

# PATIENT RIGHTS

## TABLE OF CONTENTS

1. Admission/Treatment Policy
2. Patient Rights
3. Patient Responsibilities
4. Advanced Directives
5. Code of Ethical Behavior
6. Communication with Patients
7. Patient Satisfaction Survey
8. Patient Complaints
9. Patient Complaint Form
10. Grievance Procedure
11. Dismissal of Patient

## ADMISSION/TREATMENT POLICY

### SUBJECT:

It is the policy of Digestive Care Medical Center, Inc. to admit and treat all persons without regard to race, color, natural origin, handicap, religious or fraternal organization, or age. The same requirements are applied to all, and patients are assigned without regard to race, color, natural origin, handicap, religious or fraternal organization, or age. There is not distinction in eligibility for, or in the manner of providing patient services. All services are available without distinction to patient and visitors regardless of race, color national origin, handicap, religious or fraternal organization or age. All person and organizations having occasion either to refer persons for services or to recommend Digestive Care Medical Center, Inc. is advised to do so without regard to the person's race, color, national origin, handicap, religious or fraternal organization, or age.

## PATIENT RIGHTS

### POLICY

All patients and staff shall be informed of patient rights.

### OBJECTIVE

To assure considerate and appropriate care with the patient's complete understanding and cooperation.

### PROCEDURE

1. A copy of the patient's rights are posted in the reception area.
2. A Patient Satisfaction Survey Form will be given to all patients to encourage patients to voice opinions.
3. All staff shall be oriented to patient rights.

## PATIENT RIGHTS

The patient has the right to:

1. Treatment without regard to sex, or cultural, economic, educational, or religious background or the source of payment for his care.
2. Considerate and respectful care.
3. The knowledge of the name of the physician who has primary responsibility for coordinating his care and the names and professional relationships of other physicians who will see him.
4. Receive information from his physician about his illness, his course of treatment, and his prospects for recovery in terms he can 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.
5. Receive the necessary information about any proposed treatment or procedure to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate course of treatment or non-treatment and the risks involved in each, and the name of the person who would carry out the treatment or procedure.
6. Participate actively in decisions regarding his medical care. To the extent permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning his medical care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to his care. His written permission shall be obtained before his medical records are made available to anyone not concerned with his care.
9. Reasonable responses to any reasonable request he makes for services.
10. Reasonable continuity of care and to know in advance the time and location of appointments as well as the physician providing the care.
11. Be advised if physician proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.

12. Be informed by his physician or designee of his continuing health care requirements.
13. Examine and receive an explanation of his bill regardless of source of payment.
14. Have all patient's rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
15. Express any grievances or suggestions verbally or in writing.

## LOS DERECHOS DEL PACIENTE

El paciente tiene derecho a:

1. Tratamiento sin importar sexo, color, cultura, economía, educación o religión o fondos de pago para su tratamiento.
2. El tratamiento será adecuado.
3. El conocimiento del Médico tratante, así como los de más nombres de co-adyuvantes en su tratamiento.
4. A recibir información de su Médico tratante de su padecimiento el curso del mismo y su futuro de curación. En forma que se puede entender. Cuando no se pueda darle información por condición médica, esta se hará a la persona legalmente autorizada o designada por el paciente.
5. El paciente deberá recibir información de su tratamiento o procedimiento y podrá dar su consentimiento o rehusar si así lo desea, excepto en emergencias; Esta información debe incluir descripción o procedimiento a seguir del tratamiento; los riesgos y cursos de alternativa o el No tratamiento y los riesgos de cada caso. Con el nombre de la o las personas que llevarán el procedimiento médico a seguir.
6. Participar activamente en las decisiones de su tratamiento. Con toda la extensión de la ley. Hasta el derecho de rehusar el tratamiento.
7. El tratamiento médico, será confidencial, la discusión del caso, exámenes y consultas. El paciente tendrá derecho a saber si hay alguna otra persona involucrada.
8. La privacidad de su tratamiento, toda comunicación, así como los records, son Estrictamente Confidenciales. Deberá autorizar con su firma el permiso de Externar su caso Médico, incluyendo su historial médico.
9. Habrá respuesta razonable a toda demanda de Servicios dentro de lo normal.
10. Continuidad de tratamiento, horario y lugar de las citas, así como el Médico tratante.
11. Estar sobre Aviso; en caso se quiera hacer, o Experimentar con nuevos tratamientos. El paciente tiene derecho aceptar o negarse al cualquier tratamiento.
12. El estar informado por sus Médicos, del desarrollo de su salud.
13. El recibir o examinar las explicaciones sobre su cuenta; por ejemplo: seguro médicos, personal, etc.
14. Dar todas las explicaciones a la persona quien legalmente sea responsable; de tomar decisiones, referente al caso del paciente. Así como los derechos a que tiene autorización.
15. Expresar verbalmente o por escrito cualquier sugerencia.

