

Mitchell Endoscopy Center and Office

Statement of Patient Rights and Responsibilities

Patient Rights

- You have the right to considerate and respectful care, and to give us feedback about your care.
- You have the right to wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatments.
- You have the right to participate in the development and implementation of your plan of care, and to know the identity and professional status of those involved in your care, including if the caregiver is a student or trainee or is professionally associated with other individuals or health care institutions involved in your care.
- You have the right to make informed decisions about your care. This includes being informed of your health status, being involved prior to and during the course of treatment, being informed as to all proposed technical procedures and treatment including potential benefit(s) and potential drawback(s) or risk(s) as well as alternatives for care, being able to request or refuse medically appropriate treatment to the extent permitted by law and office policy, and to be informed of medical consequences of such action.
- You have the right to change your mind about any procedure for which you have given your consent.
- You have the right to refuse to sign a consent form if you feel everything has not been explained to your satisfaction.
- You have the right to cross out any part of the consent form that you do not want applied to your care.
- You have the right to personal privacy, to receive care in a safe setting, and to be free from all forms of abuse and harassment.
- You have the right to be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment or procedure performed by a health professional of the opposite sex and the right not to remain disrobed for any longer than is required for accomplishing the medical purpose for which disrobing was needed.
- If you do not speak or understand the predominant language of the community, you should have access to an interpreter.
- You have the right to confidentiality of your clinical records, except in such cases as suspected abuse or public health hazards and/or when reporting is permitted or required by law.
- You have the right to have your medical records read only by individuals directly involved in your treatment or in the monitoring of quality. Other individuals can only read your medical record on your written authorization or that of your legally authorized representative.
- You have the right to all communications and other records pertaining to your care, including the source of payment for treatment, to be treated as confidential.
- You have the right to access information contained in your clinical records within a reasonable time frame, and to have the information explained or interpreted as necessary, except when restricted by law.
- You have the right to examine and receive an explanation of your bill, regardless of the source of payment. You have the right to know about payment methods.
- You have the right to be informed of hospital policies and practices that relate to your care, treatment and responsibilities.
- You have the right to inform your nurse, physician or other patient representative of any dissatisfaction you may have in regards to your care at Mitchell Endoscopy Center and expect that informing us of a complaint will not compromise your care now or in the future.
- You have the right to know about office resources, such as patient representatives, patient complaints and grievance processes, that can help you promptly resolve problems or questions about your care. You may also expect to receive a response from the office concerning any major complaint about your case upon request.
- You have the right to receive care in a safe setting, free from abuse or harassment.

Patient Responsibilities

- You are responsible for providing information about your health, including past illnesses, hospital stays, and the use of medication including herbal and over-the-counter medications.
- You are responsible to report any changes in your condition to your physician, and the nursing staff.
- You are responsible for telling your physician if you believe that you cannot follow through with your treatment.
- You are responsible to give cooperation, and to follow the care prescribed or recommended for you by your physician.
- You are responsible for asking questions when you do not understand information or instructions.
- You are responsible to accept the consequences of your actions if you refuse treatment or do not follow your physician's instructions.
- You are responsible to inform your physician if you are subject to dizziness, vertigo, instability or any other behavior that could cause injury.
- You are responsible for providing information for insurance and for working with our office to arrange payment, when needed.
- Your health depends not just on the care you receive in our office but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of life-style on our personal health.
- You are responsible to advise your nurse or physician of any dissatisfaction you may have in regards to your care at our office.
- You are responsible to accept your financial obligations associated with your care.

Our office serves many purposes. We work to improve people's health, treat people with disease, educate patients and improve understanding of health and disease. In carrying out these activities, our office works to respect your values and dignity.

For more information about your Rights and Responsibilities, or to give us feedback on your care, please contact our office manager at (804) 282-3114.

A copy of these rights and responsibilities is available from any member of our staff.