

## **Patient's Rights and Responsibilities**

Rochester Gastroenterology Associates LLP is regularly inspected and conforms to guidelines of the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF). It is the policy of our practice, to respect patient's individuality, dignity and privacy, and to make the patient stay as pleasant as possible. All patients at the Practice have rights that protect their interests. Patients also have responsibilities to help us to provide efficient, high quality care. Together, these rights and responsibilities provide the basis for a positive, mutually beneficial patient-physician relationship. A copy of this policy is posted in the reception area and a patient may obtain copy upon request.

### **The Patient has the right:**

**To** be treated with courtesy and respect, with appreciation of individual dignity and with protection of his or her need for privacy.

**To** an environment that is safe and secure for self and property.

**To** confidentiality of information gathered during treatment.

**To** prompt and reasonable response to questions and requests.

**To** know who is providing and is responsible for his/her care.

**To** know what patient support services are available, including whether an interpreter is available if he/she does not speak English.

**To** know what rules and regulations apply to his/her treatment.

**To** be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

**To** refuse treatment, except as otherwise provided by law.

**To** be given upon request, full information and necessary counseling on the availability of known financial resources for his/her care.

**To** know upon request and in advance of treatment, whether the health care provider or health care facility accepts the Advance Directives.

**To** receive, upon request, prior to treatment, a reasonable estimate of the charges for medical care.

**To** receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have charges explained.

**To** receive impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment

**To** change their healthcare provider if other qualified providers are available.

**To** receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

**To** know if medical treatment is for purposes of experimental/research and to give his/her consent or refusal to participate in such experimental research.

To express grievances regarding any violation of his/her rights, through the grievance procedure of the health care provider which served him/her. For NYS complaints, you may send a letter attention to the State at Supervisor, NYS Department of Health, Triangle Building, 335 East Main Street, Rochester, NY 14608 or telephone 1-800-804-5447. The website for the Office of the Medicare Ombudsman is <http://www.medicare.gov/navigation/help-and-support/ombudsman.aspx>.

To participate in all aspects of health care decisions, unless contraindicated by concerns for their health.

To appropriate assessment and management of pain.

### **A Patient is Responsible:**

**For** providing to the health care provider, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health.

**For** having a responsible person to remain with them for 12 hours.

**For** reporting unexpected changes in his/her condition to the health care provider.

**For** reporting to the health care provider whether he/she comprehends a contemplated course of action and what is expected of him/her.

**For** following the treatment plan recommended by the health care provider.

**For** keeping appointments and when he/she is unable to do so for any reason, for notifying the Facility.

**For** his/her actions if he/she refuses treatment or does not follow the health care provider's instructions.

**For** assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

**For** following Facility rules and regulations affecting patient care and conduct.

**For** consideration and respect of the Facility staff and property