

## PATIENT RIGHTS & RESPONSIBILITIES

We want to meet and exceed your health care expectations during your stay at the *Community Digestive Center*. Our staff and physicians work together to achieve the highest standards of care. It is our goal and commitment to provide excellent service to you and your family. The following document includes the required information on Patient Rights and Responsibilities, Advance Directives and disclosure of any financial investment of your physician if applicable. To maintain our state licensure, we are required to provide the following information (both verbally and in writing) to you, or your patient representative or surrogate, prior to the start of your surgical procedure. If your surgery is scheduled on the same day, you will be given this information on the same day of surgery with plenty of time to review and ask questions. If a patient is adjudged incompetent under applicable state 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 or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.

Please contact the *Community Digestive Center* with any questions you may have. Contact information is at the end of this document.

### As a patient of the *Community Digestive Center*, you have the right to:

1. Be informed of your patient rights in advance of care being provided or discontinued.
2. Participate in and make informed decisions about your care and pain management, including being able to request or refuse treatment.
3. Be fully informed about a treatment or procedure and the expected outcome before it is performed.
4. Have your patient rights, condition, treatment, pain alternatives and outcomes explained in a manner that you or your patient representative or surrogate understand. You have the right to interpretation services if needed.
5. Be provided, to a degree known, complete information concerning your diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to you, the patient, the information is provided to a person designated by you or to a legally authorized person.
6. Expect timely and appropriate assessment and treatment of physical pain and emotional or spiritual discomfort.
7. Receive safe, high quality, medical care, without discrimination and/or harassment that is compassionate and respects personal privacy, dignity, values, beliefs and preferences and contributes to a positive self-image. To be treated without fear of or infliction of mistreatment, neglect, verbal, physical, mental or sexual abuse.
8. You as a patient, or your representative, may exercise your rights without fear of reprisal.
9. Know the name and role of your caregiver (e.g., Doctor, Nurse, Technician, etc.). You have a right to request information and/or credentials about the health care professionals providing your care. A list of public websites is available upon request.
10. Be informed regarding the absence of malpractice coverage, if applicable
11. You have the right to change providers if other qualified providers are available.
12. Receive information about continuing your health care at the end of your visit.
13. Be informed of services available at the organization.
14. Be informed of the provisions for after hours and emergency care.
15. Be informed of your right to refuse to participate in experimental research if applicable.
16. Receive private and confidential treatments, communications, and medical records, to the extent permitted by law.
17. Have your patient disclosures and records treated confidentially. You have the right to be given the opportunity to approve or refuse their release, except when release is required by law.
18. Be informed of charges, fees for service, payment policies, receive an explanation of your bill and receive counseling on the availability of known financial resources for health care services.
19. Be free from all forms of abuse or harassment
20. Be free from any act of discrimination or reprisal
21. Have addressed your compliments, concerns, complaints, or grievances regarding treatment or care that is or failed to be furnished. Sharing your concern and/or complaints will not compromise your access to care, treatment and services. You may request a grievance form from the registration desk or your care provider. You may initiate the complaint process and discuss your concerns with the Center's Director or your physician. Your concerns will be reviewed and you will be given a response to your concerns. You may contact the Director in person at the time of your visit, or at 765-298-4700, or report the complaint to:

The Indiana State Department of Health Contact Information:

Indiana State Department Of Health Medicare Beneficiary Ombudsman  
Health Care Facility Complaint Program 1-800-MEDICARE (800-633-4227)  
2 North Meridian Street, 4B <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>  
Indianapolis, IN 46204  
1-800-246-8909 (317) 233-7241

### If you feel you are a victim of Medicare Fraud, please refer to the following information to report your claim:

**Phone:** 1-800-HHS-TIPS (1-800-447-8477)  
**Email:** [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)

**Fax:** 1-800-223-8164 (no more than 10 pages)  
**Mail:** Office of the Inspector General  
HHS TIPS Hotline  
P.O. Box 23489  
Washington, DC 20026

## **PATIENT RESPONSIBILITIES**

1. To respect and be considerate of the rights of other patients and *Community Digestive Center* personnel in the control of noise, the number of visitors and to be respectful of the property of other persons and the *Community Digestive Center*.
2. To follow the rules of the *Community Digestive Center*.
3. To provide, to the best of your knowledge, accurate and complete information about your health, present complaints, past illnesses, hospitalizations, medications including over-the-counter and dietary supplements; allergies, sensitivities and insurance benefits.
4. To ask for more information if you have questions about your care, treatment, services or caregivers. It is also your responsibility to report perceived risks in your care and unexpected changes in your condition.
5. To ask your care provider when you do not understand medical words or instructions about your plan of care. If you are unable/unwilling to follow the plan of care, you are responsible for telling your care provider. Your care provider will explain the medical consequences of not following the recommended treatment. You are responsible for the outcome of not following your plan of care.
6. To notify the *Community Digestive Center* if you have a need to change or cancel your procedure.
7. You must have a responsible adult to drive you home after your procedure. Your procedure will be cancelled if you do not have a driver. Having a responsible adult accompany you home in a taxi is also acceptable. A responsible adult is to remain with you for 24 hours following your procedure.
8. Inform your caregiver about any living will, medical power of attorney, or other directive that could affect your care.
9. To tell us how satisfied you are with your care, so that we can resolve your concerns and learn from them.
10. To assure that the financial obligations of your healthcare are fulfilled as promptly as possible. Co-pays are expected on day of your procedure. The *Community Digestive Center* will make every effort to validate your Insurance Benefits and to notify you before your procedure date. Ultimate responsibility for Insurance coverage information belongs to the patient and/or legal guardian.
11. To abide by the NO SMOKING policy of the *Community Digestive Center*.

## **ADVANCE DIRECTIVES**

Advance Directives are written instructions that tell your physician what kind of care you would like to have if you become unable to make medical decisions. They do not take away your right to decide about your current healthcare needs. At your request, the Indiana State Advanced Directives brochure is provided at the registration desk. You may call the Center with questions prior to the date of your surgery or talk with someone on the day of your surgery. It will be documented in a prominent part of your medical record whether or not you have executed an advance directive.

Advance Directives include the following:

- Living Will
- Life Prolonging Declaration
- Health Care Representative
- Appointment of Durable Power of Attorney for Healthcare

The *Community Digestive Center* recognizes Appointment of Healthcare Representative and Durable Power of Attorney for Healthcare. In most cases, we will be able to honor these directives.

**In all instances of emergency or life threatening situations, life sustaining treatment will be started; *Community Digestive Center* will always attempt to resuscitate you and transfer you to a hospital in the event of deterioration. You will be transferred to a hospital and at that time any Advance Directives you have provided to the *Community Digestive Center* will be sent to the hospital with you.**

## **PHYSICIAN FINANCIAL INTEREST DISCLOSURE**

- Patients have a right to know if their physician has a financial interest in the *Community Digestive Center*. A "financial interest" means that your physician has an ownership or investment interest through equity, debt or other means in the *Community Digestive Center*. Any physician who has a financial interest in the *Community Digestive Center* is required to inform patients prior to scheduling their procedures/services at the Center. As a patient, you are free to choose the *Community Digestive Center* or any other facility for your procedures/services required, without penalty, subject to any limitations of your health insurance plan. A list of physician investors is available upon request.

The following list of physicians currently have a financial interest in the Center:

Rod Nisi, MD

Usman Ahmad, MD

Umair Minhas, MD

Muhammad Tahir, MD

***Community Digestive Center***  
**1601 Medical Arts Blvd, Suite 300**  
**Anderson, IN 46011**  
**765-298-4700**  
**765-298-4985**