

Troy Gastroenterology, P.C.

And its Affiliated Covered Entities: Center for Digestive Health, Macomb Endoscopy Center, and Surgical Centers of Michigan

Patient Rights and Responsibilities

Our surgery centers, Surgical Centers of Michigan and Macomb Endoscopy Center are state of the art endoscopy facilities designed to meet and exceed your health care expectations. Our staff works in a collaborative manner with you and your physician to achieve the highest standards of care and ensure privacy and provide comfortable surroundings for you and your family. Please inform our staff of any special needs that you may have while at the facility.

In an effort to maintain our commitment to service excellence, the following information is provided to assist you regarding your rights and responsibilities as a patient at our facility. Please direct questions to your physician, nurse or any other staff person regarding your procedure and treatment.

We have adopted the following written policies concerning Patient's Rights, Responsibilities, and Complaint Procedure.

Patient Rights

Patients have the right:

1. To considerate and respectful care.
2. To be treated with respect, consideration and dignity.
3. To know the name of the physician responsible for coordinating their care. The patient also has the right to know the name of the person responsible for their procedures and/or treatment.
4. To refuse treatment to the extent permitted by law.
5. To choose or change your healthcare provider.
6. To receive care in a safe setting.
7. To be free from all forms of abuse or harassment.
8. To be free from any act of discrimination or reprisal on the basis of race, color, national origin, age, disability, or sex.
9. To be fully informed about a treatment or procedure and the expected outcome before it is performed.
10. To be provided, to the degree known, information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
11. To be given the opportunity to participate in decisions involving their health care, except when such participation is contradicted for medical reasons.
12. To every consideration of their privacy concerning their own medical care program. Case discussion, consultation, examination and treatment are confidential and are conducted discreetly. Those not directly involved in the patients care need permission of the patient to be present. There is no obligation for the patient to permit PA students, residents following our physicians or equipment reps in the room during the procedure, and that decision will not affect their care in any way
13. To expect that all communications and records pertaining to their care will be treated as confidential.
14. When the need arises, reasonable attempts are made for health care professionals and other staff to communicate in the language or manner primarily used by patients.
15. To expect that within its capacity as a medical practice and an ambulatory surgery center, we will make a reasonable response to the request of a patient for service.
16. To obtain information as to the relationship of our health facility to other health care and educational institutions insofar as their care is concerned.
17. To be advised if we propose to engage in or perform human experimentation affecting their care or treatment. The patient has the right to refuse to participate in such research projects.
18. To examine and receive an explanation of their bill regardless of source of payment. They also have the right to know fees for specific services.
19. To know what provisions we have for after-hours and emergency care.

Patient Responsibilities

Patients have the responsibility of:

1. Being considerate to all personnel and other patients and to insure that their visitors are also considerate to other patients and personnel.
2. Observing all policies.

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3. Supplying accurate and complete medical history information to the best of his/her ability to their physician and others. Also, any medications including over-the-counter products and dietary supplements, and any allergies or sensitivities.
4. Following the treatment plan prescribed by his/her provider and participate in his/her care.
5. Informing the physician and appropriate personnel about any changes in their health status. Patients should also let personnel know if they do not understand the instructions that they receive or if they cannot follow the instructions.
6. Providing a responsible adult to transport him/her home from the facility and remain with him/her 24 hours, if required by the provider.
7. Keeping appointments and informing us when they cannot.
8. Providing information necessary to ensure processing bills and to plan for the payment of those bills as soon as possible.
9. Accepting personal financial responsibility for any changes not covered by insurance.
10. Responding to surveys.

Respect and Dignity

It is our goal and objective to ensure that your experience is comfortable and exceeds your expectations. We work hard to respect your privacy. Information about your stay is maintained in a confidential manner. As part of our commitment to excellence, accrediting and licensing agencies as well as your insurance carrier can potentially review your information. Your information will not be provided to friends or family unless specifically authorized by you.

The nursing staff is committed to providing adequate comfort for all patients. Please let your nurses know how we can assist to reduce or eliminate your pain or anxiety.

Advance Directives

Advance Directives are written instructions that tell your physician what kind of care you would like to have if you become unable to make medical decisions. They do not take away your right to decide about your current healthcare needs. In all instances of emergency or life threatening situations, life sustaining treatment will be started; all possible measures will be taken to resuscitate you. You will be transferred to a hospital for further treatment and evaluation.

Disclosure of Ownership

Patients have the right to know if their physician has a financial interest in the Surgery Center. The following physicians are investors at Surgical Centers of Michigan and Macomb Endoscopy Center: Dr. Sante Bologna, Dr. John Weber, Dr. Richard Wille, Dr. Partha Nandi, Dr. M. Emin Donat, Dr. Leonard Quallich, Dr. Anezi Bakken and Dr. Amir Abadir.

References and Contact Information

In the event you have a grievance you may contact:

Management
Troy Gastroenterology, P.C.
1701 E South Blvd, Suite 300
Rochester Hills, MI 48307
(248) 844-9710

State of Michigan
Michigan Department of Licensing and Regulatory Affairs
PO Box 30664
Lansing, MI 48909
(800) 882-6006
http://www.michigan.gov/lara/0,4601,7-154-63294_72973---,00.html

Additionally, satisfaction concerns of Medicare patients may be directed to:

Office of the Medicare Beneficiary Ombudsman

1-800-MEDICARE
1-800-633-4227

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

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Please feel free to contact Troy Gastroenterology at (248) 844-9710 if we can answer any other questions about our patient care philosophy and policies.

Surgical Centers of Michigan adopted a Bill of Rights on June 29, 2013 and was approved by the Governing Board. Our policies and procedures are made available to patients, to any guardian, next of kin, sponsoring agencies, or representative payees selected pursuant to Section 205 (j) of the Social Security Act, and Subpart Q of Part 404 of this chapter and to the public.

The Endoscopy Staff is trained and involved in the implementation of these Policies and Procedures.

Sante Bologna, MD John Weber, MD Richard Wille, MD Partha Nandi, MD
Emin Donat, MD Leonard Quallich III, MD Anezi Bakken, MD Amir Abadir, MD
Jack Tocco, DO Tusar K Desai, MD Aalia Saeed, MD

