

Endoscopy Center North

You are scheduled for a procedure

On

Procedure Name

Date

With

Check-in time

Procedure time

Doctors name

10600 Montgomery Road, Suite 101 • Cincinnati, Ohio 45242
Phone (513) 794-5680 • Fax (513) 791-6013

Cancellations the day of or evening before your procedure, call 794-5680 and leave a message.

PLEASE BRING WITH YOU THE FORMS CONTAINED IN THIS PACKET

Plan on being with us for a total of 2-3 hours. When you arrive, we will ask you for the completed forms contained within this packet. If you forget to bring the forms on the day of your procedure, you will need to complete another set prior to admission. The staff will have you change into a patient gown. Your belongings will be placed under the stretcher and travel with you until discharge. Lockers are available upon request. The staff will review your health and medical history. An intravenous catheter (IV), connected to sterile fluids, will be started. The IV will be used to administer sedation medication(s) during your procedure. When your physician is ready you will be taken into the procedure room, sedated, and undergo the procedure(s). Afterwards, you will rest in the recovery room until the sedation starts to wear off, about 30 to 45 minutes. You may need to release some of the air/gas that was used during the exam to better see your digestive tract.

It is highly recommended that your family member or friend be present when the physician discusses the findings of your procedure and discharge instructions. You will receive a written copy of the discharge instructions, and if applicable, prescriptions and educational handouts.

Make arrangements for someone to drive you home and remain with you after your procedure.

The center is required by law, to report "driving under the influence". If an attempt is made to drive home after sedation, the center is obligated to contact the Montgomery Police. If you do not have anyone to drive you home, please contact your procedure physician to discuss other alternatives.

Please make arrangements for childcare in advance. Endoscopy reception area and recovery room are not designed to accommodate small children.

Leave all valuables at home. Endoscopy Center North cannot take responsibility for safeguarding your personal items. Wear loose comfortable clothing and low-heeled shoes; it is easier to dress and safer to walk if you are still sleepy upon discharge.

For your comfort - You may want to bring or wear socks during the procedure. Those waiting for you may want to bring along a jacket or sweater.

If you have fever or flu like symptoms such as body aches, nausea, vomiting and/or productive cough at the time of your procedure, please call the physician's office to possibly reschedule your procedure.

After your Procedure:

- Take it easy on the day of the procedure.
- After your procedure, it is natural to experience some fatigue or drowsiness.
- **Do not drive, operate machinery or power tools, or drink alcoholic beverages** on the day of your procedure.
- Follow your physician's instructions regarding diet, rest and medications.
- Contact Endoscopy Center North if you have any questions at (513) 794-5680; 7:00 a.m. – 3:30 p.m., Monday through Friday. After hours, contact your physician's office, or if necessary the nearest emergency room.

The day after the procedure, a staff member will attempt to call you to check on how you are doing.

DIRECTIONS TO ENDOSCOPY CENTER NORTH

71 North (From downtown)

Pfeffer Road Exit (Exit #15)

Turn right on Pfeffer Road. Go approximately 1.5 miles to the traffic light at Montgomery Road
Turn left onto Montgomery Road. Endoscopy Center North is the 3rd entrance on the right.
Look for a red brick building with a green roof adjacent to the Bethesda Medi Center
Building number 10600.

71 SOUTH (From Mason) to I-275 East

Take Exit #50 Montgomery/Morrow

Turn left onto Montgomery Road. Continue south on Montgomery Road for approximately 1/2 mile
Endoscopy Center North is on the left, a red brick building with a green roof, adjacent to the Bethesda Med Center Building number 10600
If you pass the flashing caution lights for Bethesda North's Emergency Room you have gone too far.

I-275 West from Batavia

Take Exit #50 Montgomery/Morrow

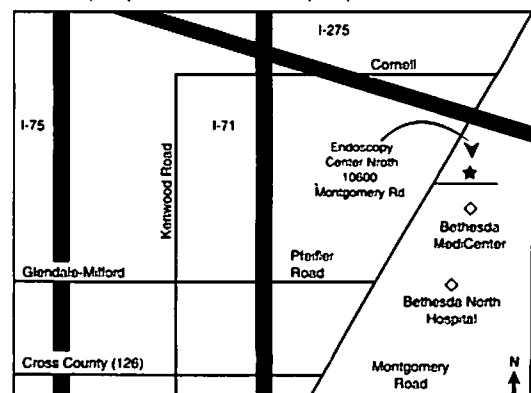
Turn left onto Montgomery Road. Continue south on Montgomery Road for approximately 1/2 mile
Endoscopy Center North is on the left, a red brick building with a green roof, adjacent to the Bethesda Med Center Building number 10600
If you pass the flashing caution lights for Bethesda North's Emergency Room, you have gone too far.

