

Patient Instruction Packet

Please read the information in this packet at
least 5 DAYS before your scheduled appointment.

PLEASE COMPLETE THE FORMS ON PAGES 7 THROUGH 9, AND BRING THEM WITH YOU ON THE DAY OF YOUR APPOINTMENT ALONG WITH YOUR INSURANCE CARD AND PHOTO IDENTIFICATION.

Welcome Notice

Welcome to the Greater New York Endoscopy Surgical Center. The Endoscopy Center is a private, freestanding, ambulatory surgery center located in Brooklyn, New York. The Center provides an appropriate setting in which members of its medical staff may perform outpatient ambulatory endoscopic procedures on their patients, consistent with the clinical privileges granted to each medical staff member by the Operator. The Center will establish and maintain the highest professional standards and commitment to excellence in care and considerate of the specific needs of our culturally diverse patient population.

In order to promote the highest quality of ambulatory endoscopic services, the Center will maintain a physical environment conducive to the provision of safe, efficient procedures; ensure that safe, effective and state of the art equipment and supplies are available for use by the Center's physicians and clinical staff; recruit, hire, affiliate with and maintain relationships with qualified, skilled physicians, other clinical staff, administrative staff, support staff and other providers; and provide effective continuing education and quality assurance/risk management programs. In addition, we serve as a resource for patients, families and physicians in the education and treatment of gastrointestinal diseases.

It is the mission of the Center to serve all persons in need of ambulatory endoscopic services, regardless of age, color, race, creed, national origin, religion, sex, sexual orientation, marital status, disability, payer source, or any other personal characteristics or qualification including the ability to pay.

GREATER NY ENDOSCOPY SURGICAL CENTER

HIPAA Notice of Privacy Practices

Effective as of March/1/2010

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke the authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

GREATER NY ENDOSCOPY SURGICAL CENTER

YOUR RIGHTS

The following are statements of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information; we will charge you \$0.75 per page copied. - Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality

You have the right to request a restriction of your protected health information - This means you may ask us not to use or disclose any part of your protected health information and by law we must comply when the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. By law, you may not request that we restrict the disclosure of your PHI for treatment purposes.

You have the right to request to receive confidential communications - You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You have the right to request an amendment to your protected health information - If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures - You have the right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of this request.

You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer of your complaint. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

HIPAA Privacy & Security Officer:
Scott Tenner, MD, MPH
Medical Director
2211 Emmons Ave
Brooklyn, NY11235
C: (516) 316-0830
F: (718) 954-3548
Scott.tenner@downstate.edu

GREATER NY ENDOSCOPY SURGICAL CENTER

PATIENT ESCORT POLICY

YOU MUST HAVE SOMEONE PICK YOU UP AFTER THE PROCEDURE

As a matter of patient safety, Greater New York Endoscopy Surgical Center enforces the New York State Ambulatory Surgical Center requirement that all patients having a procedure in our facility have an escort, that is, a companion, family member or friend, to accompany you home following your procedure.

If you do not have someone to escort you after the procedure, please contact the Visiting Nurse Services of New York (888 943-8435) to arrange for a care partner to accompany you home from your procedure.

For additional information and to make arrangements for a care partner, you can visit the following website:

Or e-mail: www.partnersincareny.org • par_intake@vnsny.org

Please note that your procedure cannot be performed unless your escort is verified.

Thank you for your cooperation.

PERSONAL POSSESSIONS POLICY

- Greater New York Endoscopy Surgical Center will provide you with a handbag to store your personal belongings during the procedure.
- Please **DO NOT** wear jewelry, **DO NOT** bring laptops, **DO NOT** bring iPods or any other valuables when you come to the Center.
- Please note that Greater New York Endoscopy Surgical Center assumes no responsibility for lost, stolen, or misplaced items.

Thank you for your cooperation.

PROCEDURE INFORMATION SHEET

An upper endoscopy or EGD (**EsophagoGastroDuodenoscopy**) involves the insertion of a lighted flexible tube, called an upper endoscope, into the mouth. The tube is guided by direct vision into the esophagus, stomach, and duodenum so that the lining of the upper gastrointestinal tract is visualized. Any area of the lining that appears abnormal may be biopsied; that is, a piece of tissue may be removed for analysis. Areas that are bleeding may be cauterized to stop active bleeding or to prevent future bleeding. An EGD is a generally safe procedure but carries several risks that include, but are not limited to, perforation and bleeding. Serious complications of EGD, such as perforation or bleeding, are rare, but may require hospitalization, blood transfusions, or surgery.

