

# *Endoscopy Center of* WESTERN NEW YORK

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## **Patient Rights and Responsibilities**

The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal and receive services without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor. The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse. The patient has the right to exercise his/her rights without being subjected to discrimination or reprisal.

- If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.
- 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.

### **Respect**

- Patients are treated with respect, consideration and dignity for both property and person.
- The organization respects the patient's cultural and personal values, beliefs, and preferences.
- The organization respects the patient's right to pain management.
- The patient's rights will be protected and respected during research, investigation and clinical trials.

### **Communication**

- The organization respects the patient's right to and need for effective communication.

### **Dignity/Privacy**

- Patients are provided appropriate respect for privacy and confidentiality including all information and records pertaining to their treatment.
- The organization treats the patient in a dignified and respectful manner that supports his/her dignity.
- Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

### **Consideration and Safety**

- Receive care in a safe setting.
- Be free from all forms of abuse and harassment.
- Patient's right to refuse to participate in experimental research or refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions.
- The patient may refuse care, treatment, or services, in accordance with law and regulation.
- The patient has the right to actively participate in decisions about his/her care.
- Make known your wishes in regards to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center.
- Patients are informed of their right to change their provider if other qualified providers are available.
- Patients are given the opportunity to participate in decisions involving their care, except when such participation is contraindicated for medical reasons.
- The organization involves the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.
- The organization honors the patient's right to give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care.

### **Confidentiality**

- Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law or third party payment contract.

### **Information**

- The organization allows the patient to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.

- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis before the treatment or procedure tailored to the patient's age, language, and ability to understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- The organization provides interpreting and translation services, as necessary.
- The organization communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.
- Patient conduct, responsibilities and participation.
- Disclose physician financial interests or ownership in the Center.
- Services available at the organization.
- Provisions for after-hours and emergency care.
- Fees for services, eligibility for third party reimbursement and, when applicable, the availability of free or reduced cost care and receive an itemized copy of his/her account statement, upon request.
- Payment policies.
- Advance directives, as required by state or federal law and regulations and if requested, official State advance directive forms.
- Document in a prominent part of the patient's current medical record, whether or not the individual had executed an advance directive.
- The credentials of health care professionals.
- The patient will be informed of his/her rights prior to the procedure in a manner in which the patient or the patient's representative understands. The center must protect and promote the exercise of such rights.
- Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients.
- Patients are provided with appropriate information regarding the absence of malpractice insurance coverage, if applicable.
- The organization informs the patient or surrogate decision maker- about unanticipated outcomes of care, treatment, or services that relate to sentinel events considered by AAAHC.
- Representation of accreditation to the public must accurately reflect the accredited entity.
- Patients may access his/her medical record pursuant to the provisions of section 18 of the Public Health Law, and Subpart 50-3 of this Title.
- Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision. A patient has the right to give or withhold informed consent.
- Patients are informed about procedures for expressing suggestions, complaints and grievances regarding treatment or care that is (or fails to be) furnished, including those required by state and federal regulations.

### **Patient Rights Notification**

Each patient at the center will be notified of their rights in the following manner:

- A written notice provided in advance of their procedure in a language and manner the patient understands.
- A verbal notice provided in advance of their procedure in a language and manner the patient understands.
- A posted notice visible by patients and families waiting for treatment.

### **Patient Guardian**

The patient's guardian, next of kin, or legally authorized responsible person has the right to exercise the rights delineated on the patient's behalf, to the extent permitted by law, if the patient:

- Has been adjudicated incompetent in accordance with the law.
- Has designated a legal representative to act on their behalf.
- Is a minor

### **Patient Complaint/Grievance:**

The patient and family are encouraged to help the facility to improve its understanding of the patient's environment by providing feedback, suggestions, comments and or complaints regarding the service needs and expectations. Complaints should be registered by contacting the center and/or patient advocate through the State Department of Health or Medicare. The center will respond in writing with notice of how the grievance has been addressed within 30 days.

