

PATIENT RIGHTS & RESPONSIBILITIES

Patient Rights

Confidentiality and Privacy

You have the right to:

- Personal privacy.
- Personal information being shared only with those who are involved in your care.
- Confidentiality of your medical and billing records.

Access to Medical Records

You have the right to:

- Review and get a copy of your Medical Records at any time upon written request.

Decision Making

You or your representative has the right to:

- Be informed of your rights before patient care is given or discontinued whenever possible.
- Receive complete and current information regarding your health status in terms you can understand.
- Participate in care planning treatment and discharge recommendations.
- Receive an explanation of any proposed procedure or treatment, including risks, serious side effects and treatment alternatives.
- Make informed decisions regarding care and treatment.
- Participate in managing your pain effectively.
- Request a specific treatment.
- Refuse or discontinue treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- Request a second opinion.
- Have people of your choice and your physicians promptly notified of hospital admission.
- Accept, refuse, or withdraw from clinical research.
- Choose or change your healthcare provider.

- Receive care and/or a referral according to the urgency of your situation.
- When medically stable, you may be transferred to another facility (hospital) after the need has been fully explained.
- Write a Living Will, Medical Power of Attorney, and/or a CPR Directive.
 - *This facility does not honor Advanced Directives while under the effects of anesthesia at Anchorage Endoscopy Center. You may present your Advanced Directive to the facility. In the event your condition requires transfer to a hospital, a copy of your Advanced Directive will be sent with you. You may request information regarding Advanced Directives.*

Quality of Care

You have the right to:

- Respectful treatment, which recognizes and maintains your dignity and values.
- Care in a safe setting.
- Identification of all healthcare providers.
- Know who is primarily responsible for your care.
- Pastoral and/or spiritual support.
- Interpreters and/or special equipment to assist language needs.
- Information about continuing healthcare requirements following discharge.
- Patients will be free from all forms of abuse and harassment.

Grievance Process

You and your representative have the right to:

- Report a complaint verbally or in writing to your healthcare providers and administrators without fear of reprisal.
- Contact Dorene Mulcahy, Administrator at 907-222-9194 or dmulcahy@aecak.com to file a formal grievance.
- Receive a timely response with the results of your complaint (when issued to the Endoscopy Center directly); unresolved complaints are directed to the Center Director within 3 days and are responded to within 7 days.
- If a grievance or complaint is not solved to the patient's or family's satisfaction, the grievance may be filed in writing with:

Department of Health:

The State of Alaska: 907-334-2483 or <http://www.hss.state.ak.us>, toll free 1-888-387-9387, Fax 907-334-2682 or <http://www.hss.state.ak.us>

CMS Ombudsman Webpage:

<https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> Select inquiries/complaint (Medicare recipients)

CMS 1-800-MEDICARE (1-800-633-4227)

Elder Abuse Hotline:

[1-800-478-9996](tel:1-800-478-9996) (toll free in Alaska) or [907-269-3666](tel:907-269-3666)

Seclusion and Restraints

You have the right to:

- To be free of any sort of restraint unless medically necessary.
- Be free from seclusion or restraint for behavioral management unless there is a need to protect your physical safety or the safety of others.

Billing

You have the right to:

- A complete explanation of your bill.

Patient Responsibilities

Please know that we will support you in meeting your responsibilities during your stay.

Providing Information:

You have the responsibility to:

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other health-related matters.
- Report perceived risks in your care and unexpected changes in your condition.

- Understand your treatment plan and ask questions when needed.
- Provide accurate and updated information for insurance and billing.

Involvement

You have the responsibility to:

- Actively participate in your treatment by following your recommended treatment plan.

Respect and Consideration

You have the responsibility to:

- Act in a respectful and considerate manner toward healthcare providers, other patients, and visitors; physical or verbal threats are not tolerated.
- Respect the property of others.
- Be mindful of noise levels.

Insurance Billing

You have the responsibility to:

- Know the extent of your insurance coverage.
- Know your insurance requirements such as pre-authorization, deductibles, and co-payments.
- Call the billing office with questions or concerns.
- Fulfill your financial obligations as promptly as possible.
- Contact our Billing Office at 907-677-2633 if you have any questions or concerns.

The physician who refers you to our center may have an ownership interest in this facility. You are free to choose another facility in which to receive services.