A colonoscopy involves the insertion of a lighted flexible tube, called a colonoscope, into the rectum. The tube is inserted so that the lining of the entire colon is visualized. Any area of the lining that appears abnormal may be biopsied; that is, a piece of tissue may be removed for analysis. In addition, growths of the colon, called polyps, may be removed (polypectomy) by the use of an electrified wire, called a snare. A colonoscopy is generally a safe procedure but carries several risks that include, but are not limited to, the following: bleeding from biopsy or polypectomy; perforation or puncture of the colon which would likely require a surgical operation to repair; and, contact colitis; that is, irritation of the lining of the colon from contact with the colonoscope. Serious complications of colonoscopy, such as perforation or bleeding, are rare, but may require hospitalization, blood transfusions, or surgery.

Risks of the sedative medications include, but are not limited to, allergic reactions and respiratory depression. In addition to the risks described above about this procedure there are risks that may occur with any surgical or medical procedure.

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Further information about these procedures can be obtained at the following organization websites:
www.gnyesc.com

Brooklyn Gastroenterology & Endoscopy:
www.nygicare.com

The American College of Gastroenterology:
www.acg.gi.org/patients

The American Society for Gastrointestinal Endoscopy:
www.askasge.org

GREATER NY ENDOSCOPY SURGICAL CENTER

Frequently Asked Questions (FAQ's)

The following list of questions and answers may assist you in preparing for your procedure:

Q) I am having an upper endoscopy. Do I have to do anything to prepare for this procedure?

A) There is no specific preparation but you should not eat or drink anything after 8:00 PM the night before the test (unless directed otherwise).

Q) My procedure is scheduled for the afternoon. Can I eat or drink anything the morning of the procedure?

A) You should not eat anything after midnight. You may have clear liquids up to four hours prior to your scheduled arrival time at Greater New York Endoscopy Surgical Center.

Q) Will my procedure be painful?

A) No. The Center is fully staffed with Board-certified anesthesiologists to ensure that your procedure is comfortable.

Q) How long will I be at the Center?

A) You will be at the Center approximately 2-3 hours in total. You will spend less time at the center by making certain you are punctual for your appointment. Arriving earlier than your appointment time won't necessarily get you through faster, while arriving late will probably cause you to lose your scheduled time slot and create substantial delays for you. **Completing the required paperwork (available on-line or by mail) prior to your arrival, will expedite the process.**

Q) Do I have to bring an escort with me?

A) Yes. The Center requires that you have an escort to take you home.

Q) My doctor has all my insurance information. Do I need to bring my insurance card and billing information?

A) Yes. Greater New York Endoscopy Surgical Center is an independent entity and has no connection to your doctor's office.

Q) Will I receive a bill?

A) Yes. We will bill your insurance company or HMO directly first. As required by law, you will be billed for your co-payment, deductible and co-insurance. **Please note that some insurance companies may send payment directly to you for the facility and anesthesia service. We expect that you will forward this payment directly to Greater New York Endoscopy Surgical Center.

Q) Do I take my heart medications on the day of my procedure?

A) In general, you should continue to take prescribed medications except anticoagulants and diabetes medications before and after gastrointestinal endoscopy without modification. You must have a clear discussion with your physician regarding Diabetes medications and anticoagulants. Essential medications may be taken on the day of your procedure with a small amount of clear liquid. There are some types of cardiovascular medications, however, that should not be taken on the day of your procedure; these include diuretics, ACE inhibitors, and angiotensin II receptor blockers. If you are unsure if the medications you take fall into these categories, please ask your physician or consult the following website: **www.webmd.com/drugs**.

GREATER NY ENDOSCOPY SURGICAL CENTER

FAQ's (continued): Special Medical Considerations

Q) I am a diabetic. Should I take my medication on the day of my procedure?

A) In general, diabetic medication should not be taken on the day of your procedure. **There are, however, important medical circumstances in which these medications must not be stopped. If you have any questions about stopping these medications, consult your primary physician.** A finger stick blood sugar will be obtained by the Greater New York Endoscopy Surgical Center staff to ensure proper management of your blood sugar during your procedure. When the procedure is over and you have resumed a normal diet, your usual diabetic regimen should be resumed.