**Center Administrator**  
**60 Maple Road, Suite 2**  
**Williamsville, NY 14221**  
**716-332-1000**

**Medicare Beneficiary Ombudsman**  
**1-800-MEDICARE**  
**1-800-633-4227**  
**<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>**

**New York Department of Health Centralized Hospital Intake Program**  
**Mailstop: CA/DCS**  
**Empire State Plaza**  
**Albany, NY 12237**  
**Phone 1-800-804-5447**  
**[www.health.ny.gov/facilities/hospital/complaint/complaint\\_form.htm](http://www.health.ny.gov/facilities/hospital/complaint/complaint_form.htm)**

For concerns about patient safety and quality of care that you feel have not been addressed appropriately by the center Administrator, you can also contact:

**Accreditation Association of Ambulatory Health Care at:**  
**E-mail: [complaint@aaaahc.org](mailto:complaint@aaaahc.org)**  
**Fax: 847-853-6060**  
**Mail: Office of Quality Monitoring**  
**Accreditation Association of Ambulatory Health Care**  
**5250 Old Orchard Road, Suite 200**  
**Skokie, Illinois 60077**

### ***The patient has the responsibility to do the following:***

- *The patient is encouraged to ask any and all questions of the physician and staff in order that he/she may have a full knowledge of the procedure and aftercare.*
- *Follow the treatment plan prescribed by his/her provider and participate in his/her care.*
- *Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.*
- *Provide the organization with information about their expectations of and satisfaction with the organization.*
- *Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.*
- *Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.*
- *Accept personal financial responsibility for any charges not covered by his/her insurance.*
- *Be respectful of all the health care providers and staff, as well as the other patients.*

These rights and responsibilities are prominently displayed in the waiting area of the Center, and are also verbally and physically offered to each patient in an informational brochure.

### **Advance Directives**

In accordance with NY State Public Health Law 2980-2994, we must inform you of the center policy on Advance Directives. Advance directives include but are not limited to a **health care proxy**, consent to a **do-not-resuscitate (DNR) order** recorded in your medical record and a **living will**.

**Due to the fact that the Endoscopy Center of Western NY is an Ambulatory Surgery Center for the purpose of performing elective Endoscopy in a safe and uncomplicated manner, patients are expected to have an excellent outcome. If a patient should have a complication, the center staff will always attempt to resuscitate the patient and transfer that patient to a hospital in the event of deterioration.**

If a patient should provide his/her Directive, a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.

In order to assure that the community is served by this center, information concerning advance directives/Healthcare proxy and DNR orders is available at the center and:

**Information on Advance Directives**

**New York Advance Directives**

**Planning for Important Healthcare Decisions**

**Caring Info**

**1731 King St, Suite 100, Alexandria, VA 22314**

**Help Line: 800.658.8898      Multilingual Line: 877.658.8896**

**Email: [caringinfo@nhpco.org](mailto:caringinfo@nhpco.org)      Website: [www.caringinfo.org](http://www.caringinfo.org)**

**New York State Department of Health Patients' Bill of Rights for Diagnostic and Treatment Centers**

- Per Public Health Law Article 28 Section 2803, the center will provide patients with a copy of the Patient Bill of Rights for Diagnostic and Treatment Centers (Clinics) within 10NYCRR Title 10, Section 751.9
- All patients will be provided a written copy of the Patients' Bill of Rights for Diagnostic & Treatment Centers, and can be found at <https://www.health.ny.gov/publications/1515/>
- To prevent error and incorrect modification, the patients' rights for Diagnostic and Treatment Centers are formatted as a formal publication called "Patients' Bill of Rights for Diagnostic and Treatment Centers (Clinics)" (publication #1515) and can be found at the following link: <https://www.health.ny.gov/publications/1515/>
- Only reproductions using the electronic file provided in the NYS DOH website listed above will be posted and/or distributed to patients at the center.
- The center shall prominently post the NYS DOH Patients' Bill of Rights for Diagnostic and Treatment Centers in the waiting area and the patient exam rooms at readable heights for all patients to view.

**Physician Participation**

This is to inform you that your physician may have ownership in this center:

Christopher Bartolone, MD  
Peter Bloom, MD  
David Garson, MD  
Craig Keller, MD

Yogesh Maheshwari, MD  
Shahid Mehboob, MD  
Naima Mian, DO  
John Picano, MD

Stanley Pietrak, MD  
Ognian Pomakov, MD  
Benjamin Schaus, DO  
Siddhartha Shah, MD

\*\*\*Note: Incorporates suggested language from New York State "Rules and Regulations for Ambulatory Care Facilities, Medicare Rules", and the "AAAHC Accreditation Handbook for Ambulatory Health Care"