



PATIENT BILL OF RIGHTS

It is the policy of Barkley Surgicenter, LLC 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 Florida, 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 and to exercise their rights without discrimination or reprisal with impartial access to medical treatment or accommodations regardless of race, color, gender, ethnicity, national origin, religious affiliation, sexual orientation, or source of payment.
- 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.
- Remain free from seclusion or restraints of any form that are not medically necessary.
- Receive appropriate information regarding provider credentialing, and have properly credentialed and qualified healthcare professionals providing patient care.
- Leave the ambulatory surgery center even against the advice of the attending physician.
- Reasonable continuity of care.
- If eligible for Medicare, to know upon request and in advance of treatment whether a healthcare provider or facility accepts the Medicare assignment rate.
- Receive information about rights, patient conduct and responsibilities in a language and manner the patient, patient representative or surrogate can understand.
- Voice complaints and grievances, without reprisal.
- Formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his/her medical record.

- Exercise of rights and respect for property and persons, including the right to
 - Voice grievances regarding treatment or care that is (or fails to be) furnished.
 - Be fully informed about a treatment or procedure and the expected outcome before it is performed.
 - Have a person appointed under State law to act on the patient's behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. 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.
- A prompt and reasonable response to questions and requests.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- Know the facility policy on advance directives.
- Be informed, when requested, of the names of physicians who have ownership in the facility.
- The right to bring any person of your choosing to accompany you to the facility during care or consultation unless doing so would risk the safety, health, privacy of the patient or other patients, or if this cannot be reasonably accommodated by the facility. The right to be accompanied does not include access to restricted areas requiring special attire or other protective measures such as operating or procedure rooms. The facility has the authority to make determination if they can reasonably accommodate the patient and their representative without risking the safety, privacy, or health of the patient, other patients, or staff of the facility.

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.
- Follow the treatment plan established by the physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- Follow ambulatory surgery center policies and procedures.
- Reporting unexpected changes in his or her condition to the health care provider.

ADDITIONAL INFORMATION

- The physicians of Gastroenterology Associates of Southwest Florida as well as AGA, LLC, AGA MSO, LLC, and Barkley Surgicenter, LLC. have a financial interest or ownership in this Endoscopy Center. 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 manager of each endoscopy center by phone, which is included on written discharge instructions.
 - A written letter to the manager of each endoscopy.
 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
 - The State licensing agency: Agency for Health Care Administration 2727 Mahan Drive Tallahassee, FL 32308, 1.888.419.3456 or <https://ahca.myflorida.com/>
 - Against physicians or nursing staff: Florida Department of Health Consumer Services Unit 4052 Bald Cypress Way, Bin C-75 Tallahassee, FL 32399-3275 850.245.4444.
 - The Joint Commission: Email: complaint@jointcommission.org. Include the name and address of the surgery center and a thorough explanation of the complaint; Website www.jointcommission.org. Scroll to "Filing a Complaint."; Joint Commission representative: 800.994.6610 (no complaints taken over the telephone)
 - U.S. Department of Health and Human Services, Office for Civil Rights: 200 Independence Ave, SW, Room 509F, HHH Building, Washington, DC 20201, 800.368.1019, (TDD) 800.537.7697, complaint portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.js>
 - Endoscopy Center's Director of Endoscopy: 550 Peachtree Street, NE, Suite 1660, Atlanta, GA 30308, 404.888.7575 ext. 1116