

QUADRANGLE ENDOSCOPY CENTER

PATIENT/CLIENT BILL OF RIGHTS

Quadrangle Endoscopy Center is a physician owned facility which adopts and affirms as departmental policy the following rights of patients/clients who receive services from our directly operated or contracted agencies.

Patient Rights – You have the right to:

- Considerate, respectful, and safe care that is free from abuse or harassment.
- A discussion of your illness, what we can do about it, and the likely outcome of care.
- Know the names and roles of the people caring for you here.
- Respectful and effective pain management.
- Receive as much information to consent to or refuse a course of treatment or invasive procedure and to actively participate in decisions regarding your medical care.
- Involve your health care proxy or significant others in the decision making process for medical decisions.
- Reasonable continuity of care and to know in advance the time and location of an appointment as well as the doctor you are seeing.
- Full consideration of personal privacy and confidentiality of your medical information. Your written permission will be obtained prior to releasing any medical information. When we do release your information to others, we ask them to keep them confidential.
- Review your medical record and ask questions unless restricted by law.
- Know of any relationships with other parties that may influence your care.
- Know about rules that affect your care and about charges and payment methods. You have a right to receive and examine an explanation of your bill regardless of the source of payment.
- Receive assistance with the transfer of care from one doctor to another doctor within our practice or to an external doctor not in our practice.
- You have a right to develop a living will or healthcare power of attorney although these will not be honored in this facility. If an emergency occurs, EMS will be called and you will be transferred to the hospital.
- Voice your concerns, complaints, or problems with the care you received by contacting our Nurse Manager at 413-6657 or Practice Administrator at 413-6201. If we are unable to satisfactorily address your complaint, you may contact the NC Medical Board at 1-800-253-9653 or AAAHC at 1-847-853-6060 or www.aaahc.org.

Patient Responsibilities – You agree to:

- Provide accurate and complete information concerning your symptoms, past history, current health status, and medications including over-the-counter products and dietary supplements.

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- Make known whether you clearly comprehend your medical care and what is expected of you in the plan of care.
- Participate in the development of the treatment plan and follow care instructions given to you.
- Follow the treatment plan and care instructions given to you.
- Keep appointments and notify us if you are unable to do so.
- Accept responsibility for your actions if you refuse planned treatment or do not follow your doctor's orders.
- Accept financial responsibility for care received and pay promptly.
- Follow facility policies and procedures.
- Inform my doctor about any living will, medical healthcare power of attorney, or other directive that may affect my medical care.
- Be respectful of all healthcare providers and staff as well as other patients.
- Inform the staff of any discomfort or pain and patient safety issues.
- Share your values, beliefs, and traditions to help the staff provide appropriate care.
- Provide a responsible adult to transport you home and remain with you if you receive sedation medications.

ADDITIONAL INFORMATION

All issues, concerns, or complaints can be reported by contacting our Clinical Services Manager or Director of Clinical Services. If we are unable to address your concerns, you may contact the following for assistance.

1. Medicare Ombudsman at
www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html
2. NC DHR Complaint Intake Unit at
<https://www2.ncdhhs.gov/dhr/ciu/complaintintake.html>
Rita Horton, 2711 Mail Service Center, Raleigh, NC 27699
1-800-624-3004 or 1-919-855-4500

Advance Directives Living Will or Health Care Power of Attorney Resources

For applicable state laws and sample forms for creating a living will or healthcare power of attorney, you may contact one of the following:

1. Caring Information Organization at 1-800-658-8886 for English or 1-877-658-8896 for other languages or www.caringinfo.org
2. NC DHHS Division of Aging and Adult Services at 1-800-662-8859 or www.ncdhhs.gov/aging/direct

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3. Carolinas End of Life Care at 1-919-807-2162 or www.carolinaendoflifecare.org

Please be aware that we do NOT honor Living Wills or Do Not Resuscitate (DNR) orders at this facility due to the fact that a terminal, incurable, vegetative state is not anticipated in this outpatient setting. If you present to this center for a procedure with a Living Will, a valid DNR order, or an Out of Facility form and you have an emergency, we will start CPR and call 911 (EMS) for transport to the hospital. EMS will be informed of the DNR order or Living Will upon arrival.