

# CGS Endoscopy Center, PLLC

## Your Rights and Responsibilities as Our Patient

This Endoscopy Center is owned by Dr Venk Lakshman. You may exercise the following rights without being subjected to discrimination or reprisal.

### Patient Rights – You have a right to:

- Considerate, respectful, and safe care that is free from abuse or harassment.
- A discussion of your illness, what we can do about it, and the likely outcome of care.
- Know the names and roles of the people caring for you here.
- Respectful and effective pain management.
- Receive as much information to consent to or refuse a course of treatment or invasive procedure and to actively participate in decisions regarding your medical care.
- Involve your health care proxy or significant others in the decision making process for medical decisions.
- Reasonable continuity of care and to know in advance the time and location of an appointment as well as the provider you are seeing.
- Full consideration of privacy and confidentiality of your medical information. Your written permission will be obtained prior to releasing any medical information to others, we ask them to keep it confidential.
- Review your medical record and ask questions unless restricted by law.
- Know of any relationships with other parties that may influence your care.
- Know about rules that affect your care and about charges and payment methods. You have a right to receive and examine an explanation of your bill regardless of the source of payment.
- Receive assistance with the transfer of care from one provider to another within our practice or to an external provider not in our practice.
- You have a right to develop a living will or healthcare power of attorney. **Advance Directive Policy: If you present to this center and you have an emergency, since the procedures that we do are not high risk, we will do all that is necessary to stabilize you, including Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). We will call 911 to transport you to the hospital. If you have a living will, valid Do Not Resuscitate Order (DNR) or Out of Facility form we will inform EMS upon their arrival.**
- Voice your concerns, complaints, or problems with the care you received by contacting our Manager at 252-206-5622. If we are unable to satisfactorily address your complaint, you may contact the NC Medical Board at 1-800-253-9653, AAAHC BY PHONE at 1-847-853-6060 or [www.aaahc.org](http://www.aaahc.org), or the NC DHR Complaint Intake Unit by phone at 1-800-624-3004 or 1-919-855-4500, by Mail Service Center, Raleigh, NC or [www.dhhs.nc.us/dhhr/ciu/complaintintake](http://www.dhhs.nc.us/dhhr/ciu/complaintintake).

### Patient Responsibilities - You agree to:

- Provide accurate and complete information concerning your symptoms, history, current health status and medications, including over-the-counter products and dietary supplements.
- Make known whether you clearly comprehend your medical care and what is expected of you in the plan of care.
- Participate in the development of the treatment plan and follow care instructions given to you.
- Keep appointments and notify us if you are unable to do so.
- Accept responsibility for your actions if you refuse planned treatment or do not follow your provider's orders.
- Accept financial responsibility for care received and pay promptly.
- Follow facility policies and procedures.
- Inform your provider about any living will, medical healthcare power of attorney, or other directive that may affect your medical care.
- Be respectful of all healthcare providers and staff and well as other patients.
- Inform the staff of any discomfort or pain and patient safety issues.
- Share your values, beliefs, and traditions to help the staff provide appropriate care.
- Provide a responsible adult to transport you home and remain with you if you receive sedating medications.
- Provide any Advance Directive information.

### Additional Information and Resources

All issues, concerns, or complaints can be reported by contacting our Office Manager or Nurse Manager at 252-206-5622. If we are unable to address your concerns you may contact the following for assistance.

Medicare Ombudsman 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. <https://www.medicare.com/administration/what-is-medicare-beneficiary-ombudsman/>. NC Ombudsman-Aging and Adult Services 919-855-3400.

[Debbie.Brantly@ncmail.net](mailto:Debbie.Brantly@ncmail.net). <https://www.nc.gov/agency/aging-and-adult-services-division>.

#### Advance Directives – Living Will or Health Care Power of Attorney Resources

For applicable state laws and sample forms for creating a living will or healthcare power of attorney you may contact one of the following:

1. Caring Information Organization at 1-800-658-8898 for English or 1-877-658-8896 for other languages or [www.caringinfo.org](http://www.caringinfo.org).
2. NC DHHS Division of Aging and Adult Services at 1-919-855-4557 or <https://www.nc.gov/agency/aging-and-adult-services-division>.
3. The Carolinas Center at 1-919-459-5380 or 800-662-8859 or [www.cchospice.org](http://www.cchospice.org).