

PATIENT RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

You have the right to quality medical care and appropriate treatment without regard to race, creed, color, sex, sexual preference, national origin, cultural beliefs, religion, handicap, disability, or the source of payment for your care.

You have the right to receive considerate, respectful care, under all circumstances by competent personnel, with recognition of your personal dignity, culture, values, preferences, psychological and spiritual beliefs.

You have the right to good quality care and high professional standards that are continually maintained and reviewed.

You have the right to good health care management techniques that make the most effective use of your time and still provide for your comfort and convenience.

You have the right to have your medical care and records treated with a very high degree of privacy. Case discussions, consultations, examinations and treatment plans are confidential and should be conducted discreetly.

You have the right to have your medical records treated as confidential except as otherwise provided by law or third party contractual arrangements.

You or your designee, upon request, have the right to access to the information contained in your medical records, unless access is specifically restricted by your doctor for medical reasons.

You have the right to know the name of the doctor(s) who will be participating in your care and the names of any other healthcare persons having direct contact with your care.

You have the right to know what Center rules and regulations apply to your conduct as a patient.

You have the right to receive full information in layman's terms concerning your medical problems, treatment, procedures and tests, and the prognosis, or medical outlook for your future. This includes information about alternative treatments and possible complications. When it is not medically advisable to give the information to you, it will be given on your behalf to your family or significant other.

You have the right to have access to an interpreter if you have a hearing impairment, or do not speak or understand English.

You have the right to refuse any procedure or treatment and to be informed by your doctor of the medical consequences of your refusal.

Before any procedure is performed, you will be asked to sign a form giving your consent. If you are unable to give informed consent, a legal power of attorney may do so for you. You have the right to receive from the doctor, information which is necessary for you to be able to give an informed consent prior to the start of any procedure or treatment.

You or, if you are unable to give consent, a legal power of attorney, have the right to be informed when your physician is considering you as part of a medical care research or donor program. You also have the right to refuse to participate in the program.

You have the right to expect that the Center will provide information for continuing health care requirements after discharge and means for meeting them.

You have the right to expect emergency procedures to be implemented, without unnecessary delay. If there is a need to transfer you to another health care facility, you and/or a responsible person shall be notified. The institution to which you are to be transferred to shall be notified prior to your transfer.

You have the right to examine and receive a detailed explanation of your bill.

You have a right to expect that your reports of pain will be recognized and addressed appropriately and in a timely manner.

You have the right to be informed of these rights prior to the day of your procedure. These rights are also posted in the waiting area of the Center and are available upon request.

YOUR RESPONSIBILITIES

You are responsible to provide accurate information about your present health status, past medical history and medications. You are also expected to report perceived risks in your care and unexpected changes in your condition.

You and your family are responsible to ask questions if you do not understand your care, treatment, or what you are expected to do.

You and your family are responsible for following the care and treatment program which your doctor specifies.

You and your family are responsible for the outcomes if you do not follow the care or treatment program which your doctor specifies.

You are expected to show consideration for the privacy of others and be respectful of the Center's staff and property, as well as other patients.

You are responsible for following the Center's rules and regulations.

You are responsible for promptly meeting any financial obligation agreed to with the Center.

We encourage you to be an informed consumer of health care services. Please do not hesitate to ask questions pertaining to any aspect of your care at our facility.

The Center has multiple reporting mechanisms in place for expressing concerns:

Bill Rhoades, Center Administrator 717-651-1691
hbgesc@aol.com

Pennsylvania Department of Health, Division of Acute and Ambulatory Care
ATTN: Joanne Salsgiver, Acting Director
717-783-8980
Written complaints can be submitted:
Room 532, Health and Welfare Bldg.
625 Forester Street, Hbg, PA 17120

Office of the Medicare Beneficiary Ombudsman
<http://www.cms.hhs.gov/center/ombudsman.asp>

Harrisburg Endoscopy & Surgery Center, Inc. is a freestanding, Joint Commission accredited, Medicare approved, and state licensed surgery center that is physician owned and supervised. Drs. John McLaughlin and Kevin Westra have a financial interest in this company. If you have any questions or concerns regarding the ownership of the Center, please discuss this with your physician or the Center.

Information About Advance Directives

The 1990 Patient Self-Determination Act is a federal law that says patients must be informed of their rights under state law to make decisions about their medical care, including the right to accept or refuse medical or surgical treatment and the right to have an advance directive. The advance directive document is a way for you to communicate what types of medical care and treatment you do or do not want if you become unable to make these decisions for yourself.

Compliance with the 1990 Patient Self-Determination Act is intended for inpatient hospital admissions, not for outpatient surgery centers. **The Harrisburg Endoscopy & Surgery Center does not honor advance directives.** Health care providers at the Center are bound to do all in their power to assure the safe recovery of every patient, including resuscitation if that becomes necessary. Patients are asked if they have an advance directive, which is placed in their medical record. **Patients should be aware that an advance directive will not be honored while a patient at the Center.**

We have advance directive information available upon request. You can also find more information in a brochure about "Understanding Advance Directives For Health Care" in Pennsylvania by visiting the following web site:
http://www.aging.state.pa.us/aging/lib/aging/advance_directives_brochure1.pdf

You can also visit the PA Department of Aging Website at <http://www.aging.state.pa.us/aging>

Expect a phone call the day before your procedure:

You will be contacted the day before your procedure and/or surgery between the hours of 7:00am – 3:00 pm. You will be given your arrival time and a staff member will go over some instructions with you. You will also be asked if you received and read this informational brochure. If you do not hear from us by 1:00, please call the Center at 717-545-8525.

Remember:

Please bring your driver's license, insurance cards and a list of your current medications with you.

Leave all valuables, jewelry, and body piercings at home.

Nothing to eat or drink after midnight the night before your procedure including gum and candy.

You should take your heart, blood pressure, lung/asthma, inhalers, seizure medications with a small sip of water the morning of your procedure unless you were directed not to do so by your doctor. If you have any questions regarding which medications you should take or medications not listed here, please contact your doctor.

No smoking or chewing tobacco after midnight.

Wear loose comfortable clothing.

Bring any crutches, canes, boots, etc given to you by you doctor (if applicable).

You must bring a responsible driver to take you home. No taxi, bus or public transportation.

If under the age of 18, a parent must stay in the building at all times.

If you need directions, please call us or visit our website at www.hbgesc.com. You can also find other information about our Center on our website.

Harrisburg Endoscopy & Surgery Center Inc.

4760 Union Deposit Road
Harrisburg, PA 17111
(717) 545-8525
www.hbgesc.com

Information for Patients Regarding Our Center:

Your doctor has scheduled you for a procedure and/or surgery at our Center. Please take the time to read this important information regarding your rights and our Center.

If you have any questions regarding this information, please feel free to contact us at the number listed above.