



NOTICE OF DISCLOSURE OF OWNERSHIP INTEREST

Please be advised that Karim Shakoor, MD, owns Eastside Endoscopy Center, LLC. Please be advised

of the following:

The facility has a financial relationship with your physician as indicated above. A schedule of typical fees for services provided by the facility is available at your request. You have the right to choose where to receive services, including an entity in which your physician may have a financial relationship or in another entity of your choice.

One alternative location is Piedmont Rockdale Hospital.

EASTSIDE ENDOSCOPY CENTER, LLC: POLICY ON ADVANCE DIRECTIVES

It is this facility's policy to support patients' rights to make decisions regarding their health care. Patients and their representatives or surrogates have the right to have proposed medical interventions explained to their satisfaction and the right to refuse any unwanted care.

If patients do not have decision-making capacity or if they are unable to speak for themselves, they have the right to have a surrogate make treatment decisions for them.

This policy is to ensure all personnel and patients are aware the facility will honor properly executed Georgia Advance Directives .

Patients also have the right to make an Advance Directive to help ensure that the competent adult's desires are honored if he or she becomes incapacitated. Georgia law requires that the ASC honor any patient's advance directive. The Eastside Endoscopy Center, LLC will work with the patient's Health Care Power of Attorney if the patient is not able to communicate his or her desires.

For health care decisions with which health care providers are unwilling to comply, after this decision is communicated with the agent, the agent is responsible for arranging for the declarant's transfer to another health care provider. [O.C.G.A. §31-32-8(2)]

This section of the law does not expressly include life-sustaining procedures, nourishment, or hydration in "health care decisions."

For a declarant's decision to withhold or withdraw life-sustaining procedures or withhold or withdraw the provision of nourishment or hydration, attending physicians who fail or refuse to comply are responsible for making a good faith attempt to affect the transfer of the declarant to another physician who will comply or must permit the agent, next of kin or legal guardian to obtain another physician who will comply. [O.C.G.A. §31-32-9 (d) (1-2)]

If it is the health care facility that refuses to comply with the declarant's decision to withhold or withdraw life-sustaining procedures or nutrition or hydration, the law does not expressly state whose responsibility it is to ensure the declarant is transferred to another health care facility.

Part Two of the Advance Directive form, which concerns withholding treatment for the patient, becomes effective only if you are unable to communicate your treatment preferences after reasonable and appropriate efforts have been made to communicate with you about your treatment preferences. This form is described in Georgia law Chapter 32, Advance Directives for Health Care, 31-32-4.

Since the Eastside Endoscopy Center performs only elective surgeries on healthy patients, the facility will always attempt to resuscitate a patient and transfer that patient to a hospital in the event of deterioration.

Eastside Endoscopy Center, LLC staff will be trained to provide patients with basic information on Advance Directives so that the patient, patient representative, or patient surrogate may have questions answered . Information on state law and state approved forms will be available to patients who request additional information.

Please do not hesitate to let our staff know if you have any questions.

Privacy Statement

This notice describes how medical information about you may be used and disclosed and how you can get access to this Information. Please review it carefully. You will be given a copy of this notice.

Patient Health Information: Under federal law, your patient health information is protected and confidential. Patient Health Information (PHI) includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information. However, use and disclosure of information other than that listed in this notice that will require a written individual authorization from you includes information in a psychotherapy note (unless required by law), sales of PHI and marketing that uses your PHI. You may revoke your authorization at any time.

How we use your Health Information: We use health information about you for treatment to obtain payment, and for healthcare operations including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances we may be required to use or disclose the information without your permission.

Examples of Care, Payment, and Healthcare Operations: Treatment – We will use and disclose your health information to provide your medical treatment. For example, nurses, physicians, and other members of your treatment team will record and use it to determine your care. We may also disclose information to other healthcare providers who are helping in your treatment, to pharmacists filling your prescriptions, and to family members helping with your care. Payment – We will disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain your records of payment. Health Care Operations – We will use and disclose your health information to conduct our standard internal operations, including the administration of records, the evaluation of the quality of treatment, and the assessment of outcomes.

Special use: We may use your information to contact you with appointment reminders. We may also contact you to provide information about different treatment options.

Other Uses and Disclosures: We may use or disclose health information about you for other purposes. Subject to certain requirements, we are permitted disclosure for the following purposes: Required by Law – We may be required by law to report gunshot wounds, suspected abuse, suspected neglect, or similar events. Research – We may use or disclose information for approved medical research. Before we disclose your information for research, you have the opportunity to approve its use for the research project. Public Health Activities – As required by law, we may disclose vital statistics, disease, information related to recalls of products, and similar information to health authorities. Health Oversight – We may disclose information to assist in investigation and audits, and eligibility for government programs. Judicial Proceedings – We will disclose information in response to subpoena or court order. Law Enforcement Purposes – We may disclose information subject to certain restrictions. Workers' Compensation – We may release information about your workers' compensation or other programs providing benefits for work-related injuries or illness. Military or Special Government Functions – If a member of the armed forces, we will release information as military authorities or correctional facilities command, or for national security. Death – We must report information regarding deaths to the coroner, medical examiner, funeral directors, and organ donation programs. Serious Threat to Health and Safety – We may share information when needed to prevent a serious threat to your health, safety, and/or to the public.

