

ADC Endoscopy Specialists

This is not a contract. It is an acknowledgement of receipt of all of the below information:

I confirm that I have been verbally informed of and am in receipt of the following:

1. ADC Endoscopy Specialists' "Your Rights and Responsibilities As A Patient" document.
2. ADC Endoscopy Specialists' Disclosure of Ownership Notification.
3. ADC Endoscopy Specialists' Patient Grievance Policy and Procedure.
4. ADC Endoscopy Specialists' Advance Directives Patient Information Form including the Advance Directives Policy and this notice that our facility does not honor advance directives within the facility.
5. ADC Endoscopy Specialists' Notice of Program Accessibility, Non-discrimination Notice and Language Assistance Services information.

Please sign and date this page on the date that you receive this packet of information and take this page with you to the facility on the day of the procedure. Please keep the attached sheets for your information. If you have any questions regarding the information in this packet please call ADC Endoscopy Specialists at (806) 353-1769.

Thank you.

Patient signature

Date of Receipt

Print Name

Date of Appointment at ADC Endoscopy Specialists

Patient Sticker



YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT

ENDOSCOPY SPECIALISTS

INTRODUCTION

When you or your loved one needs medical care, you want the most appropriate and best care available. As a patient in a Texas facility, you have certain legal rights concerning your medical treatment. This is designed to help you understand those rights. After reading this, if you have questions, need further information or wish to execute an advance directive, contact your physician or nurse.

PATIENT RIGHTS

ADC ENDOSCOPY SPECIALISTS respects the rights of the patient and recognizes that each patient is an individual with unique health care needs. Because of the importance of respecting each patient's dignity, we strive to provide considerate, respectful care, focused on the patient's individual needs.

ADC ENDOSCOPY SPECIALISTS affirms the patient's right to make decisions regarding his/her medical care, including decisions to discontinue treatment, to the extent permitted by law.

ADC ENDOSCOPY SPECIALISTS shall assist the patient in the exercise of his/her rights and inform the patient of any responsibilities necessary of him/her in the exercise of those rights.

PATIENTS SHOULD BE ABLE TO EXPECT THE FOLLOWING

- ◆ Reasonable response to his/her requests and needs for treatment or service, within the facility's capacity, its stated mission, and applicable laws and regulations.
- ◆ Considerate and respectful care as evidenced by: Consideration of the psychosocial, spiritual, and cultural differences that influence the understanding of illness.
- ◆ Care of the dying patient emphasizing the comfort and dignity of the patient through treating symptoms that respond to treatment as designated decision maker.
- ◆ Effective management of pain.
- ◆ Acknowledgement of the psychosocial and spiritual concerns of the patient and family regarding dying and the expression of grief by the patient and family.
- ◆ Collaboration with his/her physicians in making informed decisions involving his/her health care. This will include:
 - The right to accept or to refuse medical treatment, to the extent permitted by law and to be informed of the medical consequences of such refusal.
 - Formulating advance directive and appointing another decision maker to make health care decisions on his/her behalf to the extent permitted by law.
 - Information necessary to enable him/her to make treatment decisions that reflect his/her wishes.
 - Information at the time of admission about the facility's patient rights policies and the mechanism for the initiation, review, and when possible, resolution of patient complaints concerning the quality of care.
 - Participation by the patient or patient's designated representative in consideration of ethical issues that arise in the care of the patient.
 - To be informed of any human experimentation or other research or other research/educational projects affecting his/her care or treatment.
 - Personal privacy and confidentiality of information, within the limits of law and access to information contained in the patient's medical record, within a reasonable time frame.
 - To receive care in a safe setting and to be free from all forms of abuse or harassment.
 - To have family members or representatives of his/her own choice and his/her own physician notified promptly of his/her admission to the facility.
 - To be free of restraints, of any form, that is not medically necessary.

- ◆ If a patient is a minor, declared legally incompetent, or medically incapable of voicing wishes about medical treatment, the patient’s guardian, next of kin, or legally authorized responsible person may exercise the patient’s rights as allowed by law, on behalf of the patient.

