

Middlesex Endoscopy Center, LLC

Patient Bill of Rights & Information

This notice is effective July 1, 2023.

As a state licensed outpatient surgery center and in accordance with state and federal regulations, Middlesex Endoscopy Center ("Center") ensures that all patients are properly informed about the following information prior to their scheduled surgical procedure.

- ◆ **Patient Rights and Responsibilities** ◆ **Grievance Procedures** ◆ **Advance Directives**
- ◆ **Anti-Discrimination Policy** ◆ **HIPAA Privacy Practices** ◆ **Physician Ownership**

PATIENT RIGHTS

Patients have the right to:

- Considerate, dignified, and respectful care in a safe, comfortable environment.
- Personal privacy and confidentiality.
- Be free from all forms of abuse or harassment.
- Know the names of the health care providers furnishing care to you and their role in your care and the right to change providers if other qualified providers are available.
- Treatment by compassionate, skilled, qualified health professionals.
- Be informed about and participate in your care and treatment planning.
- Make informed decisions about your medical care, including the right to accept or refuse medical or surgical treatment, to the extent permitted by law.
- Timely information regarding Center policy that may limit its ability to implement a legally valid advance directive.
- Be free from discrimination or reprisal.
- Evaluation, service and/or referral as indicated by the urgency of the case.
- Be transferred to another healthcare facility when medically necessary with explanation concerning this need, its risks and alternatives, as well as acceptance by the receiving institution in advance of such transfer.
- Consent or decline to participate in proposed research studies or human experimentation affecting care or treatment.
- Review and obtain copies of your medical records.
- Receive treatment in an environment that is sensitive to your beliefs, values and culture.
- Be informed about the care you will need after discharge.
- The right to know your physician may have ownership in the Center.
- The right to file a verbal and/or written grievance as outlined in the Grievance Policy.
- Be fully informed about your treatment and the expected outcomes and potential risks of your procedure.
- If a patient is determined to be incompetent under applicable state law, the rights of the patient are exercised by the person appointed under state law to act on that patient's behalf, or if a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES

Patients have the responsibility to:

- Give us complete and accurate information about your medical history, including all prescription and nonprescription medications you are taking.
- Tell us what you need. If you do not understand your care plan, ask questions.
- Be part of your care.
- Arrange for a responsible adult to provide transportation home and to remain with you for 24 hours after your procedure.
- Follow up on your doctor's instruction, take medication when prescribed, to make and keep follow-up appointments as directed, and ask questions concerning your own health care as necessary.
- Fully participate in decisions involving your own health care and to accept the consequences of these decisions if complications occur.
- If you are not satisfied with your care, please tell us how we can improve.
- Be respectful and considerate of the rights of other patients, families, visitors, and Center personnel.
- Give us any insurance information we need to help get your bill paid and fulfill financial obligations to the Center. Any verification of benefits, if provided, has been provided as a courtesy to you. This is not a guarantee of payment. Insurance benefits can sometimes be quoted incorrectly. We strongly recommend that you contact your health plan to verify your insurance information and benefits before your procedure.

GRIEVANCE PROCEDURE

Please contact the following with any concerns or complaints related to your experience at the Center. Complaints are reviewed and acted upon as they are received.

Administrator:

Nicole Woodin, RN

The patient, family member, and visitor to the Center may contact the following if not satisfied with the outcome of their complaint:

Connecticut Department of Public Health

410 Capitol Avenue
Hartford, CT 06134-0308
1.800.509.7400
TTY 860.509.7179

Medicare Ombudsman

1-800-633-4227

<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Accreditation Association for Ambulatory Health Care

Phone: 847-853-6060 • Email: info@aaahc.org

ADVANCE DIRECTIVES

The Center will always attempt to resuscitate a patient and will transfer that patient to a hospital in the event their condition deteriorates. The Center will make every reasonable attempt to obtain and file in the patient's medical record copies of the following existing documents:

- Appointment of a Health Care Representative
- Living Will and Health Care Instructions
- Documentation of Anatomical Gift
- Conservator of the Person for My Future Incapacity

If an emergency transfer occurs, all pertinent chart information will be copied and sent with the patient to the hospital, including the patient's information regarding Advance Directives, if given to the facility by the patient on admission.

ANTI-DISCRIMINATION POLICY

The Center does not discriminate, exclude people or treat them differently on the basis of race, religion, color, national origin, age, disability, marital status, gender identity, or sex.

The Center provides free aids and services for disabilities as follows:

- Qualified sign language interpreters
- Written information in other formats (such as large print or electronic formats)

The Center provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

ATTENTION: Language assistance services, free of charge, are available to you.

Call (800) 245-9647.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 245-9647.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (800) 245-9647.

Patients who believe that the Center has failed to provide these services may file a complaint either in person or by mail, fax, or email. The complaint should be filed with the Center Administrator, whose contact information is listed in the Grievance Procedure Section.

Patients can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

HIPAA PRIVACY PRACTICES

The Center has adopted a Patient Privacy Plan to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended, including by the Health Information Technology for Economic and Clinical Health Act, and applicable security and privacy regulations, as well as our duty to protect the confidentiality, appropriate accessibility, and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. This policy applies to all personnel of the Center.

If you feel that your privacy or access protections have been violated, you may submit a written complaint with the Center or with the Department of Health and Human Services, Office for Civil Rights.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW CAREFULLY

The Center and its employees are dedicated to maintaining the privacy of your personal health information ("PHI"), as required by applicable

federal and state laws. These laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning Protected Health Information, or PHI, which is information that identifies you and that relates to your physical or mental health condition.