## PATIENT RESPONSIBILITIES

1. Good communication is essential to a successful physician-patient relationship. To the extent possible, patients have a responsibility to be truthful and to express their concerns clearly to their physicians.
2. Patients have a responsibility to provide a complete medical history, to the extent possible, including information about past illnesses, medications, hospitalizations, family history of illness, and other matters relating to present health.
3. Patients have a responsibility to request information or clarification about their health status or treatment when they do not fully understand what has been described.
4. Once patients and physicians agree upon the goals of therapy, patients have a responsibility to cooperate with the treatment plan. Compliance with physician instructions is often essential to public and individual safety. Patients also have a responsibility to disclose whether previously agreed upon treatments are being followed and to indicate when they would like to reconsider the treatment plan.
5. Patients generally have a responsibility to meet their financial obligations with regard to medical care or to discuss financial hardships with their physicians.
6. Patients should discuss end-of-life decisions with their physicians and make their wishes known. Such a discussion might also include writing an advanced directive.
7. Patients should also have an active interest in the effects of their conduct on others and refrain from behavior that unreasonably places the health of others at risk. Patients should inquire as to the means and likelihood of infectious disease transmission and act upon that information which can best prevent further transmission.

## **Responsabilidades Del Paciente**

1. Una buena comunicacion es esencial para una prospera relacion medico-pacien te. Dentro de lo posible el pasiente tiene la responsabilidad de hablar con la verdad y expresar con claridad las dudad a su medico.
2. El paciente tiene la responsabilidad de dar los datos exactos para su historial medico, incluyendo enfermedades anteriores, medicamentos, hospitalizaciones, historial medico familiar y cualquier otro dato que sea util para elactual padecimiento.
3. El paciente tiene la responsabilidad de pedir informacion o clarificar cual quier duda que tenga respecto a su estado de salud actual o al tratamiento a se guir, en aquellos casos que no comprenda plenamente las instrucciones que se le han dado.
4. Una vez que se haya llegado a un acuerdo respecto al su tratamiento o terapia, el paciente tiene la responsabilidad de cooperar con el plan del tratamien to. Es esencial compaginar las instrucciones medicas para la seguridad personal y del publico. Al mismo tiempo si esta bajo tratamiento, si lo sigue o bien quiera considerar el plan del mismo tratamiento.
5. El paciente tiene la responsabilidad y obligacion financiera por su tratamiento medico y bien puede aclarar los problemas financieros con su medico tratante.
6. El paciente debe ponerse de acuerodo con su medico en la decision de "terminacion de la vida" y acerle ver sus deseos, incluyendo por escrito.
7. Debe haber un interes activo en la conducta a llevar hacia otras personas tratandose de enfermedades knfeccionsas que pongan en peligro la salud. Dando toda la informacion deseable para prevenir futuras transmisiones y por ende-enfermedades.

## ADVANCED DIRECTIVES

### POLICY:

Digestive Care Medical Center, Inc. recognizes the special nature of the perioperative period with regard to the applicability of Advanced Directives for Health Care. The staff at Digestive Care Center, Inc. do not routinely question patients about Advanced Directive orders, however if the patient presents Advanced Directives upon admission, Digestive Care Medical Center, Inc. will honor the aforementioned if appropriate.

The patient's autonomy must be respected as the professional responsibility of the health care team.

### DEFINITIONS:

#### **1. Durable Power Of Attorney**

The Durable Power of Attorney (DPA) is a document that records the appointment of a surrogate decision-maker for a patient. The DPA and other advance directives guide decision making when the patient is unable to make decisions or when the patient elects to transfer decision making (to a surrogate).

Effective July 1, 2000, the "Health Care Decisions Law" (AB 891-Chapter 658) replaced the Natural Death Act and the laws governing Durable Powers of Attorney for Healthcare. However, patient's with existing Advance Directives do not have to execute new ones. All valid Durable Powers of Attorney for Healthcare, executed Natural Death Act Declarations and Emergency Medical Services Pre-Hospital Do Not Resuscitate (DNR) forms remain valid, even if they are executed on or *after* July 1, 2000.

#### **2. Surrogate Decision Making**

If a patient becomes incompetent, a surrogate gives informed consent about medical procedures for patient . A surrogate can be:

- Someone given Durable Health Care Power of Attorney by the patient while (s)he was competent
- A family member, usually designated by state statutes
- The patient's primary physician may also appoint a surrogate decision maker unless otherwise specified in a written advanced health care directive

A surrogate makes decision based on the living will or other statements made by patient, if available. In the absence of a living will or other statement, surrogate makes decisions based on the best interest of the patient.

