
GASTROINTESTINAL HEALTHCARE AND ENDOSCOPY SUITE

PATIENT RESPONSIBILITIES

1. Provide Complete and Accurate Health/Medical Information

A patient or his/her parent or legally designated representative has the responsibility to provide accurate and complete medical/health information about present complaints/condition; past hospitalizations and surgeries; medication use, including over-the-counter products and dietary supplements; as well as any allergies or sensitivities and the resulting allergic reactions. A patient or his/her parent or legally designated representative has the responsibility to report any unexpected changes, problems or concerns in his/her condition to the treating doctor.

2. Follow the Agreed-Upon Treatment Plan

A patient or his/her legally designated representative is responsible for participating in his/her own health care and for following the treatment plan recommended by the practitioner primarily responsible for his/her care, to include showing up for all scheduled appointments at GIH and the Endoscopy Suite and/or with other health care providers involved in the patient's care. The patient is responsible for keeping appointments and, when unable to do so, for notifying the practice 24 hours prior to the appointment (whenever possible). The patient is responsible for rescheduling any missed or canceled appointments. The patient also has the responsibility of requesting more information/explanation when the treatment plan is not understood. It is the patient's responsibility to call back for all lab, pathology or radiology results as indicated by the patient's doctor or staff.

3. Responsible When Non-Compliant

The patient or his/her parent or legally designated representative is responsible for his/her actions if she/he refuses treatment or does not follow the practitioner's instructions. If the patient cannot follow through with the treatment, she/he is responsible for informing the physician.

4. Provide Complete and Accurate Demographic Information, and Directive Instructions

The patient or his/her parent or legally designated representative is responsible for providing complete and accurate demographic information (name, age, address, phone number, insurance information, etc.), and notifying the practice whenever any such information changes. As well, patient will inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

5. Meeting Financial Obligations

The patient or his/her parent or legally designated representative is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible. The patient is responsible for providing accurate information for insurance. A current copy the patient's insurance card must be presented at the time of visit. The patient accepts financial responsibility to charges not covered by his/her insurance. Co-pay, co-insurance and deductibles are due at the time of the patient's appointment/procedure. For patients without insurance, or those wishing not to file through their insurance, a self-pay fee is available which is due at the time of the office visit or procedure.

6. Comply with Applicable GIH Policies and Procedures

The patient or his/her parent or legally designated representative is responsible for following practice rules and regulations affecting patient care and conduct. The patient shall ensure that he/she has a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.

7. Respect and Consideration

The patient or his/her parent or legally designated representative is responsible for being considerate of the rights of other patients and personnel, and for assisting in the control of noise, smoking and the number of visitors.

It is the policy of this practice to maintain a cooperative and trusting physician-patient relationship. Should such a relationship no longer proceed in a mutually productive manner, it is the policy of this practice to terminate the physician-patient relationship within the bounds of applicable state and federal laws, rules, and regulations, so that the patient can develop the type of trusting relationship with another physician that is essential to successful continued care and treatment. The types of circumstances that can result in termination include, but are not limited to, the following:

- Failure to pay, consistent with our financial policy
- Threatening or abusive behavior directed at office staff, physicians, other healthcare providers, or patients
- The patient is deceptive or lies
- The patient abuses medication

Cell phone policy: The patient is asked to limit all cell phone usage to the outer lobby foyer, and have on vibrate in the rest of the facility so as to not disturb other waiting patients. For the privacy of all our patients, we do not allow cell phone usage for the purpose of taking video, photographs, or voice recording in any part of our facility. We appreciate your cooperation. The patient is responsible for being respectful of the property of other persons and of the practice.

8. Lifestyle

A patient's health depends not just on his/her care, but, in the long term, on the decisions she/he makes in his/her daily life. She/He is responsible for recognizing the effect of lifestyle on his/her personal life.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 877-8353.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (888) 877-8353。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (888) 877-8353.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (888) 877-8353.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (888) 877-8353.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (888) 877-8353 번으로 전화해 주십시오.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (888) 877-8353.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (888) 877-8353.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (888) 877-8353.

Tagalog-Filipino: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (888) 877-8353.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (888) 877-8353.

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (888) 877-8353.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(888)877-8353まで、お電話にてご連絡ください。

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (888) 877-8353 पर कॉल करें।

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (888) 877-8353 'ਤੇ ਕਾਲ ਕਰੋ।