Permitted Disclosures of PHI. We may disclose your PHI for the following reasons:

1. **Treatment** We may disclose your PHI to a physician or other health care provider providing treatment to you.
2. **Payment** We may disclose your PHI to bill and collect payment for the services we provide to you. We may need to disclose this information to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
3. **Health Care Operations** We may disclose your PHI in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, and other business operations. For example, we may use your PHI to evaluate the performance of the health care services you received and how we can improve our services.
4. **Emergency Treatment** We may disclose your PHI if you require emergency treatment or are unable to communicate with us.
5. **Family and Friends** We may disclose your PHI to a family member, friend or any other person who you identify as being involved with your care or payment for care, unless you object.
6. **Required by Law** We may disclose your PHI for law enforcement purposes and as required by state or federal law. For example, the law may require us to report instances of abuse, neglect, or domestic violence; to report certain injuries such as gunshot wounds; or to disclose PHI to assist law enforcement in locating a suspect, fugitive, material witness or missing person. We will inform you or your representative if we disclose your PHI because we believe you are a victim of abuse, neglect, or domestic violence, unless we determine that informing you or your representative would place you at risk. We must provide PHI to comply with an order in a legal or administrative proceeding or in response to a subpoena, in accordance with and to the extent authorized by state law. The Center is state mandated to comply with CONNIE, the statewide health information exchange. As permitted by law, your health information will be shared in this exchange to provide faster access, better coordination of care, and assist providers and public health officials in making more informed decisions. You may opt-out and disable access to your PHI available through CONNIE by calling 1.800.987.5514 or by completing and submitting an Opt-out form via instructions found at www.connie.org.
7. **Serious Threat to Health or Safety** We may disclose your PHI if we believe it is necessary to avoid a serious threat to the health and safety of you or the public.
8. **Public Health** We may disclose your PHI to public health or other authorities charged with preventing or controlling disease, injury, or disability, or charged with collecting public health data.
9. **Health Oversight Activities** We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative, or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for oversight of the health care system, government programs and compliance with civil rights laws. We may also de-identify health information in accordance with applicable law. After the information is de-identified, it is no longer subject to this notice and it may be used for any lawful purposes.
10. **Research** We may disclose your PHI for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your PHI.
11. **Workers' Compensation** We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs.
12. **Specialized Government Activities** If you are active military or a veteran, we may disclose your PHI as required by military command authorities. We may also be required to disclose PHI to authorized federal officials for the conduct of intelligence or other national security activities.
13. **Organ Donation** If you are an organ donor, or have not indicated that you do not wish to be a donor, we may disclose your PHI to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.
14. **Coroners, Medical Examiners, Funeral Directors** We may disclose your PHI to coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties.
15. **Disaster Relief** Unless you object, we may disclose your PHI to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.

YOUR RIGHTS WITH RESPECT TO YOUR PHI

1. **Right to Receive a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice upon request.
2. **Right to Access PHI.** You have the right to inspect and copy your PHI for as long as we maintain your medical record. You may also request an electronic copy of your medical record. You must make a written request for access to the Privacy Officer at the address listed at the end of this Notice. We may charge you a reasonable fee for the processing of your request and the copying of your medical record pursuant to state law. In certain circumstances we may deny your request to access your PHI, and you may request that we reconsider our denial. Depending on the reason for the denial, another licensed health care professional chosen by us may review your request and the denial.

QUESTIONS AND COMPLAINTS

If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your PHI, you may complain to us by contacting the Privacy/Compliance Officer at the address and phone number at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please direct any of your questions or complaints to:

**Privacy Officer:
Alicia Gebauer**

Physician Ownership

The following physicians and entities have ownership in this Center:

Lucian Gorgan, MD, Nadeem Hussain, MD, Gregor Koobatian, MD, Angelo Paredes, MD, Perry Pratt, MD, Mario Ricci, MD.

3. **Right to Request Restrictions.** You have the right to request a restriction on the use or disclosure of your PHI for the purpose of treatment, payment, or health care operations, except for in the case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. However, we are not legally required to agree to such a restriction.
4. **Right to Restrict Disclosure for Services Paid by You in Full.** You have the right to restrict the disclosure of your PHI to a health plan if the PHI pertains to health care services for which you paid in full directly to us.
5. **Right to Request Amendment.** You have the right to request that we amend your PHI if you believe it is incorrect or incomplete, for as long as we maintain your medical record. We may deny your request to amend if (a) we did not create the PHI, (b) is not information that we maintain, (c) is not information that you are permitted to inspect or copy (such as psychotherapy notes), or (d) we determine that the PHI is accurate and complete.
6. **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of PHI made by us (other than those made for treatment, payment, or health care operations purposes) during the 6 years prior to the date of your request. You must make a written request for an accounting, specifying the time period for the accounting, to the Privacy Officer at the address listed at the end of this Notice.
7. **Right to Confidential Communications.** You have the right to request that we communicate with you about your PHI by certain means or at certain locations. For example, you may specify that we call you only at your home phone number, and not at your work number. You must make a written request, specifying how and where we may contact you, to the Privacy Officer listed at the address listed at the end of this Notice.
8. **Right to Notice of Breach.** You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI.
9. **Changes to this Notice.** We reserve the right to change this Notice at any time in accordance with applicable law. Prior to a substantial change to this Notice related to the uses or disclosures of your PHI, your rights, or our duties, we will revise and distribute this Notice.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

We may ask you to sign an acknowledgment that you received this Notice.