



Patient Rights and Responsibilities

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Thank you for choosing Gastroenterology Associates of the Piedmont P.A, where each of our ambulatory surgical centers are owned by the following physicians: David Barry MD, Brent Cengia MD, Christopher Connolley MD, Scott Cornella MD, Robert Holmes MD, Ryan McKimmie MD, Henry Mixon MD, Laura Patwa MD, Blake Scott MD, Brian Smith MD, John Sweeney MD.

Patient Rights – You have a right to:

You may exercise the following rights without being subjected to discrimination or reprisal.

- Considerate, respectful, and safe care that is free from abuse or harassment.
- A discussion of your illness, what we can do about it, and the likely outcome of care.
- Know the names and roles of the people caring for you here.
- Receive respectful and effective pain management.
- Receive as much information to consent to or refuse a course of treatment or invasive procedure and to actively participate in decisions regarding your medical care. If desired, procedure consent forms may be reviewed prior to your appointment at www.gaggi.com.
- Involve your health care proxy or significant others in the decision-making process for medical decisions.
- Reasonable continuity of care and to know in advance the time and location of an appointment as well as the doctor you are seeing.
- Full consideration of personal privacy and confidentiality of your medical information. Your written permission will be obtained prior to releasing any medical information. When we do release your information to others, we ask them to keep them confidential.
- Review your medical record and ask questions unless restricted by law.
- Know of any relationships with other parties that may influence your care.
- Know about rules that affect your care and about charges and payment methods. You have a right to receive and examine an explanation of your bill regardless of the source of payment.
- Change doctors within our practice or to an external doctor not in our practice.
- You have a right to develop a living will or healthcare power of attorney although these will not be honored in this facility. If an emergency occurs, EMS will be called and you will be transferred to the hospital.
- Voice your concerns, complaints, or problems with the care you receive by contacting our nurse manager or practice administrator at (336) 448-2427. If we are unable to satisfactorily address your complaint, you may contact:

NC Medical Board: 1.800.253.9653

AAAHc (our accrediting agency): 1.847.853.6060 or www.aaahc.org

NC DHSR Complaint Intake Unit: <https://dhhs.state.nc.us/dhsr/ciu/complaintintake>

Patient Responsibilities – You agree to:

- Provide accurate and complete information concerning your symptoms, past history, current health status, and complete medication list.
- Make known whether you clearly comprehend your medical care and what is expected of you in the plan of care.
- Follow the treatment plan and care instructions given to you.
- Keep appointments and notify us if you are unable to do so.
- Accept responsibility for your actions if you refuse planned treatment or do not follow your doctor's orders.
- Accept financial responsibility for care received and pay promptly.
- Follow facility policies and procedures
- Be considerate of the rights of other patients and staff.
- Be respectful of your personal property and of others in the facility.
- Inform the staff of any discomfort or pain and patient safety issues.
- Share your values, beliefs, and traditions to help the staff provide appropriate care.
- Have an adult (age 18+) who will accompany you to any appointment where you will receive sedation and drive you home afterwards. You may not drive for 8 hours after receiving sedation. Taking a taxi, bus, or other ride service is not an acceptable form of transportation unless you are accompanied by an adult acquaintance who will ensure you arrive home safely.



Patient Rights and Responsibilities (continued)

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Notice of Nondiscrimination:

Gastroenterology Associates of the Piedmont, P.A. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Pathology Disclosure Notice:

The professional component of the pathology report is being performed at Gastroenterology Associates of the Piedmont, PA. GAP physicians own this line of service. The owners are David Barry MD, Brent Cengia MD, Christopher Connolley MD, Scott Cornella MD, Robert Holmes MD, Ryan McKimmie MD, Henry Mixon MD, Laura Patwa MD, Blake Scott MD, Brian Smith MD, and John Sweeney MD.

Language Assistance:

ATTENTION: Language assistance services are available free of charge to patients who do not speak English. Call (336) 448-2427.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (336) 448-2427.

Notice to Medicare Patients:

All issues, concerns, or complaints can be reported by contacting our nurse manager or practice administrator. If we are unable to address your concerns, you may contact the following for assistance.

Medicare Ombudsman

Web address: <https://medicare.com/administration/what-is-the-medicare-beneficiary-ombudsman/>

Phone: (800) 633-4227

TTY users call: (877) 486-2048

Advance Directives – Living Will or Health Care Power of Attorney Resources:

We do not honor living wills or Do Not Resuscitate Orders (DNR) at this facility due to the fact that a terminal, incurable, vegetative state is not anticipated in this outpatient setting. If you present to this center for a procedure with a living will or valid Do Not Resuscitate Order (DNR) or Out of Facility form and you have an emergency, we will start CPR and call 911 for emergency transport to the hospital. EMS will be informed of the Do Not Resuscitate Order or Living Will upon arrival. For applicable state laws and sample forms for creating a living will or healthcare power of attorney, you may contact one of the following:

1. Caring Information Organization at 1.800.658.8886 for English or 1.877.658.8896 for other languages or www.caringinfo.org
2. NC DHHS Division of Aging and Adult Services at 1.800.662.8859 or www.ncdhhs.gov/aging/direct
3. Carolinas End of Life Care at 1.919.807.2162 or www.carolinasendoflifecare.org.

By signing below, I agree that I have read and understand the policies on pages 1 and 2.

Patient Name (please print)

Patient Signature

Today's Date