Individual Rights: You have the following rights with your health information. Request Restrictions – You may request restrictions on some uses of this information, although we are not required to agree with this request. Confidential Communications – You may request that we communicate with only you. You may request a special address or phone number. Inspect and Obtain Copies – In most cases you have the right to look and receive a copy of your information. Right to an Electronic Copy of Medical Records – If your Medical records are kept in an electronic format, you have the right to request that an electronic copy be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request if it is readily producible in that format. Amend Information – If you believe there are errors in your information, or information is missing, you may request that it be modified. Accounting of Disclosure – You may request a history of the disclosure of the information about you for reasons OTHER than treatment, payment, or operations. Data Breach – You will be notified if there is a breach of unsecured PHI. Health Plans – You have the right to restrict disclosure of PHI to health plans if (1) the disclosures for the purpose of carrying out payment or healthcare operations and is not otherwise required by law and (2) the PHI pertains solely to a health care item or service for which the individual has paid the ASC in full. Other – Use and disclosure of your PHI other than as provided in this notice will be made only with authorization. The individual has the right to revoke any authorization.

Our Legal Requirement: We are required to provide you with this notice, to protect your information, and to abide by the terms of this notice.

Changes in a Privacy Practice: We may change these terms at any time. We will change our notice to reflect the terms that we change. We will also post the terms changes in our waiting room. You may request a copy of this notice and/or the changes at any time. You may contact the center Director below to answer any questions.

Complaints: If you have a complaint that may reveal we have violated this privacy statement, or do not agree with a decision that we made in regard to your information, please contact the Center Director below. You may also contact the US Department of Health and Human Services. The person below will provide you with the correct address upon request.

Grievance Contact Person: *Lisa Shelnett, RN*
Director of Nursing 770-922-7000

Patients' Rights & Responsibilities

Patients, the Patient's Representative & the Patient's Health Care Surrogate have the right to

1. Considerate and respectful care, provided in a safe environment, free from all forms of abuse or harassment. The patient, the patient's representative or the patient's surrogate may exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for care.
2. Full consideration of privacy concerning his/her medical care program. Health care professionals will conduct all confidential case discussions, consultations, examinations, and treatments discretely. The patient, the patient representative or the patient's surrogate has the right to be advised of the reason for the presence of any individual involved in his/her healthcare.
3. Confidential treatment of all communications and records pertaining to his/her care and his/her visit to the facility. (Except when the law requires, patients, the patient representative or the patient's surrogate has the opportunity to approve or refuse the release of their records). If confidential communications and records are released, written consent by the patient shall be obtained. If the patient is physically or mentally unable to, written consent is required from the patient's responsible party.
4. Access to information contained in his/her medical record within a reasonable frame of time, (within 48 hours of request, excluding weekends and holidays), to include information regarding diagnosis, evaluation, treatment, and prognosis. If it is medically inadvisable to give such information to the patient, a person designated by the patient or a legally authorized person shall have access to the patient's information.
5. Participate in the development and implementation of the patient's plan of care and actively participate in decisions regarding this medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment. This right also includes information from the patient's physician about a patient's illness, the planned course of treatment, (including unanticipated outcomes), and prospects for recovery in terms the patient can understand. If treatment is refused, the patient shall be informed of the consequences of refusal of treatment, and the reason shall be reported to the physician and documented in the patient record.
6. Know the physician performing the procedure may have financial interest or ownership in this ASC. Disclosure of this information will be in writing and furnished prior to the start of the procedure in a language and manner the patient, the patient representative or the patient's surrogate understands.
7. Services provided at the facility and reasonable responses to any reasonable request the patient, the patient representative or the patient's surrogate may make for service.
8. The continuing healthcare requirements and instructions following the patient's discharge from the facility. The facility services are not intended for emergency care; therefore, all practitioners will direct after hours' care to the closest emergency room. The patient has the right for continuing care after hours or overnight. If care is not available at the ASC, the patient will be transferred to a hospital.
9. Examine and receive the fees for service. Upon request and prior to the initiation of care or treatment, the right to receive an estimate of the facility charges, potential insurance payments and an estimate of any co-payment, deductible, or other charges not paid by insurance.
10. Refuse to participate in experimental research.
11. A written copy of the facility's policy on Advance Directives in a language and manner the patient, the patient's representative or the patient's surrogate understands. Information concerning advance directives will be made available to the patient, the patient's representative, or the patient's surrogate, including a description of the state laws regarding advance directives and official state advance directive forms if requested. Documentation of whether the individual has executed an Advance Directive will be placed in each patient's chart.
12. Knowledge of the credentialing process for medical staff. It is available to patient, patient's representative, or the surrogate upon request.
13. Knowledge of the name of the physician who has primary responsibility for coordinating the patient's care and the names and professional relationships of other physicians and healthcare providers who will care for the patient and perform the procedure. The patient, the patient's representative or the patient's surrogate has the right to change the primary physician if another is available.
14. Understandable marketing or advertising methods used by the facility identifying the competence and skill of the organization. These will be clear and unambiguous to patients or potential patients.
15. As much information about any proposed treatment or procedure as needed in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, any alternate courses of treatment or non-treatment and the risks involved in each.
16. The facility will either maintain documentation of the appropriate liability insurance coverage of the physicians or inform patients that the physician does not carry malpractice insurance.
17. Be advised of the facility's grievance process should the patient wish to communicate a concern regarding treatment or care that is (or fails to be) delivered.
18. Be informed of his/her right to discontinue care or to leave the facility against the physician's advice as well as to be advised of any risks to the patient when discontinuing care or leaving the facility.
19. Appropriate assessment and management of pain.
20. Remain free from seclusion or restraints of any form not medically necessary or that are used as a means of coercion, discipline, convenience, or retaliation by staff.
21. Have a family member or representative of the patient's choice notified promptly of the patient's admission to the facility as well as notification of the patient's personal physician, if requested
22. The right to express spiritual and cultural beliefs.
23. The right to information regarding the patient's outcomes of care including unexpected outcomes.
24. The right to use a telephone and allowed privacy while making a call.
25. The right to be assured that reasonable safeguards will be provided for protection and storage of patients' personal belongings.
26. The right to a consultation and second opinion at your request and your expense.

