

**THE COLONOSCOPY CENTER INC.
PATIENT BILL OF RIGHTS**

1. The patient has a right to receive treatment in the Center without regard to race, color, religion, ^{gender}, national origin, or payer (however, the Center is not required to provide uncompensated or free care and treatment unless otherwise required by law). To help regain or maintain maximum state of health, and if necessary, cope with death. The patient will be treated with consideration, respect, dignity, privacy and full recognition of individual cultural, psychosocial, and spiritual values.
2. The patient has the right to receive from their physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information (and) to know the name of the person responsible for the procedures and/or treatment.
3. The patient has a right to obtain from his/her physician complete, current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When 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.
4. The patient will be a participant in decisions regarding the intensity and scope of treatment. Circumstances under which the patient may be unable to participate in his/her plan of care are recognized. In these situations, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
5. The patient has the right to appropriate assessment and management of pain.
6. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his/her action.
7. The patient has the right to access to or copies of his/her medical record pursuant to the Center's notice of privacy practices.
8. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.
 - A. The patient has the right to approve or refuse the release of medical records to any individual outside of the Center, except in the case of transfer to another health facility or health care provider for treatment, payment, or health care operations, or as otherwise allowed or required by law.
9. The patient has the right to expect reasonable continuity of care.
 - A. The patient or responsible person will be informed of the scope of services available in the Center, provisions for after-hours and emergency care, and related fees for services rendered.
10. The patient has the right to examine and receive an explanation of their bill regardless of source of payment.
 - A. The patient has the right to be informed of fees for services as well as payment policies prior to surgery by an insurance counselor.

11. The patient has the right to know that the Center personnel who care for the patient are qualified through education and experience to perform the services for which they are responsible. The patient has the right to request the Center to identify the professional status of all individuals providing services to them.
12. The patient has the right to be informed that they may change primary or specialty physicians if other qualified physicians are available.
13. The patient has the right to be advised if the Center proposes to engage in or perform human experimentation affecting his/her care or treatments (and) has the right to refuse participation, and review the decision periodically.
14. The patient has a right to be informed if a health care provider does not have liability coverage.
15. The patient has a right to express grievances and suggestions to the Center.
 - A. The Center provides for and welcomes the expression of grievances/complaints and suggestions by the patient at all times. This feedback allows the Center to understand and improve the patient's care and environment.
 - B. This is accomplished by filing a written complaint with the center, or by contacting the Administrator. The Administrator or Medical Director will achieve resolution within 30 days. The Center will not retaliate against patient if a complaint is properly filed.
16. The patient has a right to have an Advance Directive, such as a living will or health care proxy. These documents express the patient's choices about future care or name someone to make decisions if the patient cannot speak for himself or herself. The patient who has an Advance Directive must provide a copy to the Center and to his or her physician for his or .her wishes to be made known and honored. If the Center is unable to honor the patient's wishes, the Center will promptly notify the patient.
17. The patient has the right to be fully informed before any transfer to another facility.
18. The patient or the patient's designated representative has the right to participate in the consideration of ethical issues that arise in the care of the patient.
19. The patient has the right to be informed of his/her rights and the Center's rules and regulations that apply to his/her conduct as a patient during the admission process.
20. The patient has the right to be free from physical, sexual, and verbal/psychological abuse, neglect and/or exploitation. The patient also knows that the Center affirms that any such abuse, neglect, or exploitation is strictly prohibited.

Patient complaints can be reported to:

Program Manager
Nebraska Department of Health and Human Services
PO Box 95986
Lincoln, NE 68509-5986

The Office of the Medicare beneficiary Ombudsman can be accessed at:

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

The care a patient receives at the Center depends partially on the patient himself/herself. Therefore, in addition to the Bill of Rights, a patient has certain responsibilities as well. These responsibilities are presented to the patient in the spirit of mutual trust and respect.

