

NORWOOD ENDOSCOPY CENTER, LLC PATIENT RIGHTS AND RESPONSIBILITIES

THE PATIENT HAS THE RIGHT TO:

Receive care and treatment without regard to race, creed, sex, age, cultural, economic, educational, religious background, national origin, handicap, sexual orientation or sources of payment.

Expect personnel who care for them to be friendly, considerate, and respectful and qualified through education and experience and perform the services for which they are responsible with the highest quality. And to know the names, functions and credentials of the physician and the healthcare providers who may coordinate or provide care to him or her.

Expect full recognition of individuality, including privacy in treatment and care. In addition, all communications and records will be kept confidential. The patient's written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her healthcare, except as provisioned by law or third party contracts, and in the case of transfer to another healthcare facility.

Complete information, to the extent known by the physician, regarding diagnosis, treatment and prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment in order to give informed consent for procedures or to refuse treatment.

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 "surrogate" or other legally designated person.

Refuse treatment to the extent permitted by law and be informed of the medical consequence of such a refusal. The patient accepts responsibility for his/her actions should he/she refuse treatment or not follow the instructions of the physician or facility.

To expect communication in the language which he/she understands and have resources available to facilitate communications, i.e., language interpreter, or certified interpreter.

Express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient.

Be fully informed of services available at the facility, provisions for after-hours and emergency care and related fees for services and payment policies.

To request a second opinion, choose another qualified provider or select an alternate location.

To expect that the facility will provide information for continuing health care requirements following discharge and the means for meeting them.

To be informed that Norwood Endoscopy Center, LLC (NEC) respects the right of patients to make informed decisions regarding their care in an Advanced Directive. If an unplanned event should happen while he/she is in the facility, it is the policy of NEC to initiate resuscitative or other stabilizing measures. The patient will be transported to the hospital recommended by the physician and/or agreed upon by the patient and/or patient's family. A copy of the patient's advanced directive will be sent with him/her, if made available upon registration. Patient has a right to receive notice prior to procedure these rights and responsibilities, consent and information of our policy on Advance Directives. If you would like information or copy of Advance Directives please contact us or your primary care doctor.

The patient has the right to refuse treatment and/or leave the Norwood Endoscopy Center, LLC against the advice of his/her physician, to the extent permitted by law.

Be informed of any human experimentation or other research/educational projects affecting his/her care or treatment and can refuse participation.

To examine and receive an explanation of his/her bill, regardless of source of payment.

To know Norwood Endoscopy Center, LLC (NEC) is an ambulatory endoscopy center owned by some physicians who are a part of Ohio GI and Liver Institute. Therefore your physician may have financial interest in the facility. You have the right to choose an alternate facility for your procedure if you so desire.

THE PATIENT IS RESPONSIBLE FOR:

Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.

Respecting the property of others and the facility.

Reporting whether he or she clearly understands the planned course of treatment and what is expected of him/her.

Keeping appointments, and when unable to do so for any reason, notifying the facility and physician.

Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medication, unexpected changes in the patient's condition or any other patient health matters.

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 being responsible for the outcome.

Observing and respecting the privacy of others relating to cell phone use, cameras and other social media by following facility policy in of use in restricted areas.

Promptly fulfilling his/her financial obligations to the facility.

Obtain arrangements for responsible adult driver post sedated procedure.

Provide information on advance directives in the event of transfer to another facility.

The patient Rights and Responsibilities were established with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, family, physician and the facility caring for the patients. Patients shall have the rights without regard to personal values or belief systems.

To express grievances/ complaints and suggestions at any time, this may be done verbally or in writing directly to the facility or to the Ohio Department of Health.

Norwood Endoscopy Center
4746 Montgomery Rd #100
Norwood, Ohio 45212
Phone: 513-731-5600

Ohio Dept of Health/ PCSU
246 N. High St
Columbus, Ohio 43215
Hot line phone: 800-342-0553
E-mail: NECComplaints@odh.ohio.gov
1-800-medicare (1-800-633-4227)

Web site: www.medicare.gov/Ombudsman/activities.asp

OHIO GI & LIVER INSTITUTE

HIPAA: In general, the HIPAA rule gives you the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home

PLEASE READ ALL INFORMATION CAREFULLY

I wish to be contacted in the following manner (check all that apply)

<p><u>Home Telephone</u></p> <p><input type="checkbox"/> OK to leave message with detailed information</p> <p><input type="checkbox"/> Leave message with call back information ONLY</p>	<p><u>Written Communication</u></p> <p><input type="checkbox"/> OK to mail to my home address</p> <p><input type="checkbox"/> OK to mail to my work/office address</p> <p><input type="checkbox"/> OK to fax to</p> <p>Email address _____</p>
<p><u>Work Telephone</u></p> <p><input type="checkbox"/> OK to leave message with detailed information</p> <p><input type="checkbox"/> Leave message with call back information ONLY</p>	<p><u>Cell Phone</u></p> <p><input type="checkbox"/> OK to leave message with detailed information</p> <p><input type="checkbox"/> Leave message with call back information ONLY</p>

Your PHI **CAN BE RELEASED** to the following family/friends
Please list only family or friends, NOT physicians

Patient Signature

Date

Print Name

Birth Date

The privacy rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures.

