

PATIENT BILL OF RIGHTS & RESPONSIBILITIES

Coastal Digestive Care Center LLC. takes pride in the high quality of care that we are able to provide to our patients and their families. If a patient feels their rights have not been respected, they may ask for a clarification from an appropriate staff member caring for them or ask to confer with the Director of Nursing.

AS A PATIENT, YOU HAVE THE RIGHT TO:

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| <ol style="list-style-type: none"> 1. To be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy. 2. To a prompt and reasonable response to questions and requests. 3. To know who is providing medical services, to view their credentials, and to know who is responsible for his or her care. 4. To know what patient support services are available, including whether an interpreter is available if he or she does not speak English. 5. To know what rules and regulations apply to his or her conduct. 6. To be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis. 7. To appropriate assessment and management of pain. 8. To refuse any treatment, except as otherwise provided by law. 9. To be given, upon request, full information and necessary counseling on the availability of | <ol style="list-style-type: none"> known financial resources for his or her care. 10. To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care. 11. To receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained. 12. To impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or course of payment. 13. To treatment for any emergency medical condition that will deteriorate from failure to provide treatment. 14. To know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research. 15. To express grievances regarding any violation of his or her rights, as stated in law, through the grievance procedure of the health care facility which served him or her. Contact facility Administrator M-F 8-4 860-442-0290. | <ol style="list-style-type: none"> 16. To receive notice of all protected health information practices. 17. To view all protected health information pertaining to him or her. 18. To approve or refuse all disclosures and to have access to an accounting of all disclosures. 19. To request amendments and corrections to personal information they feel is incorrect. 20. To receive confidential communications. 21. To complain to the covered entity and the Department of Health and Human Services at:
Complaint Supervisor
410 Capital Avenue
MS12HSR
PO Box 340308
Hartford, CT. 06314
860-509-7400 or
www.medicare.gov 22. To know (if Medicare eligible), upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate. |
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YOUR RESPONSIBILITIES AS A PATIENT:

Along with rights come responsibilities. As a patient, the following responsibilities will be expected in order to share in the care with your health care providers.

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| <ol style="list-style-type: none"> 1. Bring all information about hospitalizations and past illnesses, as well as advanced directives such as power of attorney. 2. Provide us with a list of medications you are taking (include over-the-counter medications and herbal therapies). 3. Cooperate with the staff caring for you. Help doctors, nurses, and allied health professionals to restore you to health by following their instructions. And, be sure to ask questions if you do not understand directions or information about your treatment or the procedure that you are receiving. | <ol style="list-style-type: none"> 4. Tell your doctor or nurse if you are experiencing any pain or related pain symptoms. 5. Be considerate of other patients and make sure your guests are considerate, particularly in regard to noise, the number of visitors, and allowing children to roam freely. 6. Be respectful to others, of their property; as well as, that of the facility. Comply with our No Smoking Policy. 7. Abide by facility rules and regulations and make sure your visitors do likewise. Be considerate | <ol style="list-style-type: none"> of noise level, privacy, and safety of all patients. 8. Keep appointments. Call if you must postpone them. 9. Take reasonable measures to protect your personal belongings and to cooperate with facility personnel providing such protection. 10. Be responsible for your actions if you choose to refuse treatment or do not follow the practitioner's instructions. 11. Be prompt in your payment of facility bills by providing the insurance information necessary for processing and asking questions |
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that you may have regarding your bill.

12. Inform the facility as soon as possible if you feel your rights may have been disregarded.

13. After you have left the facility, be sure to maintain the treatments recommended by your doctors and notify them of any unexpected changes in your condition.