1. The patient must provide accurate and complete information concerning his/her present complaints, past medical history, and other matters about his/her health.
2. The patient is responsible for making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.
3. The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
4. The patient is responsible for keeping appointments and for notifying the Center or physician when he/she is unable to do so.
5. The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
6. The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
7. The patient is responsible for following facility policies and procedures.
8. The patient is responsible for being considerate of the rights of other patients and facility personnel.
9. The patient is responsible for being respectful of his/her personal property and that of other persons in the Center.
10. The patient is responsible to report complaint(s) or grievance(s).

**THE COLONOSCOPY CENTER INC.
OWNERSHIP INFORMATION**

The persons with ownership interest in The Colonoscopy Center Inc. are the shareholders, who are also the directors, of The Colonoscopy Center Inc. They are as follows:

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**THE COLONOSCOPY CENTER INC.
ADVANCE DIRECTIVES POLICY**

I. POLICY

1. All patients have the right under state law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.

II. PROCEDURE

1. The patient is to receive, in writing, information on their rights to accept or refuse treatment and options to provide durable power of attorney, and advance directives.
2. In the event the patient's physician is uncomfortable with a signed directive and feels that he or she is unable to follow the patients' wishes, he or she is expected to discuss this with the patient and turn the care of the patient over to a physician who will be able to follow the patient's requests.

III. PATIENT DIRECTIVES

1. DECLARATION

A. Purpose

- (i) Allows withholding or withdrawal of life-sustaining treatment when the patient has been certified by two physicians to be either in a terminal condition which, without the administration of life-sustaining treatment, unconscious condition, such as an irreversible coma or persistent vegetative state.

B. Procedure

- (i) May be executed at any time by anyone of sound mind 18 years or older.
- (ii) Must be witnessed by two individuals, at least one of whom may not be entitled to any portion of the patient's estate. In addition, a health care provider, an employee of a health care provider, the operator of a community care facility or employee, or the operator or employee of a residential care facility for the elderly may not be a witness.
- (iii) The physician or other healthcare provider who is furnished a copy of the declaration shall make it part of the medical record.
- (iv) If the patient is a resident of a skilled or long term facility at the time the declaration is executed one of two witnesses must be a patient advocate or ombudsman.
- (v) A declaration may be revoked at any time without regard to the patient's mental or physical condition.
- (vi) The declaration shall not take effect if the patient is pregnant.
- (vii) Durable Power of Attorney for health care shall prevail over a declaration.

- (viii) The declaration shall not take effect during the patient's course of stay in the Ambulatory Surgery Center.

2. DURABLE POWER OF ATTORNEY

A. Purpose

- (i) This is a signed document that allows patients to appoint an agent to fulfill their wishes about health care decisions when they are unable to make these decisions on their own.

B. Procedure

- (i) Takes effect immediately, but the agent is not authorized to make decisions as long as the patient is able to give informed consent.
- (ii) The agent cannot make decisions regarding commitment to a mental institution, electroconvulsive therapy, psychosurgery, sterilization or abortion, or any other limitation specified by the patient in the directive.
- (iii) Is in effect indefinitely unless specified otherwise. May be revoked by oral or written notification to either the agent or health care provider.
- (iv) If a time limit is specified and the patient is legally incompetent, the Durable Power of Attorney automatically continues in effect until the patient regains mental competency.
- (v) If the patient has designated his or her spouse as agent and the marriage is dissolved, the spouse's status as agent automatically terminates. If no alternate agent has been appointed, the Durable Power of Attorney is no longer in effect.
- (vi) Health care providers or employees of health care providers cannot serve as agents with one exception. If the individual is related by blood, marriage or adoption to the patient, they may serve as the patient's agent even if employed by the health care provider.
- (vii) The agent's duty cannot be delegated by the agent to another party. It is always a good idea to appoint an alternate agent if possible.
- (viii) Health care providers, employees of health care providers, agents, attorneys-in-fact, operators or employees of a community or residential care facility are not eligible to witness.
- (ix) The agent should be given a copy of the patient's Durable Power of Attorney so that they are aware of the patient's wishes. A copy should be included in the medical record if at all possible.