I-275 East from Tri-County

Take Exit #50 Montgomery/Morrow

Turn left onto Montgomery Road. Continue south on Montgomery Road for approximately 1/2 mile
Endoscopy Center North is on the left, a red brick building with a green roof, adjacent to the Bethesda Med Center Building number 10600
If you pass the flashing caution lights for Bethesda North's Emergency Room, you have gone too far.

10600 Montgomery Road, Suite 101
Cincinnati, Ohio 45242
Phone: (513) 794-5680 Fax: (513) 791-6013



Normal business Hours:
7:00 a.m. to 3:30 p.m.

Consent Copy For Review

CONSENT FOR MEDICAL PROCEDURE AND ACKNOWLEDGEMENT OF RISK INFORMATION FOR ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE SIGMOIDOSCOPY AND/OR COLONOSCOPY

Nature and Purpose of Procedure: I understand that current medical practice requires my prior informed consent and acknowledgement of risk information before proceeding with any medical procedure. These procedures consist of the passage of a flexible lighted tube (endoscope) into the gastrointestinal (GI) tract either to examine the esophagus, stomach, small or large intestine. Usually, intravenous sedation is given to minimize the possibility of discomfort; due to this sedation, I understand that I will be unable to drive and must have someone with me to drive me home. If necessary, a very small piece of tissue may be taken and sent to the laboratory for analysis; if a polyp is seen, it may be removed through the endoscope; if a narrowing of the esophagus is present, it may be widened by passing a thin tube or balloon (dilator) through the narrowing.

Reasonably Known Risks Associated with these procedures: The procedure is generally considered to be of low risk. Some, but not all, of the known risks include the following: a localized irritation of the vein may occur at the site of intravenous injection of medication; a tear in a blood vessel, or in the wall of the GI tract itself, may occur; this could lead to bleeding or leaking of intestinal contents into the abdominal cavity; the bleeding usually stops on its own but could require transfusion or surgery; a tear in the wall of the GI tract may seal over by itself but would require an operation if leakage of intestinal contents occurred. Other risks include an adverse reaction to a medication, a complication from an unrelated disease such as heart attack or stroke, missed lesions, such as polyps, cancer, or vascular abnormalities, or death, which is extremely rare, but remains a remote possibility.

Sedation and Medication: You will receive intravenous sedation to minimize the possibility of discomfort. Sedation is a continuum. The sedation goal for endoscopic procedure(s) is from minimal sedation to moderate sedation/analgesia. The person who administers sedation will be your physician or a (RN) trained member of the staff under the direction of the physician. Adverse reactions to the sedation may include but are not limited to skin rash or irritation at the IV site, other adverse drug reactions such as respiratory and or cardiac problems, nausea, vomiting, changes in blood pressure or other allergic reactions. For an upper endoscopy, a local anesthetic may be applied to the throat to numb it and decrease the tendency to gag.

Authorization: I authorize Dr(s) _____ and his/her (their) associates or assistants to perform _____
For the purpose of advancing medical science, I consent to the admittance of health, equipment and pharmaceutical representatives to observe under the discretion of the above named physician. I understand that during the course of the procedure, unforeseen conditions may become apparent which would require an extension of the original procedure or even a different procedure: I authorize the above-named physician(s) to perform such procedures or transfer to a hospital as deemed necessary and advisable in the exercise of his/her (their) professional judgment.

Alternative Procedures: Although these procedures are considered safe and an accurate way to examine the intestinal tract, there are other diagnostic or therapeutic procedures, which may be available to me, usually including x-rays and/or surgery. These may be discussed with me by my physician and deemed appropriate to my individual case. If I have any questions or concerns about alternative procedures or risks, I am encouraged to discuss these with my physician prior to signing this consent.

Consent and Acknowledgement: By signing this form, I acknowledge that I have read and/or have had it read to me and that I understand this consent form. I have been clearly informed regarding the nature of sedation and have received sufficient information to give my informed consent. I understand that I may at any time request more detailed information of any other and less likely problems or complications. I am aware that the practice of medicine is not an exact science and that the nature of the procedure, anticipated results, and potential complications cannot always be anticipated with complete accuracy. For this reason, I acknowledge that prior to signing this form I understand this information and I have been given a complete opportunity to ask any and all questions of my physician, which I may wish answered concerning the procedure, its risks, and alternative procedures.

Endoscopy Center North

How will your billing for the services provided to you at ECN be handled?

