



# The Endoscopy Center at Bainbridge

# University Suburban

# **Endoscopy Center**

8185 East Washington St., Suite 6 Chagrin Falls, Ohio 44023 (440) 708-0582 1611 South Green Rd., Suite 120 South Euclid, Ohio 44121 (216) 691-0100

The patient has the right to exercise his or her rights without being subjected to reprisal.

If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

### Respect/Dignity/Privacy

Patients are treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and personal care needs.

### **Consideration and Safety**

Receive care in a safe setting.

Be free from all forms of abuse and harassment.

#### Confidentiality

Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.

### Information

Patients have access to his or her medical record, unless access is specifically restricted by the attending physician for medical reasons.

Patients medical and financial records are kept in confidence.

Patients receive, if requested, a detailed explanation of facility charges including an itemized bill for services received.

Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis before the treatment of procedure is performed. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.

Patient conduct, responsibilities and participation.

Disclose physician financial interest or ownership in the Center.

Services available at the organization.

Provisions for after-hours and emergency care.

Fees for service.

Payment policies.

The policy on advanced directives.

The name of the attending physician or individual supervising the patient's care and the manner in which that individual may be contacted.

The credentials of health care professionals.

The patient will be informed of his/her rights prior to the date of the procedure.

Representation of accreditation to the public must accurately reflect the accredited entity.

Marketing or advertising regarding the competence and capabilities of the organization is not misleading to the patients.

Patients are provided with appropriate information regarding the absence of malpractice insurance coverage.

These rights must be provided to the patient or the patient's representative both verbally and in a manner in which the patient or the patient's representative understands prior to the date of the procedure.

Patients are informed about procedures for expressing suggestions, complaints and grievance regarding treatment or care that is (or fails to be) furnished, including those required by state and federal regulations.

Complaints should be registered by contacting the center and /or patient advocate through the State Department of Health or Medicare. The center will respond in writing or by phone with notice of how the grievance has been addressed.

#### **Contacts:**

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Administration
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9195 East Washington St., Suite 6
Chagrin Falls, Ohio 44023
jneading@ecb-pe.com

State of Ohio Department of Health 246 North High Street Columbus, Ohio 43215 (800) 669-3534

Medicare Beneficiary Ombudsman 1-800-MEDICARE 1-800-633-4227 www.medicare.gov/ombudsman/resourse.asp

### **Participation in Care**

Patients are allowed to refuse or withdraw consent for treatment.

Patient's right to refuse to participate in experimental research.

The patient has the right to actively participate in decisions about his/her care.

Patients are informed of their right to change their provider if other qualified providers are available.

Patients are given the opportunity to participate in decisions involving their care, except when such participation is contraindicated for medical reasons.

### The patient has the responsibility to do the following:

Follow the treatment plan prescribed by his/her provider and participate in his/her care.

The patient is encouraged to ask any and all questions of the physician and staff in order that he/she may have a full knowledge of the procedure and aftercare.

Provided complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.

Provide a responsible adult to transport him/her home from the center and remain with him/her for 24 hours, if required by his/her provider.

Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

Accept personal financial responsibility for any charges not covered by his/her insurance.

Be respectful of all the health care providers and staff, as well as the other patients.

These rights and responsibilities are prominently displayed in the waiting area of the center, and are also available, upon request.

### **Physician Participation**

This is to inform you that your physician might have a financial interest or ownership in this center. The following are physicians who have a direct or indirect ownership interest of 5 percent or more:

Rami Abbass, MD Michael Koehler, MD R. Bruce Cameron, MD Raymond Rozman, MD Kevin Geraci, MD Eric Shapiro, MD