

Mid-State Endoscopy Center
1115 Dow Street, Suite A, Murfreesboro, TN 37130
(615)848-9234

PATIENT RIGHTS AND RESPONSIBILITIES

THE PATIENT HAS THE RIGHT TO:

- Receive the care necessary to help regain or maintain his or her maximum state of health.
- Expect personnel who care for the patient to be friendly, considerate, respectful, and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of care.
- Expect full recognition of individuality, including privacy in treatment and care. In addition, all communications and records will be confidential.
- Complete information, the extent known by the physician, regarding diagnosis, treatment, prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment.
- Be fully informed of the scope of the services available at the facility, provisions for after hours and emergency care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of the treatment. If the patient is unable to participate in those decisions, the patient's designated representative or other legally designated person shall exercise the patient's rights.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts the responsibility for his/her actions should he/she refuse treatment or not follow the instructions of the physician or the facility.
- Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another facility, or as required by law or third-party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his/her care or treatment, and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Be informed of the training of the students or residents who will be involved in their care.
- Express grievances/complaints and suggestions at any time.
- Change primary or specialty physicians if other physicians are available.
- Provide patient access to and/or copies of his/her individual medical records.

- Be informed as to the facility's policy regarding advanced directives/living wills.
- Be fully informed before any transfer to another healthcare facility or organization, when possible.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Have an initial assessment, regular reassessment of pain and pain management.
- Education of patients and families, when appropriate, regarding their roles in managing pain, as well as potential limitations and side effects of pain treatment.
- Have their personal, cultural, spiritual and/or ethical beliefs considered when communicating to them and their families that pain management is an important part of their care.

PATIENT RESPONSIBILITIES:

- 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.
- Following the rules and regulations of the facility.
- Reporting whether he/she clearly understands the planned course of treatment and what is expected of him/her.
- The patient should express concern if they believe they will have difficulty following the plan of care and discharge instructions.
- Keeping appointments and, when unable to do so for any reason, for notifying the facility and the physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition, or any other patient health matters.
- Meeting their financial obligations to the facility as agreed to with the organization.

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ADVANCED DIRECTIVES, PATIENT GRIEVANCE AND PHYSICIAN OWNERSHIP

Advanced Directive Notification

All patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. **Mid-State Endoscopy Center** respects and upholds those rights.

However, unlike in an acute care hospital setting **Mid-State Endoscopy Center** does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during the your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

You may also refer to one of the following websites:

www.willsofamerica.com

www.legalzoom.com

www.lawinfo.com

*If you do not agree with the facility's policy regarding Advanced Directives, we will be pleased to assist you in rescheduling your procedure.

Mid-State Endoscopy Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Patient Complaint or Grievance

To report a complaint or grievance, you may contact the facility administrator, Carla Valdez, by phone at (615)848-9234 or by mail at:

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You may also contact JCAHO by mail at:

Joint Commission
Office of Quality Monitoring
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

Complaints and grievances may also be filed through the State of Tennessee Office of Investigations at:

Tennessee Department of Health
Office of Investigations
Heritage Place Metro Center
227 French Landing, Suite 201
Nashville, TN 37243
(800)852-2187

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's website at:

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>.

DISCLOSURE OF OWNERSHIP

Mid-State Endoscopy Center is proud to have **Sunil Sarvaria, M.D.** as a physician owner of this facility. This involvement helps to ensure the highest quality of surgical care for our patients. This facility is managed by USPI (United Surgical Partners Intl, Inc.).