

BEFORE YOUR PROCEDURE

- 1** A nurse will call within 24-48 hours of your scheduled procedure to complete a pre-procedure questionnaire and answer any of your questions. A staff member will call you on the day before your procedure to confirm the time that you should arrive at the Center and also ask you for additional pre-procedure information, as necessary.
- 2 PLEASE BE CERTAIN THAT YOU FOLLOW DIETARY AND PREP INSTRUCTIONS PROVIDED BY YOUR PHYSICIAN.**
- 3** Certain medications such as blood thinners, aspirin and diabetes medications may need to be stopped prior to your procedure. Please confirm with your doctor.
- 4 YOU MUST MAKE PLANS TO HAVE A RESPONSIBLE ADULT TAKE YOU HOME.** Do not resume normal activities until the following day. Do not drive, return to work or operate any machinery or power tools. Do not make important personal or business decisions, sign legal papers, or perform any activity that depends on your full concentrating power or mental judgment.
- 5** We suggest that you do not smoke for at least 24 hours before your procedure or drink alcohol for 24 hours after your procedure.
- 6** If you need special assistance, are not fluent in English, or require a sign language interpreter, please let the physician's office know so arrangements can be made to assist you.
- 7** Please notify your doctor of any change in your medical condition, or if fever or other illness develops. If you need to cancel or reschedule your appointment, notify your physician as soon as possible.

DAY OF YOUR PROCEDURE

- 1** Please be advised we may need to remove nail polish at the time of your procedure.
- 2** Bring a current list of all your medications with dosages and how often you take them (including prescriptions, over-the-counter, herbals, patches, inhalers, eye drops, supplements, Vitamins, Aspirin and Oxygen). If you are instructed by your doctor or nurse to take your morning medications, you may do so with a SIP OF WATER ONLY.
- 3** You will be provided with a private locker to store your belongings during the procedure. However, we cannot be responsible for lost items, so please leave all valuables such as jewelry and large sums of money at home.
- 4** Wear loose and comfortable clothing that can be stored easily.
- 5** If you wear glasses, contact lenses, dentures, or a hearing aid, bring along a case to put them in during your procedure.
- 6** If you have sleep apnea and own a CPAP or BiPAP machine, please bring it with you to the center.

- 7** Please arrive at the specified time and sign in at the registration desk. Please bring your insurance card and a photo ID.
- 8** During your procedure, those who accompanied you to the center should wait in the reception/waiting room area.
- 9** Prior to discharge you will be given written post-procedural instructions. It is important that you understand the instructions. The nurses will answer any questions that you have.
- 10** At Manhattan Endoscopy, our staff and physicians are focused on maintaining an efficient schedule in order to avoid long wait times for our patients. To assist in maintaining our schedule, please arrive at the facility 30 minutes before your appointed time. Anticipate being at the facility for between 1.5 to 2 hours in total.
- 11** We are committed to providing you with a comfortable and safe environment during your stay.



PATIENT RIGHTS & RESPONSIBILITIES

Manhattan Endoscopy Center, LLC will ensure patients are aware of their rights and responsibilities by providing them with a copy of the NYS DOH Patient Rights and Responsibilities.

Patients are advised, in writing and verbally, of the following Rights and Responsibilities, prior to their date of procedure.

EACH PATIENT TREATED AT THIS CENTER HAS THE RIGHT TO:

- A.** Be treated with respect, consideration and dignity including privacy in treatment without regard to age, sex, race, sexual orientation, national origin or sponsor.
- B.** Respectful care given by competent personnel with consideration of their privacy concerning medical care. Your privacy shall be respected when facility personnel are discussing you and your care.
- C.** Be given the name of their attending physician, the names of all other physicians directly assisting in their care and the names and functions of other health care persons having direct contact with the patient.
- D.** Have records pertaining to treatment, treated with privacy and confidentiality except where required by law or third-party payment contract, the right to approve or refuse the release or disclosure of the contents of his/her medical record to any healthcare practitioner and/or healthcare facility.
- E.** Expect and receive appropriate assessment, management and treatment of pain.
- F.** Expedient transfer to another medical facility when necessary. The person responsible for the patient and the transfer facility will be notified prior to the transfer.
- G.** Accessible and available health services, information on after-hour and emergency care.

- H.** Full disclosure concerning the appropriate diagnosis, recommended treatment and prognosis.
- I.** Give an informed consent to the physician prior to the start of a procedure which includes the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, the alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision.
- J.** Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his / her actions. To participate in the planning of your care, and to refuse medication and treatment. Such refusal will be documented in your medical record.
- K.** Receive appropriate and timely follow-up information of abnormal findings and tests and receive information regarding "continuity of care."
- L.** Appropriate specialty consultative services made available by prior arrangement.
- M.** Have access to an interpreter.
- N.** Be provided with, upon written consent, access to all information contained in their medical record.
- O.** Accurate information regarding the competence and capabilities of the organization.
- P.** Receive information regarding protocol to express suggestions or grievances to the staff, or administrator, and to be provided with the phone number and address for the New York State Department of Health to express grievances or suggestions, without fear of reprisal.
- Q.** Change primary or specialty physicians if other qualified physicians are available.
- R.** The opportunity to participate in decisions involving their healthcare, except when such participation is contraindicated for medical reasons.

- S.** Receive information regarding services provided at the Center.
- T.** Information on payment and fee policies and provider credentialing as necessary.
- U.** Information on Advanced Directives, as required by New York State law, in writing, prior to the date of their procedure.
- V.** Information on the charges for services, eligibility for third-party reimbursement and, when applicable, the availability of free or reduced-cost care and receive an itemized copy of his/her account statement upon request.
- W.** Information on physician ownership, in writing, prior to the day of the procedure.

EACH PATIENT TREATED AT THIS CENTER HAS THE RESPONSIBILITY TO:

- 1.** Provide full cooperation by complying with the pre-procedure and post-procedure instructions given by his / her physician and anesthesiologist, including the provision of a responsible adult to transport himself or herself home from the facility.
- 2.** Provide the Center staff with all medical information that may have a direct impact on the care provided at the Center.
- 3.** Provide the Center with all information regarding third-party responsibility insurance coverage.
- 4.** Fulfill financial responsibility for all services received, as determined by his/her insurance carrier.
- 5.** Be respectful of healthcare providers, staff and other patients and visitors of the Center.