



Central Illinois Endoscopy Center

PATIENT RIGHTS AND RESPONSIBILITIES

POLICY

Central Illinois Endoscopy Center believes that health care is a cooperative effort between you as the patient, your physician, and our facility employees. You are a key member of the treatment team. Recognizing that patients have rights, we have listed below the things you may expect and in turn your responsibilities while a patient at Central Illinois Endoscopy Center.

Central Illinois Endoscopy Center and medical staff have adopted the following statement of patient rights. These rights are explained to the patient or the patient's representative (as allowed under state law). These rights shall include, but not be limited to, the patient's right to:

PATIENT RIGHTS

1. You have the right to considerate and respectful care with dignity and without discrimination.
2. You have the right to be involved in your plan of care and treatment.
3. You have the right to obtain from your physician complete current information concerning diagnosis, treatment, and prognosis in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information should be made available to an appropriate person on your behalf.
4. You have the right to receive from your physician information necessary to give informed consent prior to the start of procedures and/or treatments involving substantial risks. Except in emergencies, such information for informed consent should include but not necessarily be limited to specific procedures and/or treatments and the medically significant risks involved. Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to such information.
5. You have the right to know the name of the person responsible for performing your procedures and/or treatments.
6. You have the right to refuse treatment and to be informed of the medical consequences of your action.
7. You have the right to prepare and submit an advance directive, such as a living will, and to choose someone to make decisions for you in case you cannot do so yourself. You may change your mind about health care decisions at any time.
8. You have the right to every consideration of your privacy concerning your own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly.
9. You have the right to expect that all communications and records pertaining to your care be treated as confidential except as otherwise provided by law or contractual agreements.
10. You have the right to access information contained in your records, as allowed by policy and by law.
11. You have the right to expect that within its capacity, the facility will make reasonable response to your request for services. When medically indicated, you may be transferred to another facility only after you have received complete information and explanation concerning the needs for and alternatives to such a transfer.
12. You have the right to expect reasonable continuity of care. You have the right to expect your physician or a delegate of your physician to inform you of your continuing health-care requirements following discharge.
13. You have the right to examine and receive an explanation of your bill, regardless of source of payment, and you shall be informed of services for which your insurance policy does not provide coverage.
14. You have the right to have your valuables kept in locked lockers until you have been discharged from the facility with a responsible adult. You will be responsible for any items, which are not locked during your stay.
15. It is Central Illinois Endoscopy Center's goal and commitment to provide a safe and secure environment for all our patients, visitors and employees.
16. If you need to communicate problems or issues concerning your medical care, please contact the facility manager.
17. You have the right to change your GI physician if another GI physician is available.
18. You have the right to refuse to participate in experimental research.

PATIENT RESPONSIBILITIES

1. Your physician expects that you or your family will provide complete and accurate information to the best of your ability about your health, any medications including over-the-counter products and dietary supplements and any allergies or sensitivities.
2. In order to facilitate your care and the efforts of your physician and the facility employees in their efforts to provide care, you are expected to follow their instructions and medical orders.
3. Duly authorized members of your family are expected to be available to facility personnel for review of your treatment in the event you are unable to properly communicate with the physicians or nurses.
4. You are responsible for providing an adult to transport you home from the facility and assist you as needed for 24 hours following the procedure.
5. The facility expects that you will cooperate with all personnel and ask questions if directions and/or procedures are not clearly understood.
6. You are expected to be considerate of other patients and facility personnel and to assist in the control of noise, smoking, and the number of visitors with you at any one time. You are also expected to be respectful of the property of other persons and the property of the facility.
7. It is expected that you will not take drugs which have not been prescribed by your attending physician and administered by facility employees and that you will not consume any alcoholic beverages or toxic substances not allowed by your physician during your stay or after your stay as prescribed by your physician.
8. You are expected to observe all safety regulations that you have been made aware of by both verbal and other means.
9. You are responsible to inform the facility about any living will, medical power of attorney, or other directive that could affect your care.
10. You are financially responsible for any charges not covered by your insurance.

COMPLAINT/GRIEVANCE PROCEDURE. YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE

1. Discussion of any concerns/dissatisfaction with the care received, which cannot be resolved by available staff, by contacting the Facility Manager at (309) 495-1144 or ask any staff member to contact them on your behalf.
2. You may also contact the Illinois Department of Public Health 24-hour hotline, 1-800-252-4343 or Illinois Department of Public Health, Office of Health Care Regulation, 525 W. Jefferson Street, 5th Floor, Springfield, IL 62761-0001.