

## Patient/Patient Representative Rights and Responsibilities

### **Patient/Patient Representative Rights:**

The right to treatment with respect, consideration and dignity, provided in a safe environment, free from all forms of abuse or harassment. The patient may exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.

The right to full consideration of privacy concerning his/her medical care program. Health care professionals will conduct all confidential case discussions, consultations, examinations and treatments discreetly. The patient has the right to be advised of the reason for the presence of any individual involved in his/her healthcare.

The right to confidential treatment of all communications and records pertaining to his/her care and his/her visit at the facility. Except when required by law, patients are given the opportunity to approve or refuse their release. The patient also has the right to access information contained in his/her medical record within a reasonable time frame (48 hours of request, excluding weekends and holidays).

The right to be fully informed regarding one's condition.

The right to participate in the development and implementation of his/her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment. The right to information from his/her physician about a patient's illness, his/her course of treatment, (including unanticipated outcomes), and prospects for recovery in terms he/she can understand.

The right to be given a copy of, and informed of, patient's rights in advance of or when discontinuing care or leaving the facility against the advice of the physician. The patient may appoint a representative to receive this information should he/she so desire. All patient rights apply to this person.

The right to know the physician performing his/her procedure may have financial interest or ownership in this ASC, laboratory or anesthesia group.

The right to know the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her. The patient has the right to change their provider if other qualified providers are available. The patient has the right to know the credentialing process for medical staff.

The right to be informed of patient responsibilities, conduct, and ASC rules affecting the patient's treatment prior to receiving care.

The right to knowledge of services provided at this facility and reasonable responses to any reasonable request he/she may make for service.

The right to receive as much information about any proposed treatment or procedure as he/she may need 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, alternate course of treatment or non-treatment and the risks involved in each.

The right to discharge instructions, including information about after hours care.

The right to examine and receive the fees for service, the explanation of his/her bill and the payment policy regardless of source of payment. Upon request and prior to the initiation of care, receive an estimate of the facility charges, potential insurance payments and an estimate of co-payment, deductible, or other charges not paid by insurance.

The right to refuse participation in experimental research.

The right to be informed of patient responsibilities, expected conduct and ASC rules affecting the patient's treatment.

The right to receive the policy on advance directives and living wills in the facility, including a description of applicable Utah state health and safety laws and, if requested, official Utah state advance directive forms. The right to receive information on this ASC's non-participation in advance directives.

The right to truthful marketing or advertising regarding the competence and capabilities of the organization.

The right to be informed regarding the absence of malpractice insurance coverage.

The right to be informed about procedures for expressing suggestions, complaints and grievances including those required by state and federal regulations.

The right to understand and sign an Informed Consent form before receiving care.

The right to appropriate assessment and management of pain.

The right to continuity of care. If overnight care is required, staff will arrange for transportation of a patient to the transfer hospital.

The right to be informed that the facility is not for emergency care. Therefore all after hours care will be directed to the closest emergency room.

The right to remain free from seclusion or restraints of any form that are not medically necessary. The right to be free from all forms of abuse or harassment and the right to be free from any act of discrimination or reprisal.

The right to interpretation services are available as needed or requested for him/her or persons authorized to act on behalf of him/her. Services are offered at no charge.

The right to have a family member notified of his/her admission as well as notification of his/her personal physician, if requested by the patient.

The right to express spiritual and cultural beliefs.

The right to leave the facility, even against the advice of his/her physician, and to know which facility rules and policies apply to his/her conduct as a patient.

# Patient/Patient Representative Rights and Responsibilities

## Patient/Patient Representative Responsibilities

The patient has the responsibility to provide complete and accurate information to the best of his/her ability concerning his/her health (present complaints, past illnesses and hospitalizations), any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.

The patient is responsible for reporting perceived risks in his/her care and unexpected changes in condition to the responsible practitioner.

The patient and family are responsible for asking questions when they do not understand what a staff member has told them about the patient's care or expectations of what they are to do.

The patient is responsible for following the treatment plan prescribed by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders, and to participate in his/her care.

The patient is responsible for notifying the ASC office when unable to keep a scheduled appointment.

The patient is responsible for providing his/her healthcare insurance information, and accepting personal financial responsibility for any charges not covered by his/her insurance, assuring the financial obligations of his/her care are fulfilled as promptly as possible.

The patient is responsible for the consequences if he/she refuses treatment or fails to follow the practitioner's instructions.

