



**North East Ohio
Endoscopy Center Inc.**

4665 Belpar Street N.W. / P.O Box 36329 / Canton, Ohio 44735 / (330) 493-1480 / Fax (330) 493-0105

Every Patient Has the Right

1. **To** be treated with courtesy and respect, with appreciation of his or her individual dignity and with protection of his or her need for privacy.
2. **To** an environment that is safe and secure for self and property.
3. **To** confidentiality of information gathered during treatment.
4. **To** prompt and reasonable response to questions and requests.
5. **To** know who is providing and is responsible for his or her care.
6. **To** change primary or specialty physician if other qualified physicians are available.
7. **To** know what services are available at the facility.
8. **To** know what patient support services are available, including whether an interpreter is available if he or she does not speak English, or is deaf.
9. **To** know what rules and regulations apply to his or her conduct.
10. **To** be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
11. **To** refuse treatment, except as otherwise provided by law.
12. **To** be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
13. **To** know, upon request and in advance of treatment, whether the health care provider or health care practice accepts the Advance Directives.
14. **To** receive, upon request and prior to treatment, a reasonable estimate of charges for medical care.
15. **To** receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have charges explained.
16. **To** receive impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
17. **To** receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
18. **To** express grievances regarding any violation of his or her rights, through the grievance procedure of the health care provider that served him or her.
19. **To** participate in all aspects of their health care decisions, unless contraindicated by concerns for their health.
20. **To** appropriate assessment and management of pain.
21. **To** know what services are offered at this facility.

Every Patient is Responsible

1. **For** providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements, any allergies or sensitivities, and other matters relating to his or her health.
2. **For** reporting unexpected changes in his or her condition to the health care provider.
3. **For** reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
4. **For** following the treatment plan prescribed by his or her provider and to participate in his or her care.
5. **For** keeping appointments and for notifying the Facility when he or she is unable to do so for any reason.
6. **For** his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
7. **For** following Facility rules and regulations affecting patient care and conduct, and being respectful of the rights of other patients.
8. **For** consideration and respect of the Facility staff and property.
9. **For** asking what to expect regarding pain and pain management.
10. **For** providing needed information, for insurance billing.
11. **For** paying appropriate and applicable co-pays and deductibles.
12. **For** paying the office bill promptly.
13. **For** complying with GAI's ban on smoking and will only smoke in designated areas.
14. **For** providing a responsible adult to transport him or her home from the facility and remain with him or her for twenty-four (24) hours, if required by his or her provider.
15. **For** informing his or her provider about any living will, medical power of attorney, or other directive that could affect his or her care.

PATIENT COMPLAINTS MAY BE DIRECTED TO THE FOLLOWING PERSONS AND AGENCIES:

**ENDOSCOPY CENTER
COMPLAINT HOTLINE**
Endoscopy Nurse Manager
PO Box 36329
Canton, Ohio 44735
Tel: (330) 493-1480 x228

MEDICARE
Regional Administrator
105 West Adams
Chicago, IL 60603
Tel: (312) 886-6432
<http://www.medicare.gov/ombudsman/resources.asp>

**OHIO DEPARTMENT
OF HEALTH**
246 N. High Street/P.O. Box 118
Columbus, Ohio 43266-0118
Tel: (614) 466-3543
(800) 669-3534

AAHC
3 Parkway North
Suite 201
Deerfield, IL 60015
847.853.6060
complaints@aaahc.org

I acknowledge that I was offered a written copy of these Rights and given a written or verbal explanation of these rights, in terms I could understand.

Patient: _____ Date: _____ E8

After Hours Emergency Care: (330) 493-1480