First, you will receive a bill from your physician for the professional services from his or her medical practice. This bill will be identical to the bill you would have received had the procedure been performed at a hospital. Secondly, you will receive a bill from Endoscopy Center North for its facility fee. This bill will replace the bill you would have received from the hospital had the procedure been performed there. The facility fee does not include charges for such items as biopsies (tissue samples), blood or stool samples. There will be an additional charge for those services if they were performed. The facility fee and the additional charges, if any, will be filed by us with your insurance carrier(s), unless you instructed us to do otherwise.

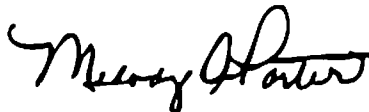
Performance of medical procedures such as gastrointestinal endoscopy at certified/licensed centers saves the healthcare systems of the United States a significant amount of money each year. Our Center's facility fee is a global one which covers the use of all medications, supplies, medical equipment, the endoscopy suite and recovery room. Hospitals, on the other hand, typically bill each item separately, resulting in charges which are generally significantly higher than that of the Center.

In summary, we are very pleased to have treated you at Endoscopy Center North. We appreciate your decision to have your outpatient procedure(s) at our facility.

Sincerely,



Debbie Rogers, RN
Facility Administrator/Nurse Executive
513-794-5680



Melody Porter
Billing Coordinator
513-569-1312

Welcome to Our Endoscopy Center

To provide quality healthcare services in the field of Gastroenterology to our customers in a competent, safe, caring, cost-effective, appropriate and accessible manner.

Endoscopy Center North is dedicated to providing high quality endoscopic care in an efficient and cost effective manner. In this setting you will receive individual attention from professional and highly skilled physicians, nurses and support staff. The ECN Governing Board has approved and credentialed all physicians providing care at the facility.

Endoscopy Center North performs procedures, such as:

- EGD (Esophagogastroduodenoscopy) with or without biopsy and polyp removal
- Esophageal dilation
- Colonoscopy with or without biopsy and polyp removal
- Flexible Sigmoidoscopy with or without biopsy and polyp removal.

The Federal Trade Commission (FTC), recently issued a regulation known as the "Red Flags Rule" (Sections 114 and 315 of the Fair and Accurate Credit Transactions Act), that is intended to reduce the risk of identity theft. As a healthcare provider, since we bill for services rendered, we may be considered a "creditor" as defined by the Equal Opportunity Credit Act and are required to comply with the "Red Flags" Rules

The following is a summary of your Patient Rights & Responsibilities. Further information is available at the Center.

PATIENT RIGHTS:

- ▶ To medical treatment regardless of your race, color, creed, religion, sex, age, cultural, economic, education, handicap, sexual orientation, national origin or source of payment.
- ▶ To high quality patient care.
- ▶ To know the names, functions, and credentials of the healthcare professionals involved in your care at this facility.
- ▶ To an explanation of treatments and procedures you are receiving in a language you can understand.
- ▶ To be involved in your care.
- ▶ To reasonable responses to assessment and management of pain.
- ▶ To have all patients rights, responsibilities, and information concerning your care explained to you or the person who may have responsibility (if applicable) regarding your medical care decisions.
- ▶ To an explanation of after-hours care, emergency care, payment of fees, discharge care, and facility conduct.
- ▶ To request a second opinion, another healthcare provider or other alternate location.
- ▶ To refuse treatment or participation in research investigational studies to the extent permitted by law and to be informed of the consequences of our refusal.
- ▶ To protection of your privacy.
- ▶ To access to all information contained in your medical record, provided upon your written request.
- ▶ To express grievances/complaints and suggestions by phone, verbally or in writing directly to the facility or outside services.

PATIENT RESPONSIBILITIES:

- ▶ To provide complete and accurate information about your health, medications, past hospitalizations, and other matters related to your health.
- ▶ To participate and understand the risk, benefits, expected outcomes, and implications or refusal of care.
- ▶ To participate in healthcare decisions and follow prescribed treatment plan.
- ▶ To be responsible for keeping appointments and notifying if unable to do.
- ▶ To accept personal financial responsibilities for any charge not covered by insurance and meet financial payment plans if applicable.
- ▶ To be respectful and considerate of the rights of other patients, healthcare providers, staff and facility property.
- ▶ To abide by the facility rules and regulations.
- ▶ To make known any complaints or suggestions to staff or outside sources.
- ▶ To provide a responsible adult to transport you home from this center.
- ▶ To inform his/her provider about any living wills, medical power of attorney, or other directive that could affect his/her care.