Q) I have been told to take prophylactic antibiotics prior to dental work. Do I need to take antibiotics before my endoscopic procedure?

A) With rare exceptions, the procedures performed at Greater New York Endoscopy Surgical Center do **not** require the administration of prophylactic antibiotics. If, however, you are advised by your physician to take antibiotics prior to gastrointestinal endoscopy, you may take them orally, 1 hour prior to the procedure, with a small amount of clear fluid. If you are uncertain if you require anti-biotics prior to your GI Endoscopy procedure or if you need a prescription, please call your doctor prior to your appointment.

Q) I take aspirin, or anticoagulants or other blood thinners. Do I need to stop these medications before my procedure?

A) DO NOT STOP ANY ANTICOAGULANT WITHOUT A CLEAR DISCUSSION WITH YOUR DOCTOR!

In general, anticoagulants and other blood thinners should be stopped prior to your Colonoscopy or Endoscopic Ultrasound. This is to reduce the chance of bleeding if biopsies are obtained or polyps are removed. In general anticoagulants do not need to be stopped for Upper Endoscopy. In General, for All Procedures Performed at The Center, Aspirin does not need to be stopped. If you have any questions about stopping these medications, consult your primary physician.

Q) What if I am pregnant or may be pregnant - should I undergo gastrointestinal endoscopy?

A) If you are pregnant, you should consult with your physician about whether you should undergo gastrointestinal endoscopy. If you are a woman of child-bearing age, Greater New York Endoscopy Surgical Center under certain circumstances will administer a pregnancy test prior to your procedure in order to optimize your management.

Q) I am breast feeding my baby. Is the procedure safe for my baby?

A) In general, women who are breast feeding may safely undergo gastrointestinal endoscopy the administered anesthetic is not excreted in significant quantities in breast milk. Some mothers elect to store milk via a breast pump and feed the child with the pumped milk on the day of the procedure. Normal breast feeding may resume the following day.

Q) What should I do if I have an Emergency, severe pain, bleeding, fever?

A) Call your doctor and/or the Center (718-954-3535) After hours the number is forwarded to the medical director. Or call the Medical Director at 516-316-0830.

Q) What should I do if I want to change providers?

A) You have the right to change your physician at any time. The Center will provide you with a physician affiliated with the Center and arrange a careful transfer of care.

POLICY ON ADVANCED DIRECTIVES, LIVING WILLS,
AND DO NOT RESUSCITATE (DNR) ORDERS

Do you have *Advanced Directives? YES NO

Due to the ambulatory nature of your procedure, and in accordance with the policy of this facility:

GNYESC will always attempt to resuscitate and/or transfer a patient to the hospital in the event of deterioration.

If you wish for your Advanced Directive, Living Will, or DNR to remain in effect during your procedure, you will have the option of having the procedure done in another facility that accepts this status. By signing this form, you are agreeing to the postponement of your directives until you leave the facility.

Patient's Signature or Legal Guardian

Date

Print Patient's Name

Witness (Sign and Print)

Date

* What kind of medical care would you want if you were too ill or hurt to express your wishes?
Advance Directives are legal documents that allow you to spell out your decisions about end-of-life care ahead of time. They give you a way to tell your wishes to family, friends, and health care professionals and to avoid confusion later on.

GREATER NY ENDOSCOPY SURGICAL CENTER

2211 EMMONS AVENUE

BROOKLYN, NY 11235

POLICY ON MEDICAL ORDER FOR LIFE SUSTAINING TREATMENT

Do you have MOLST?

YES

NO

If you need to fill out this form go to:

www.health.ny.gov/forms/doh.5003PDF

Due to the ambulatory nature of your procedure and in accordance with the policy of this facility:

GNYESC will always attempt to resuscitate and transfer a patient to the hospital in the event of deterioration.

Any MOLST orders will be followed as long as it does not include DNR orders. MOLST orders will remain in effect during your procedure.

Patient's Signature or Legal Guardian

Date

Print Patient's Name

Witness (Sign and Print)

Date

APPROVED FEBUARY 2018

GREATER NY ENDOSCOPY SURGICAL CENTER

PATIENT SELF-DETERMINATION ACT/ADVANCE DIRECTIVES

Greater New York Endoscopy Surgical Center supports each patient's right to develop an advance directive; the Center will not condition the provision of care or discriminate against an individual based on whether or not an advance directive has been executed; and will provide education for its staff, patients and the community, as applicable, related to the patient self-determination act/advance directives.