Patient Responsibilities:

The care a patient receives depends partially on the cooperation of the patient. Therefore, in addition to these rights, a patient the patient's representative or the patient's surrogate has certain responsibilities as well. Staff personnel should present these responsibilities to the patient in the spirit of mutual trust and respect.

1. The patient, the patient representative and/or the patient's surrogate has the responsibility to provide accurate and complete information concerning the patient's present complaints, past illnesses and hospitalizations, and other matters relating to his/her health.
2. The patient, the patient representative and/or the patient's surrogate is responsible for reporting perceived risks in his/her care and unexpected changes in the patient's condition to the responsible practitioner.
3. The patient, the patient's representative and/or the patients' surrogate are responsible for asking questions concerning the information presented by a staff member about the patient's care or what the patient is expected to do.
4. The patient, the patient representative and/or the patient's surrogate is responsible for following the treatment plan established by the patient's physician, including the instructions of nurses and other health professionals who carry out the physician's orders.
5. The patient, the patient representative and/or the patient's surrogate is responsible for keeping appointments and for notifying the facility or physician when the patient is unable to do so.
6. The patient, the patient representative and/or the patient's surrogate is responsible for providing healthcare insurance information and assuring the financial obligations of the patient's care are fulfilled as promptly as possible.
7. The patient, the patient's representative or the patient's surrogate is responsible for the consequences if the patient refuses treatment or does not follow practitioner's orders.
8. The patient, the patient's representative or the patient's surrogate is responsible for following facility policies and procedures.
9. The patient, the patient representative or the patient's surrogate is responsible for being considerate of the rights of other patients and facility personnel.
10. The patient, the patient representative or the patient's surrogate is responsible for being respectful of the belongings of others in the facility.
11. Responsible for the safekeeping of valuables, which should be left at home or with a designated caregiver. The ASC is not responsible for lost, stolen, or broken personal items.
12. Responsible for providing a responsible adult driver to transport him or her from the facility.
13. Parents/family* shall have the responsibility for:
 - A. Continuing their parenting role to the extent of their ability
 - B. Being available to participate in decision-making and providing staff with knowledge of parents/family whereabouts.

These rights and responsibilities outline the basic concepts of service here at the Center for Colon & Digestive Diseases. If you believe, at any time, our staff has not met one or more of the statements during your care here, please ask to speak to the Medical Director or Nurse Manager. You have the right to submit a complaint and the staff will assist you in reporting any grievance you may have. We will make every attempt to understand your complaint/concern. We will correct the issue you have if it is within our control; you will receive a written response.

Lisa Shelnett, RN Director of Nursing

Dr. Karim Shakoor, Medical Director

If you have concerns about patient safety or quality care in the Center for Colon & Digestive Diseases, you may contact any of the following organizations:

Georgia Department of Community Health:

<http://dch.georgia.gov/webform/file-complaint>
800-878-6442

Center for Medicare & Medicaid Services

Web site for the Office of the Medicare Beneficiary Ombudsman

Medicare: 1-800-Medicare (Ombudsman)@ <http://www.medicare.gov/navigation/help-and-support/ombudsman.aspx>

or <http://www.cms.hhs.gov/ombudsman/resources.asp>

The Joint Commission, which Eastside Endoscopy Center

Contact: 630-792-5800 www.jointcommission.org