#### **3. Healthcare Instructions**

People who do not wish to appoint a health care agent pursuant to the power of attorney, or be bound by the limitations of the Natural Death Act, may now issue binding "healthcare instructions".

#### 4. Healthcare Decisions

Healthcare decisions are expressly defined to include:

- The selection or discharge of health care providers or institutions
- The approval or disapproval of diagnostic tests, procedures and programs of medication
- Directions to provide, withhold or withdraw artificial nutrition and hydration, and all other forms of health care including CPR

#### PROCEDURE:

The guidelines below will be followed when staff are presented with Advanced Directives for Health Care orders.

1. Patients who present to Digestive Care Medical Center, Inc. with Advanced Directives will be identified to the Medical Director and/or patient's Physician prior to the procedure being performed.

Under the Health Care Decisions Law, patients with capacity may now designate or disqualify another person to act as a surrogate to make healthcare decisions by personally informing the supervising healthcare provider *orally or in writing*. An oral designation of a surrogate must be promptly recorded in the patient's chart and is effective only during the course of treatment or illness during the stay in the health care institution when the designation is made (Probate Code 4711 and 4715)

2. The Medical Director and/or the Physician will review the document to ensure the patient's request can be honored. Acceptance of the patient request will be documented in the patient's chart.
3. A copy of the document will be placed in the patient's chart.
4. Patient admission will follow the usual process for informed consent.
5. The patient retains the right to modify or rescind all or part of the agreements reached prior to the procedure.
6. Upon discharge, the copy of the document will remain in the patient's chart.
7. In the event it becomes necessary to transfer the patient to the hospital for further care, a copy of the Advanced Directives for Health Care shall be sent with the patient and the admitting department will be notified.

**NOTE: For more information, or to obtain CMA's new advance health care directive that replaces the Durable Power of attorney for Healthcare and Natural Death Act Directive forms, contact the California Medical Association at 800/592-4262**

## CODE OF ETHICAL BEHAVIOR

The Digestive Care Medical Center, Inc. is dedicated to providing competent endoscopic services with compassion and respect for human dignity:

### **A. ADMISSION POLICY**

It is the policy of Digestive Care Medical Center, Inc. to admit and treat all persons without regard to race, color, natural origin, handicap, religious or fraternal organization, or age. The same requirements are applied to all, and patients are assigned without regard to race, color, natural origin, handicap, religious or fraternal organization, or age. There is not distinction in eligibility for, or in the manner of providing patient services. All services are available without distinction to patient and visitors regardless of race, color national origin, handicap, religious or fraternal organization or age. All person and organizations having occasion either to refer persons for services or to recommend Digestive Care Medical Center, Inc. is advised to do so without regard to the person's race, color, national origin, handicap, religious or fraternal organization, or age.

### **B. BILLING PRACTICES**

**Cash Patients** Medical Services are payable at least 7 days prior to procedure. If the patient states that he or she is unable to pay:

- 1) A budget plan will be set up.
- 2) Budget accounts that fail to have payments posted for a period of 90 days will be forwarded to a collection agency after M.D. approval to take such action.
- 3) Warning notice will occur on the second and third statements that the account will be forwarded to a collection agency if payment is not received by the 90th day.

### **Patients with Insurance**

Insurance claims will be filed on all valid insurance plans.

Co-pays, deductibles, non-covered services, and co-insurances will be collected pre-procedure.

The patient has the right to and examine and receive an explanation of his/her bill regardless of the source of payment.

### **C. MARKETING PRACTICES**

When Digestive Care Medical Center, Inc. engages in advertising or marketing efforts, the Governing Body is responsible for ensuring that confidential patient information is not released without proper authorization, and that marketing and promotional materials do not contain any false, misleading or deceptive information.

### **D. OWNERSHIP DISCLOSURE**

Patients acknowledge that their treating physician has an ownership interest in Digestive Care Medical Center, Inc. on the consent form. Any concerns about this relationship are referred directly to the treating physician, and if the patient wishes, the procedure shall be performed at another mutually agreed upon facility.

## **CODE OF ETHICAL BEHAVIOR**

Page 2 of 2

### **E. BUSINESS RELATIONSHIPS WITH HEALTHCARE NETWORKS AND OTHER ORGANIZATIONS**

Digestive Care Medical Center, Inc. does not accept or make any payment, directly or indirectly,

overtly or covertly, in cash or in kind for patient referrals. The Governing Body of Digestive Care Medical Center, Inc. is responsible for reviewing all contractual and business relationships at least annually to ensure they do not constitute a conflict between the Center's financial interests and its responsibilities to its patients.