NOTICE OF LIMITATION- *Greater New York Endoscopy Surgical Center will always attempt to resuscitate a patient and transfer that patient to a hospital in the event of deterioration.*

If you are interested you may request resource information regarding self-determination. The information includes:

The description of state law prepared by the Department of Health entitled, "Planning In Advance For Your Medical Treatment".

The pamphlet prepared by the department of health entitled, "Appointing Your Health Care Agent -- New York State's Proxy Law".

A model "New York Living Will".

The fact sheet entitled, "Deciding About CPR Do Not Resuscitate Orders (DNR)".

A handout entitled, "Ten Basic Questions And Answers For Consumers On The Patient Self-Determination Act".

A handout entitled, "Definitions For A Health Care Proxy".

Our staff will inquire and document your present status concerning advance directives during the pre-procedure assessment in the medical record.

If you have executed an advance directive and have brought a copy, this copy will be filed in your medical record.

If copies are not immediately available, the types of advance directives and the name and address of the healthcare agent are obtained and documented in your medical record.

If you request additional information or wish to make an advance directive, the Center will supply you with appropriate information and direction.

The Center will comply with the health care decisions made in good faith by a health care agent to the same extent as decisions made by a competent adult.

GREATER NY ENDOSCOPY SURGICAL CENTER
OWNERSHIP DISCLOSURE

Due to concerns that there may be a conflict of interest when a physician refers a patient to a health care facility in which the physician has a financial interest, New York State passed a law, prohibiting the physician, with certain exceptions, from referring you for clinical laboratory pharmacy or imaging services to a facility in which the physician or his/her immediate family members have a financial interest. If any of the exceptions in the law apply, or if he/she is referring you for other than clinical laboratory, pharmacy, or imaging services, he/she can make the referral under one condition. The condition is that he/she disclose this financial interest and tell you about alternative places to obtain these services. This disclosure is intended to help you make a fully informed decision about your health care.

For more information about alternative providers, please ask your physician, or his/her staff. They will provide you with names and addresses of places best suited to your individual needs that are nearest to your home or place of work.

Statutory authority: *Public health law, §238 a (10)*

The Following Persons/Physicians Are The Owners Of The Center:

Scott Tenner, MD, MPH
Robin Baradaran, MD
Jack Braha, DO
Sam Weissman, MD
Wael El Darawy, MD
Sofia Novak, MD
GSP Complete, LLC
Dr. Steven Guttmann
Allied NY Holdings, LLC
Matt DeVine
Sap Sinha
Robert Gialanella, MD

GREATER NY ENDOSCOPY SURGICAL CENTER
Financial Policy

Greater New York Endoscopy Surgical Center, GNYESC, is a for-profit endoscopy facility dedicated to providing gastroenterologists and patients a safe and effective environment for the performance of procedures related to the gastrointestinal tract. The facility will bill an appropriate "facility fee" for the performance of endoscopic procedures. Physicians who use the facility, including endoscopists and anesthesiologists will bill a separate "professional fee" to be paid directly to themselves. This fee has no relationship to the facility payment other than they are generated at the same procedure. Billing, payment, collection and participation with carriers may differ considerably between the facility and physician involved in the procedures at the facility.

A professional attitude shall be used whenever communicating with patients and insurance companies regarding payment for services rendered. Appropriate staff will assure that the patient understands the implications of his insurance coverage, if any and the resulting personal financial obligation and responsibility for payment for services rendered.

As you know, the world of health insurance has become increasingly confusing and complex for patients and physicians alike. For this reason, we would like to bring to your attention that we are legally required to bill you for any applicable co-payments or co-insurance and/or deductibles which your insurance plan requires you to personally pay under the terms of your insurance policy according to the State of New York Insurance Department opinion see www.ins.state.ny.us/ogco2003/rq030409.htm.