ADVANCE DIRECTIVES:

It is your right to make informed decisions regarding your health care. An advance directive tells your doctor what kind of care you would like to have if you become unable to make medical decisions.

Ohio Law recognizes the following Advance Directives: Living Will and DNR (Do-Not-Resuscitate) Orders.

In accordance with Ohio law, we are notifying you that we are not required to honor and do not honor Advance Directives. Due to the nature of our procedures, if a life threatening event occurs, we will perform emergency procedures to stabilize the patient until transport to the hospital, where decisions may be made whether or not to continue treatment. If you do not agree with our advance directives policy, please speak to us immediately and arrangements can be made to provide care for you in another location. Further information regarding advance directives is available upon request.

For information about Advanced Directives contact Ohio Legal Rights Service at http://olrs.ohio.gov/asp/olrs_AdvanceDirect.asp Upon request, a sample copy of the Ohio Advanced Directive form will be sent to you.

PATIENT GRIEVANCE:

In the event you need to register a grievance you can contact the Facility Administrator:

Endoscopy Center North (513) 794-5600
10600 Montgomery Rd, Suite 101
Cincinnati, OH 45242

For further unresolved issues you may contact a Patient Advocate at the:

Director of Provider and Consumer Services Unit
Ohio Department of Health Hotline: 1-800-342-0553
246 North High Street Columbus, OH 43215
1-800-669-3534

E-Mail: HCComplaints@cdh.ohio.gov

Or Medicare Beneficiary Ombudsman

1-800-Medicare Web site: <http://www.medicare.gov>
1-800-633-4227 click on: ombudsman

PHYSICIAN OWNERSHIP DISCLOSURE:

Endoscopy Center North, LLC (ECN) is an ambulatory endoscopy center owned by various physicians of Gastroenterology Consultants of Greater Cincinnati, South West Ohio Gastroenterology and Ohio Gastroenterology & Liver Institute. Your physician may have a financial interest in this facility.

IMPORTANT

You will be asked to acknowledge receipt of this notice on the day of your procedure. On the day of your procedure please bring the following:

- ▶ This Notice
- ▶ All of your medical insurance cards
- ▶ One of the following:
 - Driver's License • State ID
- ▶ Or other Legal Photo Identification
- ▶ If patient is under 18 years old, photo identification must be provided of the patient's legal guardian.
- ▶ If the address on your identification is different than your current address, please bring another form of identification with your current address.
- ▶ Completed list of your medication(s) and allergies.
- ▶ List of previous surgeries with the dates/years in which they were done.
 - We will need this information even if you have given it to the physician's office.
- ▶ A copy of the Power of Attorney (POA) or Legal Guardianship documentation, if you are responsible for this family member's healthcare.
- ▶ If applicable: inhaler, glasses, contact lens container, hearing aid(s) and C-pap machine.

Federal Regulations now require Healthcare facilities to notify each patient of the information that is provided to you in this brochure.

Endoscopy Center North

Our Facility is accredited by the Accreditation Association of Ambulatory Healthcare (AAAHC). This signifies that we have met the elevated standards of this highly respected organization, and that our commitment to quality and safety is unwavering. We are proud to have met the challenge of accreditation and hope that it provides you, our patient, with an extra measure of confidence and most positive experience possible.



Important Information For Our Patients

- ~ Patient Rights / Responsibilities
- ~ Advanced Directives
- ~ Physician Ownership
- ~ Patient Grievance
- ~ "Red Flags" Federal Trade Commission (FTC) regulation

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ENDOSCOPY CENTER NORTH

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_____	_____	_____
Date	Time	Patient Signature
_____		_____
Signature of Other Person with Legal Authority		Relationship of Other Person
_____	_____	_____
Date	Time	Witness

Prior to the date of my procedure, I have received verbal and written information, in a language I understand, and have been given the opportunity to ask questions about:

___ Patient Rights and Responsibilities

___ Physician Ownership Disclosure

___ **Advance Directives**

___ I have an Advance Directive and understand that this will not be followed at Endoscopy Center North
Copy Provided ___ Yes ___ No

___ I do not have an Advance Directive at this time and do not want information regarding Advance Directive at this time.

___ I do not have an Advance Directive at this time but would like information regarding Advance Directive.

___ **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:** Our Notice of Privacy Practices provides information about how we may use the disclosed information about you. By signing, you acknowledge that you have received and/or have been given the opportunity to review our Notice of Privacy Practices. As provided in our Notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting.

Endoscopy Center North 10600 Montgomery Road
Suite 101 Cincinnati, OH 45242 (513) 794-5680

Patient Received _____ Patient Declined _____ Patient Refused _____