### **F. CONCERN FOR COST OF CARE**

Although the quality of care provided to patients remains paramount, Digestive Care Medical Center, Inc. strives to provide services in the least expensive manner in which the services can be performed safely and effectively.

## COMMUNICATION WITH PATIENTS

### POLICY:

In the interest of clear communication between the patient and the Center, patients who are hearing impaired or are not proficient in the English language are asked to bring a family member or friend to provide interpretation. If the patient cannot provide his/her own interpreter, the Center will have a language interpreter provided through AT&T Translator Service or California Relay Service for the hearing impaired..

### PROCEDURE:

1. The following language interpreters and services for the hearing impaired may be provided by the Center with 24 hour notice:

A. AT&T LanguageLine: Provides over the phone interpretation of 140 different languages at 1-800-752-0093 ext. 196 or 1-800-528-5888 (requires credit card)

B. California Relay Service (CRS) toll free:

To reach a toll-free MCI / CRS operator:

TTY users call 1-800-735-2929

Non-TTY users call (calling by voice) 1-800-735-2922

Spanish speaking users call 1-800-855-3000 voz y TTY

Computer/ASCII 1-800-735-0091 (8 bit, 0 parity, 1 stop bit, half duplex)

For international calls, when you are outside of the US, you must first dial the country's international dialing code and then call 1-209-863-0162.

MCI CRS Customer Service 1-800-735-0373 voice/TTY

To reach a toll-free Sprint / CRS operator:

TTY users call: 1-877-735-2929

Non-TTY users (calling by voice): 1-888-877-5379

Computer/ASCII users call: 1-888-877-5380 (8 bit, 0 parity, 1 stop bit, half duplex for 110-300 baud or full duplex for 1200-2400 baud)

Spanish speaking users: 1-888-877-5381 voz y TTY

\*\*Speech to Speech users: 1-800-854-7784

For international calls, when you are outside of the US, you must first dial the country's international dialing code and then call: 1-605-224-1837.

Sprint Relay Customer Service 1-800-676-3777 voice/TTY

Speech to Speech Relay Service 1-800-854-7784 \*\*

\*\*Speech-to-Speech relay provides live operators to voice for people who have difficulty being understood on the telephone.

## PATIENT SATISFACTION SURVEY

### POLICY

A periodic survey of patient opinion of services shall be made.

### OBJECTIVE

To provide a format wherein the patient may communicate feelings, opinions and concerns regarding the care received.

### PROCEDURE

1. The recovery room nurse is responsible for giving each of the Center's patients a "Patient Satisfaction Survey" form along with a postage paid return envelope upon discharge.
2. All completed forms will be given to the Quality Improvement Coordinator, for review and follow-up by the Medical Executive Committee and Governing Body.
3. In some cases, immediate action may be advisable between the center and patient to deter legal action.
4. As conditions permit, patients are routinely asked during their recovery period their opinion of the care received and the responses noted in the chart.

We have tried to make your experience at Digestive Care Medical Center, Inc. as comfortable and convenient as possible. We are interested in your assessment of our services, personnel, and facilities. Please take a moment to complete this survey and return it to us. Your cooperation is appreciated. Thank you.

CIRCLE ONE:

1. Do you feel the center's personnel were helpful and interested in you and your family?

	(a) Receptionist	YES	NO
	(b) Nurses	YES	NO
	(c) Physician(s)	YES	NO
  
2. Were you given adequate explanations and instructions?

	(a) Prior to your procedure	YES	NO
	(b) After your procedure	YES	NO
  
3. Were the following areas clean, warm and comfortable for you or your family?

	(a) Waiting Room	YES	NO
	(b) Procedure Room	YES	NO
	(c) Recovery Room	YES	NO
	(d) Restrooms	YES	NO
  
4. Were the facilities and parking convenient to use? YES NO
  
5. Would you return to this facility and/or recommend it to a friend? YES NO
  
6. How would you rate your overall experience at our center?  
Excellent\_\_\_\_\_Good\_\_\_\_\_Fair\_\_\_\_\_Poor\_\_\_\_\_

ADDITIONAL COMMENTS OR SUGGESTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PATIENT NAME: (Optional)

DATE OF PROCEDURE

## PATIENT COMPLAINTS

### PROCEDURE

To establish direct communication between patients with complaints and the Center Management.

