



THE ENDOSCOPY CENTER **PATIENT RIGHTS AND RESPONSIBILITIES**

The medical staff of The Endoscopy Center has adopted the following list of patient rights and responsibilities. This list shall include, but is not limited to:

THE RIGHT TO:

- Be treated with respect, consideration and dignity.
- Know the name and professional status of those caring for you.
- Clear and complete information concerning your condition and care, significant risks involved, reasonable medical alternatives, and a prediction of the effect on you. When it is medically inadvisable to give such information, the information is provided to a person designated by you or to a legally authorized person.
- Personal privacy and confidentiality of information, and, except when required by law, the opportunity to approve or refuse the release of disclosures of medical information.
- Seek another medical opinion or change physicians as well as refuse treatment or leave the center, even if this is against medical advice.
- Receive a copy of your bill and an explanation of the charges, regardless of source of payment.
- Be informed that advanced directives cannot be honored in this facility and to be advised that should an unexpected life threatening event occur, you will be transferred to a facility that will honor your directive.

- Express any comments, concerns or grievances regarding the care provided to you.

THE RESPONSIBILITY TO:

- Actively participate in decisions involving your care and treatment.
- Be as accurate and complete as possible when providing information about your medical history, allergies, sensitivities and **all** medications you are taking.
- Cooperate fully on mutually accepted courses of treatment or notify your physician if you do not wish to follow his or her advice or instructions.
- Inform your physician or nurse if you do not understand the plan of treatment and what is expected of you.
- Notify your physician or nurse if you notice any changes in your health.
- Act in a considerate and cooperative manner and respect the rights and property of others. Concealed weapons, abusive, threatening or inappropriate language or behavior will not be allowed or tolerated.
- Accept personal financial responsibility in payment of your bill.

Our goal is to provide the best experience possible while in The Endoscopy Center. **Please fill out our patient questionnaire prior to your discharge.** Patients, clients, families or visitors have the right to express complaints or concerns about any aspect of their care or experience. Concerns may be directed to any staff member or the Endoscopy Center Nurse Manager or comments can be mailed to:

The Endoscopy Center
Nurse Manager
12800 Bothell-Everett Hwy Suite 200
Everett, WA 98208

Should you feel your concerns are warranted you may contact: **Office of the Medicare Ombudsman** www.medicare.gov. or mail your complaints to:

Department of Health
Facility and Service Licensing
P.O. Box 47852
Olympia, WA 98045