The patient is responsible for being respectful of all the health care professionals and staff, as well as other patients.

The patient is responsible for following facility policies and procedures.

The patient is responsible for being respectful of his/her property and that of other persons in the facility.

Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by the physician.

## Ownership of The Facilities

The following physicians have ownership in Granite Peaks GI, LLC, Granite Peaks Endoscopy, LLC and Granite Peaks Pathology II, LLC.

R. Kyle Barnett, MD	Christopher Cutler, MD
Steven Desautels, MD	Andrew Heiner, MD
J. David Schmidt, MD	James M. Stewart, MD

A schedule of typical fees for services provided by this facility is available upon request. Patients have the right to choose where to receive services, including a facility where your physician does or does not have an ownership interest.

## Billing Information

You may receive bills for up to four (4) individuals or the care rendered to you during a visit to our facilities. **Clinic visits** may receive a bill from the physician and a pathology laboratory, if needed. **Endoscopy visits**, depending on insurance carrier requirements, may have individual bills from: physician, anesthesia, facility, and a pathology Laboratory.

## Advance Directive/ Living Wills

Federal Law directs that any time you are admitted to a health care facility, you must be told about laws concerning your right to make health care decisions. This applies to all patients, no matter what their medical condition. You have the right to consent or refuse any medical care and treatment, unless care is ordered by a court.

In order to be in compliance with the Self-Determination Act (PSDA) and Utah State law (Utah Code 75-2a) and rules regarding Advance Directives, we will ask if you have a living will.

Because this is an outpatient facility and for reasons of conscience, **we will make every attempt to resuscitate you** should you suffer a cardiac or respiratory arrest or other life threatening emergency while in our care. **This signed consent implies consent for resuscitation and transfer to an acute care setting.** If you are having a procedure, you have a living will and do not wish to be resuscitated for any reason, we will help you find another facility in which to have your procedure.

If you have any questions concerning Advance Directives, please notify our staff and we will provide you with written information concerning Advance Directives.

## Patient Grievance Process

A "Patient Grievance" is a formal or informal written or verbal complaint that is made to the facility by a patient, or a patient's representative, or a patient surrogate regarding a patient's care, abuse, neglect, or the facility's compliance with conditions for coverage. *A grievance may be filed by a patient, a patient's representative, or an employee without interference or fear of discrimination or reprisal.*

Patients who wish to file a Grievance Complaint should contact the Center Director, COO or any ASC staff member. A form will be provided to the patient or the Patient's Representative or the Patient's Health Care Surrogate in order for the grievance to be recorded. This form should be given to the facility staff employee for further action. The patient or the Patient's Representative or the Patient's Health Care Surrogate may also make a verbal complaint to a staff member of the facility.

All grievances alleging mistreatment, neglect or abuse that are submitted whether verbally or in writing will be reported immediately (on the same day as grievance received), by the staff member to the Center Director or Medical Director. These grievances will be investigated as soon as possible in relation to the seriousness of the allegations and the potential for harm to patients.

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All grievances not alleging mistreatment, neglect, abuse or other behavior that endangers a patient will at a minimum be contacted with a phone call from the Center Director or Medical Director within 24 hours of the complaint. If the grievance can be resolved on the phone, it will still be documented.

Every grievance will have a careful investigation, balancing the need for speedy resolution with the need to ascertain all pertinent facts. The investigation will include a determination if there are systemic problems indicated by the grievance that require resolution.

## Patient Grievance Contact:

**Practice Administrator**  
**Granite Peaks Gastroenterology and Endoscopy**  
**1393 E Sego Lily Dr, Sandy, UT 84092**  
**Phone: 801-619-9000**

If you have concerns about patient safety or quality care in our facilities, you may contact any of the following organizations:

- 1) Medicare 1-800-Medicare (ombudsman) at <http://www.medicare.gov/claim-and-appeals.medicare-rights/get-help/ombudsman.html>
- 2) Utah Dept of Health 801-538-6003 or [www.healthutah.gov](http://www.healthutah.gov)
- 3) Accreditation Assoc. for Ambulatory Health Care, 847-853-6060 or [www.AAAHC.org](http://www.AAAHC.org)

**I have read and fully understand the information in this form and I choose to have my procedure at this facility.**

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Patient/Representative Signature

Date

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Patient/Representative Printed Name

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Representative Relationship to Patient