PATIENT CONDUCT, RESPONSIBILITIES AND PARTICIPATION

- ◆ Be honest and direct about everything that relates to you as a patient. Answer questions honestly and completely and inform care givers exactly how you feel about things happening to you.
- ◆ ADC ENDOSCOPY SPECIALISTS wants you to understand your health condition to your satisfaction. Speak to your physicians if you do not understand your illness or treatment.
- ◆ Tell your nurses and/or your physician about any change in your health status while you are a patient at ADC ENDOSCOPY SPECIALISTS.
- ◆ Advise those treating you whether you can, or will, follow the treatment plan.
- ◆ Keep your appointment and cooperate with physicians and others caring for you to assure continuity of your care.
- ◆ Provide complete and accurate information to the best of your ability about your health and the names and purpose of any medications you’ve been taking, including over-the-counter products, dietary supplements, and any allergies or sensitivities.
- ◆ Tell your physician about personal habits affecting your health such as smoking, alcohol intake and sleep patterns.
- ◆ Know the names of physicians responsible for you care.
- ◆ Refrain from making unreasonable demands upon the facility or upon those responsible for your care. Be respectful of all of the health care professionals and staff.
- ◆ Be considerate of other patients and respect their right to privacy.
- ◆ Be prompt about paying your bills, providing information necessary for insurance processing of your bill and asking questions concerning your bill. Accept personal financial responsibility for any charges not covered by your insurance.
- ◆ Inform your provider about any living will, medical power of attorney, or other directive that could affect your care.
- ◆ Notify appropriate persons in the facility as soon as possible if, in your opinion, you are not being treated fairly or properly.
- ◆ Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.

<p>Texas Department of State and Health Services PO Box 149347 Austin, Texas 78714-9347 Telephone (888) 973-0022 Fax (512) 834-6653</p>	<p>Medicare Ombudsman’s Website www.cms.hhs.gov/center/ombudsman.asp Telephone 1-800-633-4227 The Medicare Ombudsman role is to ensure that Medicare beneficiaries receive the information and help they need to understand Medicare options and to apply their Medicare Rights and protections.</p>	<p>To file a complaint or grievance you may contact: ADC Endoscopy Specialists Director of Endoscopy #1 Care Circle Dr Amarillo, Texas , 79124 Telephone (806) 353-1769</p>
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Disclosure of Ownership of Amarillo Surgery and Endoscopy, L.P.

50% - BSA Health System Holdings, LLC, represented by Bob Williams or Lance Gatlin
1% - Amarillo Surgery and Endoscopy, G.P., LLC owned by BSA Health System Holdings, LLC -
1600 Wallace Blvd., Amarillo, Texas 79106

9.8% - Thomas Johnson, M.D. – 6700 West 9th Ave, Amarillo, Texas 79106
9.8% - Daniel Beggs, M.D. – 6700 West 9th Ave, Amarillo, Texas 79106
9.8% - James Lusby, M.D. – 6700 West 9th Ave, Amarillo, Texas 79106
9.8% - R. Todd Ellington, M.D. – 6700 West 9th Ave, Amarillo, Texas 79106
9.8% - William Shear, M.D. – 6700 West 9th Ave, Amarillo, Texas 79106

ATTENTION:

During winter months, it is important to provide you with information regarding closure due to inclement weather. Please understand that we are very sensitive to your needs; however, safety is always our primary consideration during challenging weather situations. In the event that the Amarillo Independent School District (AISD) closes for reasons of inclement weather, this facility will also close and the person that scheduled your procedure will contact you to reschedule your appointment as soon as possible.