- 1) Patients who have a complaint regarding Digestive Care Medical Center, Inc. services or care should take their complaint to the Nursing Director, either directly or through an appropriate employee of the Center.
- 2) The Center, upon receipt of the complaint or upon obtaining knowledge of the fact that a patient has complained, will cause the complaint to be investigated and take appropriate action to resolve the complaint. The patient will be notified of the result of the investigation.
- 3) The complaints will be filed with the Nursing Director. The Nursing Director and the Medical Executive Committee will work toward resolution with the patient. If the patient is not satisfied, the matter will be addressed at the Governing Body meeting. A written summary will be included in the minutes.

PATIENT COMPLAINT FORM

Name of Person Filing Complaint

Date of Event \_\_\_\_\_

\_\_\_\_\_

Patient's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Problem or Event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Written Response Requested? Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date.

Facility Personnel/Physicians involved \_\_\_\_\_

\_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nursing Director or QI Coordinator Signature

\_\_\_\_\_

Date.

Date of Completion \_\_\_\_\_ Written Response Sent \_\_\_\_\_

## GRIEVANCE PROCEDURE POLICY

Any person(s) who believes that he/she or any class of individuals has been subjected to discrimination as prohibited by Section 504 of the Rehabilitation Act of 1973 may file a complaint pursuant to the procedures set forth below, on his/her own behalf, or on behalf of another person or on behalf of handicapped persons as a class. All persons are encouraged to file grievances in order to resolve any disputes arising under Section 504. Your filing a complaint will not subject you to any form of adverse action, reprimand, retaliation or otherwise negative treatment by the Digestive Care Medical Center, Inc. personnel.

Accordingly, the Digestive Care Medical Center, Inc. has adopted an internal grievance procedure providing for the prompt and equitable resolution of complaints alleging any action prohibited by the United States Department of Health and Human Service regulations (45 C.F.R. Part 84), implementing Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794). Section 504 states, in part, that "no otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or, be subjected to discrimination under any program or activity receiving Federal financial assistance ..." A copy of the law and its regulations are available for review online at:

[http://ww1.access.gpo.gov/GPOAccess/sitesearch/nara/cfr/waisidx\\_99/45cfr84\\_99.html](http://ww1.access.gpo.gov/GPOAccess/sitesearch/nara/cfr/waisidx_99/45cfr84_99.html)

1. Complaint processing procedures are as follows.
  - A. All complaints involving matters prohibited by Section 504 shall be put in writing and submitted to Digestive Care Medical Center, Inc. Nursing Director, who shall review the complaint and provide a written response within 10 working days of receipt of the complaint.
  - B. If the complaint is not satisfied with the results achieved in Step A, the complainant may file an appeal with the Digestive Care Medical Center, Inc. Medical Director, who shall review the complaint and response from the Nursing Director, and any employees involved in the patient's care, and provide a written response to the complainant within 10 working days.
  - C. If satisfactory resolution is not achieved at Step B, the complainant may request a hearing with the Quality improvement Committee for a final determination. The final determination will be made within 30 days of presentation.
2. A complaint should be in writing, contain the name and address of the person filing it, and briefly describe the action(s) alleged to be prohibited by the Section 504 regulations.
3. All complaints should be filed as set forth above within 30 working days after the complaining party becomes aware of the action(s) allegedly prohibited by the Section 504 regulations.
4. The Digestive Care Medical Center, Inc. Nursing Director or designee, shall take steps to insure an appropriate investigation of each complaint to determine its validity. These rules are informal but thorough, affording all interested persons and their

representatives, if any, an opportunity to submit evidence to the complaint.

5. The right of a person to prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of a Section 504 Complaint with the Office for Civil Rights of the United States Department of Health and Human Services. Utilization of this grievance procedure is not a prerequisite to the pursuit of other remedies.
6. These rules shall be liberally construed to protect the substantial rights of interested persons, to meet appropriate due process standards, and to assure the Digestive Care Medical Center, Inc. is in compliance with Section 504 and the regulations.

## DISMISSAL OF PATIENT

### POLICY

Patients may be dismissed from care or refused care if the Medical Director deems it appropriate. The final decision as to medical and/or psychological suitability of a patient will rest with the Medical Director.

### PROCEDURE

1. Below is a list (not exclusive) of some of the reasons why patients may be deferred:
  - A. Recent oral intake of solids or significant volume of liquids.
  - B. Acute exacerbation of chronic disease state.
  - C. Lack of transportation home accompanied by a responsible adult.
  - D. Lack of informed consent prior to a procedure.
  - E. Psychological unsuitability.
  - F. ASA Classification III or greater (at the discretion of the physician)
  - G. Known Latex Allergy
  - H. Inability to provide one's self care following the procedure.