NORWOOD ENDOSCOPY CENTER, LLC

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) through the gastrointestinal (GI) tract to examine the esophagus, stomach, small and large intestine. If necessary, a very small piece of tissue may be taken to send 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. If esophageal varices (dilated veins) are present they may be ligated with elastic bands. Hemorrhoid banding consists of placing a rubber band over one hemorrhoid.

Sedation and Medication: You will usually be given intravenous sedation to minimize the possibility of discomfort. Sedation is a continuum from minimal sedation, moderate sedation/analgesia to deep sedation/analgesia. This is a discussion between you and your physician. The person who administers your sedation will be your physician or a Certified Registered Nurse Anesthetist or a registered nurse, as a trained member of the staff under the direction of the physician. If an EGD is being performed, a local anesthetic may be applied to the throat to numb it and decrease the tendency to gag. Adverse reactions to the sedation may include, but are not limited to, skin rash or irritation at the IV site, drug or allergic reactions, such as respiratory problems, nausea, vomiting, and changes in blood pressure. Due to this sedation, I understand that I will be unable to drive and must have someone with me to drive me home.

Reasonable 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 at the site of intravenous injection of medication or a tear in a blood vessel or in the wall of the GI tract itself may occur. A tear could lead to bleeding or leaking of intestinal contents into the abdominal cavity. Bleeding usually stops on its own, but could require transfusion or surgery. A tear in the wall of the gastrointestinal tract may seal over by itself, but would require an operation if leakage of intestinal contents occurred. Adverse reactions to sedation can include skin rash or trouble breathing. Other risks may include, but are not limited to, missed lesions, polyps, cancer, ulcers, blood vessel abnormality or a complication from an unrelated disease such as heart attack or stroke. Death is extremely rare, but remains a remote possibility.

Authorization: I authorize Dr. _____ and his/her associates or assistants to perform ESOPHAGOGASTRODUODENOSCOPY (EGD), COLONOSCOPY, FLEXIBLE SIGMOIDOSCOPY, FLEXIBLE SIGMOIDOSCOPY with SEDATION, ILEOSCOPY, HEMORRHOID BANDING procedure (s) to the extent deemed necessary. I understand that during the course of the procedure, unforeseen conditions may become apparent which would require an extension of the original procedure or 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 professional judgment.

Alternative Procedures: Although these procedures are considered a safe and accurate way to examine the gastrointestinal tract, there are other procedures which may be available to you, including x-rays and/or surgery. These may be discussed with you by your physician as deemed appropriate to your individual case. If you have any questions or concerns about alternative procedures or risks, you are encouraged to discuss these with your physician prior to signing this consent.

In the event that an employee receives a needle stick or has blood or body fluid exposure during my stay at Norwood Endoscopy Center, I give my consent to have my blood drawn as part of the Employee exposure to Blood and/or Body Fluid policy. I am aware that these tests include the following: AIDS Antibody Test, Hepatitis B Surface Antigen, VDRL (syphilis) and Hepatitis C. I am also aware that these tests would be performed at no expense to me.

Consent and Acknowledgement: By signing this form, I acknowledge that I have read and understand this consent form and have received sufficient information regarding the endoscopic procedures 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, prior to signing this form I acknowledge that I understand this information and that I have been given the opportunity to ask my physician any questions, concerning this procedure, its risks, and alternative procedures.

Patient Signature

Date

Time

Signature of Person with Legal Authority

Relationship

Witness

Date

Time

NORWOOD ENDOSCOPY CENTER

4746 Montgomery Rd. Suite #100 (located on the first floor immediately to the right)
Norwood, Ohio 45212 513-731-5600

Patient name _____ Date of Procedure _____ Check-in Time _____ Procedure Time _____

PLEASE READ ALL THIS INFORMATION

Norwood Endoscopy Center (NEC) is pleased to welcome you as a patient at our facility. We pride ourselves on the quality of our center, physicians, and staff. The center is owned by the physicians of Ohio Gastroenterology and Liver Institute (Ohio GI) and is dedicated to providing high quality endoscopic care in an efficient and cost effective manner. NEC is a Medicare licensed state of the art facility and has been accredited by Accreditation Association for Ambulatory Health Care, Inc. (AAAHC). The Governing Board has approved and credentialed all physicians providing care at this facility.

PRIOR TO YOUR PROCEDURE:

- **For your safety and Medicare requirements, it is mandatory that all patients have a responsible person/ride with them at the time of admission. This person is expected to stay in the facility until the patient is discharged and remain with you after your procedure.**
- **If a responsible person is NOT present or able to stay in the facility, there will be two options:**
 1. The procedure will be canceled and rescheduled for a date when a responsible person can be present.
 2. The procedure may be done without sedation with the physician's permission.

The center is legally required to report "driving under the influence" with the Norwood Police if an attempt is made to drive after sedation. If you do not have someone to drive you home after your procedure, contact your procedure physician to discuss other alternatives.

