Patient Rights, Responsibilities and Disclosure of Ownership and Financial Interest



ADVANCED ENDOSCOPY CENTER OF HOWARD COUNTY, LLC

8875 Centre Park Drive, Suite D Columbia, MD 21045 410-730-1000 (phone) 410-730-2266 (fax) TTY Users Call Maryland Relay #711

As a patient of the **ADVANCED ENDOSCOPY CENTER OF HOWARD COUNTY, LLC**, you have the right to receive the following information in advance of the date of the procedure.

PATIENT'S BILL OF RIGHTS:

Every patient has the right to be treated as an individual with his/her rights respected. The facility and medical staff have adopted the following list of patient's rights:

PATIENT RIGHTS:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To receive consideration and respectful care from competent personnel in a clean and safe environment. To be free from mental, physical, sexual and verbal abuse, neglect, exploitation and free from use of unnecessary restraints. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.
- To understand the indications for the procedure. To receive all the information needed to give informed consent for any procedure, including the possible risks and benefits of the procedure.
- To receive complete information regarding diagnosis, planned treatment and prognosis, as well as alternative treatments/procedures and the possible risks/side effects associated with treatment. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or legally authorized individual.
- To participate in all decisions involving health care, except when participation is contraindicated for medical reasons.
- To refuse treatment in accordance with laws and regulations, to leave the facility even against the advice of his/her physician and to be told what affects this may have on their health.
- To assure safe use of equipment by trained personnel.
- To be provided privacy, confidentiality and integrity of all information and records regarding care.
- To be provided privacy, safety and security of self and belongings during the delivery of patient care services.
- To have the right to access information contained in their medical record. To approve or refuse the release of their medical records except when it is required by law and to ask for an accounting of such.
- To be aware of fees for service and the billing process.
- The right to appropriate assessment and management of pain.
- To request and receive information on Advanced Directives and the center's policy on honoring them.
- To complain or file a grievance without fear of reprisal about care and services that they are receiving.
- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.

PATIENT'S RESPONSIBILITIES:

- To provide accurate past and present medical history, present complaints, past illnesses, hospitalizations, surgeries, existence of advance directives, medications and other pertinent data.
- To follow the treatment plan prescribed by provider and for asking questions when they do not understand something regarding their care or treatment.
- For assuring the financial obligations for health care rendered are paid in a timely manner.

- For their actions if they should refuse a treatment or procedure; or if they do not follow or understand instructions given them by the physician or Center employee.
- For keeping their procedure appointment. If they anticipate a delay or must cancel, they will notify the Center as soon as possible.
- For the disposition of their valuables, as the Center does not assume this responsibility.
- For showing respect and consideration to other people and property.
- Patients are responsible for arranging transportation to and from the facility by a responsible adult.
- To assure there are no children, or adults requiring supervision, left unattended in the Center at any time.

If you need a translator:

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. If you will need a translator, please let us know and one will be provided for you.

Advance Directives:

In the state of Maryland, all patients have the right to participate in their own health care decisions. It is the policy of the Center to honor patient's Advance Directives. It is the responsibility of the patient to provide a copy of his/her advance directives to the Center.

Information on Advance Directives can be obtained from the Maryland Attorney General's Office 410-576-7000 or 1-888-743-0023 www.oag.state.md.us

Submission and Investigation of Grievances:

You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of the Center's decision.

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

DR. RUSSELL SCHUB-Medical Director 8875 Centre Park Drive, Suite D Columbia, MD 21045 (phone) 410-730-1000 (fax) 410-730-2266

AAAASF P.O. Box 9500 Gurnee, IL 60031 Tel: 888-545-5222 Fax: 847-775-1985 Email: info@aaaasf.org

Privacy Rule's requirements may be found at:

www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html

Delmarva Foundation for Medical Care 6940 Columbia Gateway Dr., Suite 420 Columbia, MD 21046 800-492-5811

Medicare-Beneficiary Ombudsman 800-633-4227 (800-MEDICARE) www.medicare.gov/claims-and-appeals/medicarerights/get-help/ombudsman.html The Office of Health Care Quality Spring Grove Center Bland Bryant Building 55 Wade Avenue Catonsville, MD 21228 1-800-492-6005 www.dhmh.maryland.gov/ohcq file complaints with the program manager

Disclosure of Financial Interest and Ownership:

Dr. Russell O. Schub has an ownership and financial interest in Dr. Russell O. Schub, P.A., Advanced Endoscopy Center of Howard County, LLC, and Advanced Anesthesia, LLC.

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.