Policy Name:	Patient Grievances		
Section:	Section 5, Quality Management and Improvement		
Policy #:	5.5	Subsequent Related Attachment(s) #:	5.5.1
Purpose:	To ensure prompt and complete handling of all patient concerns. [\$416.50(d)]		
Reviewed Date:	02/09/2010, 01/2012, 07/2015	Revised Date:	

I. POLICY:

All complaints will be directed to the Lab Director/Clinical Manager. He or she will be responsible for coordinating the effort to investigate and respond to each complaint. Responses to complaints will be given priority and are expected to occur within 1 business day of *ADC Endoscopy Specialists*.

II. PROCEDURE:

1. The Lab Director/Clinical Manager will contact the person who has written or verbalized the complaint. He or she will investigate the complaint and respond to the complainant within 1 business day.
2. The Lab Director/Clinical Manager or designee will complete the Complaint Form (attached).
3. The Lab Director/Clinical Manager will investigate the nature of the complaint.
4. If the complaint involves a specific person(s), the Lab Director/Clinical Manager will discuss the complaint with the individual(s).
5. The Lab Director/Clinical Manager will call the complainant to share the findings, resolution, and follow-up.
6. A follow up letter will be mailed to the complainant.
7. The Lab Director/Clinical Manager will discuss the information gained through the complaint resolution process with the staff and physicians to improve the quality of patient services.
8. The Lab Director/Clinical Manager will review the complaint forms quarterly to look for trends.

III. TIMEFRAME for resolution:

1. Resolution should be completed in 30 days or less from the time the grievance was reported.
2. Resolution not completed in 30 days will be extended if needed.
3. In the case that it is evident that no resolution can be made, the Director will report to the Governing Board the possible need for an outside arbitrator and the grievance will be referred as needed.



#1 Care Circle Drive
Amarillo, Texas 79124
806-353-1769

ADVANCE DIRECTIVES PATIENT INFORMATION FORM

ADC ENDOSCOPY SPECIALISTS (ADCES) Advance Directive Policy

All patients have the right to participate in their own health care decisions including the execution of Advance Directives (i.e., Out-of Hospital Do-Not-Resuscitate Order and Directive to physicians and family or surrogates) and Medical Powers of Attorney authorizing others to make decisions on their behalf based on the patient's expressed wishes when he/she is unable to make decisions or is unable to communicate decisions. *ADCES* respects and upholds these rights; however, because the scope of care in this facility is limited to elective outpatient surgical procedures it is the policy of *ADCES* that regardless of the contents of a patient's advance directive or instructions from his/her health care surrogate or attorney-in-fact, that if any adverse event or life-threatening situation arises during the patient's treatment at our facility, in accordance with federal and state law, the personnel at the facility **WILL** initiate resuscitative or other stabilizing measures and previously signed advance directives **WILL NOT** be honored. Concurrently, the emergency medical system (EMS) will be activated (in accordance with the facility's transfer policy) for emergency patient transport to a hospital facility for further treatment and evaluation. A copy of the patient's medical record will be sent with the patient to the hospital. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be conducted in accordance with the patient's wishes, per advance directive or power of attorney/health care surrogate. In accordance with the Patient Self Determination Act (PSDA), the patient's right and need to be an active participant in the decision making process regarding their care is recognized and respected.

Informed Consent

The procedures performed at ADCES are considered to be of minimal risk and appropriate for an ambulatory care setting. Of course, no surgery is without risk. Patients will discuss the specifics of their procedure with their physician who can answer questions as to its risks. In the event a patient should suffer a cardiac arrest, respiratory arrest or other life-threatening situation, the signed consent implies consent for resuscitation and transfer to a higher level of care.

TEXAS NOTICE TO PATIENTS

Required by the Patient Self-Determination Act and Texas Advance Directives Act

This handout informs you what rights Texas law gives to you to make medical care decisions. After reading this, you may still have questions. If so, you should talk about them with your physician(s) and personal attorney for validation of the type of advance directive that is most appropriate for you. Our facility cannot offer legal advice regarding your choice of an advance directive.

1. Who will talk to me about my medical care options?

Your physician should talk to you about medical care options.