- **Please make arrangements for childcare in advance.** The endoscopy reception area and recovery room are not designed to accommodate small children.
- **Complete the enclosed forms and bring them with you on the day of your procedure.** It is important to complete the Medication Sheet including prescription and non-prescription items (vitamins, herbal supplements, pain medications including aspirin and anti-inflammatory). Include dosages, frequency, and the date you took your last dose. Also note any medicines you are allergic to and the reaction that occurs.
- **A member from Norwood Endoscopy Center's staff will call you 2 – 3 days prior to your procedure to answer any questions you may have concerning the enclosed forms.** They will leave a message if you are not at home if your voicemail is identifiable. You may call NEC at 513-731-5600 between 1pm and 3pm, Monday – Friday with any questions.
- **If having a colonoscopy, it is important to follow your doctor's prep instruction and not the package insert.** Divided doses of the bowel prep are VERY important to make sure the colon is adequately cleaned so we get optimal vision of the colon. **Lesions can be missed if the colon is not well cleaned out.** **If you have any heart, kidney or lung conditions please notify your physician's office before taking colon cleaning laxatives (prep).**

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

ON THE DAY OF YOUR PROCEDURE:

- **NOTHING to eat or drink after midnight, except prep liquids.** This means NO mints, candy, gum, chewing tobacco, coffee, tea, soft drinks or foods. Medications may be taken with a **SMALL SIP** of water up until 2 hours prior to your scheduled arrival time. **You may not have anything at all by mouth for 2 hours prior to your arrival time.**
- **Leave all valuables/ jewelry at home and remove all piercings.** NEC is not responsible for missing personal items.
- **Wear loose comfortable clothing and low-heeled shoes.** If you are still sleepy upon discharge, it is easier to dress and safer to walk.
- **Bring list of previous surgeries including the dates/year they were done.** We will need this information even if you have already given it to your physician's office.

- Insurance card (s) and a photo ID.
- Bring inhaler, glasses, contact lens container or hearing aid. Contacts lenses and all makeup should be removed prior to procedure.
- A copy of your Power of Attorney (POA) or Legal Guardianship documentation if applicable.

AFTER YOUR PROCEDURE:

- Take it easy. It is natural to experience some fatigue or drowsiness.
- **DO NOT DRIVE, OPERATE MACHINERY, POWER TOOLS, DRINK ALCOHOLIC BEVERAGES and/ or GO BACK TO WORK** on the day of your procedure.
- Follow your physician’s instructions regarding diet, rest and medications.
- Contact the Norwood Endoscopy Center, LLC, (513) 731-5600, 7AM – 3PM, Monday through Friday, if you have any questions. After hours, contact your physician’s office.

The next business day following the procedure, a staff member of NEC will call you to see how you are doing. If no answer, we will leave a message if you previously gave us permission to do so upon your admission to the center.

BILLING INSTRUCTIONS:

You will receive a bill from your physician for 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.
 You will receive a bill from Norwood Endoscopy Center, LLC, for its facility fee. This bill will replace the one 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 and anesthesia. There will be an additional charge for those services if they were performed.
 For billing questions please call 513-587-0440.

SERVICE EXCELLENCE:

Norwood Endoscopy Center strives to ensure every patient is treated with dignity and respect. If for some reason you are not satisfied with some aspect of your care, we want to hear about it. Please call and let us know at (513) 731-5600. Thank you!

NEC’s address is 4746 Montgomery Rd. but the actual parking lot is on Smith Rd.

A crossed the street from Frisch’s and Quality Inn
DIRECTIONS TO NORWOOD ENDOSCOPY CENTER

71 North (from downtown)

71 North to 562 West (Norwood Lateral exit 8B) towards Norwood.
 Take Montgomery Rd. Exit 3 Turn Left onto Norwood Ave.
 Turn Left onto Montgomery Rd.
 Turn Left onto Maple. Turn Left onto Smith Rd.
 Smith Rd dead ends into the center’s parking lot.
 Look for “The Professional Center of Norwood” on front of building,
 4746 Montgomery Rd Suite #100. (located on the first floor)

71 South

71 South to 562 West (Norwood Lateral exit 7) towards Norwood.
 Take Montgomery Rd. Exit 3. Turn Left onto Norwood Ave.
 Turn Left onto Montgomery Rd.
 Turn Left onto Maple. Turn Left onto Smith Rd.
 Smith Rd dead ends into the center’s parking lot.
 Look for “The Professional Center of Norwood” on front of building,
 4746 Montgomery Rd Suite #100. (located on the first floor)

75 North or South

75 North or South to 562 East (Norwood Lateral exit 7) towards Norwood.
 Take Montgomery Rd. Exit 3 Turn Right onto Wesley Ave.
 Turn right onto Wall St. Turn Right onto Smith Rd.
 Smith Rd dead ends into the center’s parking lot.
 Look for “The Professional Center of Norwood” on front of building,
 4746 Montgomery Rd Suite #100. (located on the first floor)

A. The Professional Center of Norwood
 4746 Montgomery Rd, Cincinnati, Ohio 45212

