

PATIENT BILL OF RIGHTS

It is the policy of Atlanta Gastroenterology Associates' affiliated Endoscopy Centers to recognize and respect the rights and responsibilities of all patients. The following specific policies will be observed by the staff in each Endoscopy Center.

THE PATIENT HAS THE RIGHT:

- To considerate and respectful care.
- To a safe and pleasant environment.
- To be free from all forms of abuse and harassment.
- To privacy concerning their medical care. Case discussion, consultation, examination and treatment are considered confidential and will be conducted discreetly. Those not directly involved with the patient's medical care must have their permission to be present.
- To receive complete current information concerning their diagnosis, treatment and prognosis from their physician in terms they can reasonably be expected to understand. When the patient's physician considers that it is not medically advisable to give such information to the patient, the information will be given to an appropriate person on the patient's behalf.
- To know the name of their physician responsible for delivering their care.
- To receive from their physician all information needed in order to give informed consent, as required by the laws of the State of Georgia, prior to the start of any procedure and/or treatment. Except in emergencies, such information should include – but not be limited to – the specific procedure and/or treatment and risks considered medically significant by the physician.
- To receive and/or request information regarding medical alternatives for care or treatment when they exist.
- To obtain a second opinion regarding the recommended procedure. Responsibility for the expense of the second opinion rests solely with the patient.
- To refuse treatment to the extent permitted by law and to be informed of the medical consequences of their actions.
- To an interpreter. Interpreters should be requested at least 48 hours in advance of procedure.
- To be informed of the facility rules that apply to their conduct as a patient.
- To expect that all communications and records pertaining to their care will be treated as confidential. Patient records and/or portions of records will not be released to outside entities or individuals (except when required by law) without the patient's or designated representative's written approval.
- To participate in decisions regarding their treatment, unless such participation is contraindicated for medical reasons.
- To refuse participation in experimental treatment and procedures. Should any experimental treatment or procedures be considered, they should be fully explained to the patient prior to commencement.
- To information regarding emergency and after-hours care. Patients will be provided with written discharge instructions, including after-hours contact information. These instructions will be discussed with the patient before a procedure and with both the patient and family member(s) after a procedure.
- To receive treatment without discrimination as to race, color, gender, ethnicity, national origin, religious affiliation or sexual orientation.
- To change their provider if other qualified providers are available.
- To estimated fee and payment information prior to the procedure.
- To information regarding other services provided in the Endoscopy Center, including estimated fee and payment.

THE PATIENT IS RESPONSIBLE:

- For providing accurate and complete health information concerning their past illnesses, medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- For keeping all scheduled pre- and post-procedure appointments and complying with treatment plans to ensure appropriate care.
- For respecting healthcare providers, staff, other patients and the Endoscopy Center's property.
- For arriving at the Endoscopy Center in a non-altered state. No patient will be seen under the influence of drugs or alcohol.
- For voicing concerns or problems to the facility staff.
- For requesting further information about anything they do not understand.
- For accepting personal financial responsibility for any charges not covered by their insurance.
- For having a responsible adult present to drive him/her from the facility and remain with them the day of the procedure if the patient was sedated.
- For complying with instructions not to drive on the day of the procedure. The Endoscopy Centers will not knowingly allow patients to drive or take public transportation the day of the procedure.
- For their own actions if they refuse treatment or do not follow medical advice.
- For informing their provider about any advance directive, including a living will and/or medical power of attorney, that may affect their care.

ADDITIONAL INFORMATION:

- Physicians of Atlanta Gastroenterology Associates, AGA MSO, LLC, and/or Northside Hospital, Inc. have a financial interest or ownership in the Endoscopy Centers. Physician credentials are posted through United Digestive's website: www.uniteddigestive.com.
- Feedback or grievances for the Endoscopy Centers can be submitted through:
 - The survey emailed post discharge.
 - A grievance form available at each endoscopy center.
 - The director of endoscopy by phone, which is included on written discharge instructions.
 - A written letter to the director of endoscopy at the address listed below.

Complaints will be reviewed by the director of endoscopy who will address the issues and forward to the medical director as needed.

- Complaints can be submitted to the following:
 - Medicare Beneficiary Ombudsman: 1.800.MEDICARE | TTY Users: 1.877.486.2048
www.cms.hhs.gov/center/ombudsman.asp
 - DCH Complaint Unit, 2 Peachtree Street, Suite 31, Atlanta, GA 30303, 404.657.5437
 - Against physicians: Composite Board of Medical Examiners, Complaints Unit, 2 Peachtree Street NW, 36th Floor, Atlanta, GA 30303-3465, 404.656.3913
 - Against nursing staff: Georgia Board of Nursing, 237 Coliseum Drive, Macon, GA 31217-3858, 478.207.2440
 - Endoscopy Center's Director of Endoscopy: 550 Peachtree Street NE, Suite 1660, Atlanta, GA 30308, 404.881.1094 ext. 1116