The Federal and State governmental agencies that oversee the health insurance industry have consistently taken the position that the routine waiver of co-payments and co-insurance by healthcare providers may constitute insurance fraud by the insured and the physician. Within 6 months of receiving a response from your carrier, you will receive a "balance bill". These amounts reflect that portion of our facility fees which were not paid by your insurance company and that remain as your personal responsibility. According to the State of New York Insurance Department opinion referenced above, a decision in the exercise of business judgment by a physician not to pursue the full legal remedies available to collect a debt would not constitute insurance fraud. If payment of your full outstanding balance is not financially feasible for you at this time, please call our office and we will try to work out a mutually-agreeable payment plan that you can afford to pay over a reasonable period of time.

For patients who have a sizable financial obligation after payment by insurance, or for patients who have no insurance coverage, a payment contract or the use of a credit card may offer the opportunity to satisfy the financial obligation. For those patients wishing to satisfy their balance due via a financial agreement, the patient or responsible party will be required to sign a contract prior to the procedure. Patient or responsible party will be given a copy of the signed agreement, and the original will be maintained by the Accounts Receivable Office.

**GREATER NEW YORK ENDOSCOPY SURGICAL CENTER
PATIENT RIGHTS AND RESPONSIBILITIES**

The Patient Has a Right to:

1. Receive the care necessary to regain or maintain his or her maximum state of health.
2. Expect personnel who care for the patient to be friendly, considerate, and respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of service.
3. Expect full recognition of individuality, including personal privacy in treatment and care. In addition, all communications and records will be kept confidential.
4. Complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as alternate treatments or procedures and the possible risks and side effects associated with treatment and procedure.
5. Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care and related fees for services rendered.
6. Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
7. Make informed decisions regarding his or her care.
8. Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
9. Approve or refuse the release of medical records to any individual outside the facility, except in case of transfer to another facility, or as required by law or third-party payment contract.
10. Refuse to take part in research/educational projects. If deciding whether or not to participate, you have the right to a full explanation.
11. Express grievances/complaints and suggestions at any time. The Center must provide a written response within thirty (30) days, at the patient's request, indicating the findings of the investigation.
12. Complain to the NYS DOH OHSM Centralized Hospital Intake Program at **1-800-804-5447**, if he/she is unsatisfied with the Center's response to a grievance, complaint or suggestion as described above.
13. Assistance in changing primary or specialty physicians.
14. Provide patient access to and/or copies of his or her individual medical records and receive an itemized bill and explanation of all charges upon request.
15. Be informed as to the facility's policy regarding advance directives/living wills.
16. Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
17. Have an assessment and regular reassessment of pain.
18. Education of patients and families, when appropriate, regarding their roles in managing pain, as well as potential limitations and side effects of pain treatment, if applicable.
19. Have their personal, cultural, spiritual and/or ethnic beliefs considered when communicating to them and their families about pain management and their overall care.
20. Be free of all forms of abuse and harassment while receiving care at the Center.
21. Be provided as appropriate, the patient's representative with written information concerning its policies on advance directives, including a description of applicable state health and safety laws and if requested, official state advance directive forms.

22. Be informed or, as appropriate, the patients representative of the patient's right to make informed decisions regarding the patient's care.
23. Document in a prominent part of the current medical record, whether or not the individual has executed an advance directive.
24. If being adjudged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on patient's behalf.
25. Be free of any act of discrimination or reprisal.

The Patient Has a Responsibility to:

1. Being considerate of other patients and personnel and for assisting in the control of noise and other distractions.
2. Respecting the property of others and the facility and abiding by no smoking rules.
3. Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
4. Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
5. Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.
6. Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and is responsible for the outcome.
7. Bringing a responsible adult escort with them to transport him/her from the Center and remain with him/her for 24 hours, if required by his/her provider.
8. Promptly fulfilling his or her financial obligations to the facility.
9. Payment to facility for copies of the medical records the patient may request.
10. Identifying any patient safety concerns.

These rights and responsibilities outline the basic concepts of service here at the ASC. If you believe, at any time, our staff has not met one or more of the statements during your care here, please ask to speak to the Medical Director or the Administrator. We will make every attempt to understand your complaint/concern. We will correct the issue you have if it is within our control and you will receive a response.

Office of the Medicare Beneficiary Ombudsman
Visit <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home> or call
1.800.MEDICARE (1.800.633.4227)
New York State Department of Health's Metropolitan Area Regional Office (MARO): **800 804-5447**.
Office for Civil Rights: <https://www.hhs.gov/ocr/>
718.954.3535

Grievances or safety concerns about our outpatient facility should be referred to our Medical Director or Administrator at