2. Who decides what medical care I will get?

Your doctor should discuss your medical condition and medically reasonable care and treatment options available to you.

3. What if I am not able to make my own decisions?

If you are unable to make decisions about your medical care, someone must make them for you. An advance directive is the best way to tell people what you want done. You can also appoint another person to make decisions about your medical care for you if you can no longer decide for yourself.

4. What is an advance directive?

An advance directive is a written document that you can sign before you are unable to make your own decisions. You can use advance directive(s) to tell people ahead of time what medical care you want. You can also name the person that you want to make medical decisions for you if you cannot make them for yourself. Texas law has four kinds of advance directives described below:

- **Medical Power of Attorney**

This directive allows you to appoint another person as your agent for making health care decisions if you become unable to make them for yourself. You do not have to have a terminal or irreversible condition for a medical power of attorney to be used.

- **Out-of-Hospital Do-Not-Resuscitate Order**

This directive allows competent adults to refuse certain life-sustaining treatments in non-hospital settings where health care professionals are called to assist. You should carry a photocopy of your written form or wear a designated ID bracelet. This directive cannot be executed for minors unless a physician states that the minor has a terminal or irreversible condition.

- **Directive to physicians and family or surrogates**

This directive allows you to specify for the provision, withdrawal or withholding of medical care in the event of a terminal or irreversible condition. Your condition must be certified by one physician.

- **Declaration of mental health treatment**

This directive allows a court to determine when you become incapacitated and when that declaration becomes effective. You may opt not to consent to electro-convulsive therapy or to the use of psychoactive drugs. The declaration expires in three years, unless you are incapacitated at that time.

You can have one, two, three or all four advance directives.

5. Should I have an advance directive?

Whether to have an advance directive is entirely your decision. One reason many people want an advance directive is to avoid a dispute about their care in the event they are unable to make their wishes known. Signing an advance directive, or – at the very least – talking about your medical care wishes with your loved ones, your physicians and others, makes good sense before a medical crisis occurs.

6. If I sign an advance directive now, can I change my mind later?

You can revoke an advance directive by telling your health care provider or by writing new instructions. You can sign a new advance directive at any time you want. In fact, you should go over your advance directive at least once each year to be sure that it still correctly reflects your wishes.

7. Can I be sure that my instructions will be followed?

If properly signed, your Texas Advance Directive for Health Care is legally binding on your health care providers. If they cannot follow your directions, they are required to arrange to transfer your care to others who will.

8. What if I do not have an advance directive?

Without an advance directive, a legal guardian, if appointed by the court, will make medical decisions for you. Without an advance directive or court-appointed legal guardian, Texas law is not clear about who will decide for you. Usually, your family, doctors and hospital can decide about routine medical care. However, if you have not given express instructions, your family is permitted to request withholding life-sustaining treatment and food and water only in very limited situations.

9. What if I have other questions?

If you have other questions, you should discuss them with your doctors and other caregivers and/or your personal attorney. For more information about advance directives contact the Texas Department of State Health Services: 1-888-973-0022, www.dshs.state.tx.us

Our facility can provide you with an official state advance directive upon request. Additional resources available to help you create an advance directive are listed below:

<http://uslwr.com/formlist.shtm>

This webpage, hosted by the U.S. Living Will Registry, provides a state-by-state list, with links to state specific websites that provide free advance directive forms.

http://www.americanbar.org/groups/law_aging/resources/consumer_s_toolkit_for_health_care_advance_planning.html

This webpage, provided by the American Bar Association, provides a great tool kit which contains a variety of self-help worksheets, suggestions and resources. There are 10 tools in all, each clearly labeled and user-friendly. The tool kit does not create a formal advance directive for you. Instead, it helps you do the much harder job of discovering, clarifying and communicating what is important to you in the face of serious illness.

http://www.dads.state.tx.us/news_info/publications/handbooks/advancedirectives.html

This webpage, provided by the Texas Department of Aging and Disability Services, provides information regarding advance directives as well as blank advance directive forms for personal use.