

Cape Fear Center for Digestive Diseases, P.A.

1880 Quiet Cove
Fayetteville, NC 28304
Phone (910)323-2477 Fax (910)323-5931

PATIENT RIGHTS

As a patient you have the right to:

1. Become informed of rights as a patient in advance of, or when discontinuing, the provision of care. The patient may appoint a representative to receive this information should patient so desire.
2. Be treated with dignity and receive considerate and respectful care provided in a safe environment.
3. Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
4. Exercise these rights without regard to age, race, disability, sex or cultural, economic, education, or religious background or the source of payment for care given.
5. Knowledge of the name of the physician and professional staff who have primary responsibility for coordinating the patient's care and the name and professional relationships of other physicians and non-physicians who will participate in care.
6. Receive information from the physician about the illness, course of treatment and prospects for recovery in terms that the patient can understand.
7. Receive as much information about any proposed treatment or procedure as needed in order 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 to know the name of the person who will carry out the procedure or treatment.
8. Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
9. The Endoscopy Center is limited to elective endoscopy and does not perform high-risk endoscopic procedures. Therefore, the Clinic will not acknowledge advance directives. In the event of an emergency, the patient will be stabilized and transferred to the hospital as soon as possible.
10. Be advised of the Clinic's grievance process, should the patient wish to communicate a concern regarding the quality of the care patient receives. Notification of the grievance process includes: who to contact to file a grievance and that patient will be provided with a written notice of the grievance determination that contains the name of the Clinic's contact person, the steps taken on patient's behalf to investigate the grievance, the results of the grievance and the grievance completion date.
11. Change physicians if desired, either within the practice upon approval or another physician of the patient's choice.
12. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in the patient's healthcare.
13. Confidential treatment of all communications and records pertaining to patient's care and visit at the clinic. The patient's written permission shall be obtained before medical records can be made available to anyone not directly concerned with patient's care.
14. Full disclosure of the privacy policy.
15. Access information contained in your medical records within a reasonable time frame in accordance with state/federal laws and regulations.
16. Reasonable responses to any reasonable requests made for service.
17. Leave the Clinic even against the advice of the attending physician.
18. Reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing the care.
19. Be advised if Clinic proposes to engage in or perform human experimentation affecting the care or treatment. The patient has the right to refuse to participate in such research projects or clinical trials. Be informed by the attending physician or designee of the continuing health care requirements following discharge. Obtain information before scheduled procedure about payment requirements of the bill, regardless of source of payment.

20. Examine and receive an explanation of the bill regardless of source of payment within 30 days of treatment.
21. If eligible for Medicare, to know upon request and in advance of treatment whether a healthcare provider or facility accepts the Medicare assignment rate.
22. Expect reasonable safety insofar as the endoscopy center's practice and environment are concerned.
23. Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
24. A list of these patient's rights, which shall be posted within the Clinic so that such rights may be read by all patients.
25. Receive appropriate knowledge regarding absence of malpractice insurance.
26. Receive appropriate information regarding provider credentialing.

All Physicians, Clinic personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients' rights.

PATIENT RESPONSIBILITIES

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect:

1. Provide accurate and complete information about present complaint, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities, and other matters related to your health status.
2. Make it known whether course of treatment and what is expected of the patient is clearly understood.
3. 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.
4. Provide a mature and responsible adult to transport the patient home from the Endoscopy Center and to remain with the patient for a 24-hour period as required by the physician.
5. Keep appointments and notify the Clinic when unable to keep an appointment.
6. Accept responsibility for any actions resulting from the refusal to follow treatment or physician's orders.
7. Inform the physician about any living will, medical power of attorney, or other directive that could affect the patient's care.
8. Accept and ensure that the financial obligations of care are fulfilled as promptly as possible.
9. Follow Clinic policies and procedures.
10. Be considerate of the rights of other patients and Clinic personnel.
11. Be respectful of personal property and that of other persons in the Clinic.

The office strives to provide excellent patient care and service. If you should have a concern or complaint, please tell us so we can work to satisfy your needs. Ask to speak to the Administrator or Office Manager. They can be reached at (910)323-2477 Monday through Thursday from 8:00am until 5:00pm and on Friday from 8:00am until 1:00pm.

Any Patient complaints should be directed to the Medical Director and or:
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Complaint Intake Unit
2711 Mail Service Center
Raleigh, North Carolina 27699
Phone: 1-800-624-3004 or visit www.ncdhhs.gov
Also visit www.cms.gov/center/ombudsman.asp