care Unit & Health Facility Compliance

PO Box 149347, Austin, TX 78714-9347

Health and Human Services Consumer Rights and Services Hotline:
(800) 458-9858

Office of the Ombudsman

Texas Health and Human Services Commission

Office of the Ombudsman: MC H-700

PO Box 13247, Austin, TX 78711-3247

(877) 787-8999

I acknowledge that I have read the information contained in this document and have been given the opportunity to ask questions.

Patient or Patient Representative Signature

Date

PATIENT LABEL