

ADVANCE DIRECTIVES:

In accordance with NY State Public Health Law 2980-2994, we must inform you of the center policy on Advance Directives. Advance Directives include but are not limited to a **health care proxy**, consent to a **do-not-resuscitate (DNR) order** recorded in your medical record and a **living will**.

Due to the fact that The **LIBERTY ENDOSCOPY CENTER** is an Ambulatory Surgery Center for the purpose of performing elective procedures in a safe and uncomplicated manner, patients are expected to have an excellent outcome. If a patient should have a complication, the center staff will always attempt to resuscitate the patient and transfer that patient to a hospital in the event of deterioration.

If a patient should provide his/her Directive, a copy will be placed on the patient's medical record and transferred with the patient, should a hospital transfer be ordered by his/her physician. In order to assure that the community is served by this center, information concerning Advance Directives/Healthcare proxy and DNR orders is available at the center.

INFORMATION ON ADVANCE DIRECTIVES

New York Advance Directive Planning for Important Healthcare Decisions

Caring Info: 1731 King Street, Suite 100, Alexandria, VA 22314
Help Line: 800.658.8898
Multilingual Line: 877.658.8896
Email: caringinfo@nhpco.org
Website: www.caringinfo.org

PHYSICIAN PARTICIPATION

This is to inform you that your physician may have ownership in this center:

Neal Joseph, MD, Martin Wolff, MD, Deborah Chua, MD, Veronika Dubrovskaya, MD, Valerie Antoine Gustave, MD, Michael Glick, MD

PATIENT'S NOTICE OF PRIVACY PRACTICES

Your rights regarding medical information about you.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your health record is the physical property of Liberty Endoscopy. The information contained in the record, however, belongs to you. You have the specific right to your medical information. Liberty Endoscopy will provide you with a copy of these rights on the day of your procedure.

PHYSICIANS' HOSPITAL AFFILIATIONS

- Mount Sinai Beth Israel
- Lenox Hill Hospital
- NYU Langone Medical Center

DIRECTIONS

Liberty Endoscopy is located at
156 William Street, 4th floor, New York, NY 10038

The entrance is on the North East Corner of William Street and Ann Street.



BY SUBWAY:

Take the **2, 3, 4, 5, A, C, J, Z, N, R, W** Train to Fulton Center, exit through the Fulton Street Exit and head Southeast on Fulton Street toward Nassau Street then turn Left onto William Street and continue one block to Ann Street.

BY BUS:

Take **M9, M103, X8, X15, QM7, QM8, QM11, QM25** to Park Row. Park Row southwest to Ann Street. Turn right and continue past Nassau Street to William Street.

Take **BM1, BM2, BM3, BM4, M15, X14, M15 SBS** to Water Street. Water Street southwest to Fulton Street. Fulton Street northwest 4 blocks to William Street. Turn right on Ann Street.

BY CAR:

Parking is available at the following:

25-27 Beekman Street:

25 Beekman Street (between William Street and Nassau Street)

Icon Parking Systems:

11 Cliff Street (between Fulton Street and John Street)

Seaport Parking LLC:

70 Gold Street (between Beekman Street and Spruce Street)



Liberty Endoscopy

156 WILLIAM STREET
4TH FLOOR
NEW YORK, NY 10038

T 646-215-2244
F 646-215-2245



www.LibertyEndoscopy.com

BEFORE YOUR PROCEDURE

1. A Center staff member will call you on the day before your procedure to confirm the time you should arrive at the Center and also ask you for additional pre-procedure information, as necessary.
2. **PLEASE BE CERTAIN THAT YOU FOLLOW DIETARY INSTRUCTIONS PROVIDED BY YOUR PHYSICIAN.**
3. Certain medications such as blood thinners, aspirin and diabetes medications may need to be stopped prior to your procedure. Please confirm with your doctor.
4. **YOU MUST MAKE PLANS TO HAVE A RESPONSIBLE ADULT TAKE YOU HOME.** Do not resume normal activities until the following day. Do not drive, return to work or operate any machinery or power tools. Do not make important personal or business decisions, sign legal papers, or perform any activity that depends on your full concentrating power or mental judgment.
5. We suggest that you do not smoke for at least 24 hours before your procedure or drink alcohol for 24 hours after your procedure.
6. If you need special assistance, are not fluent in English, or require a sign language interpreter, please let the physician's office know so arrangements can be made to assist you.
7. Please notify your doctor of any change in your medical condition, or if fever or other illness develops. If you need to cancel or reschedule your appointment, notify your physician as soon as possible.

DAY OF YOUR PROCEDURE

1. Please bring your insurance card and a photo ID.
2. Bring a current list of all your medications with dosages and how often you take them (including prescriptions, over-the-counter, herbals, patches, inhalers, eye drops, supplements, vitamins, Aspirin and Oxygen). If you are instructed by your doctor or nurse to take your morning medications, you may do so with a **SIP OF WATER ONLY**.
3. Please leave all valuables such as jewelry and electronics at home or with your escort during the procedure.
4. Wear loose and comfortable clothing that can be stored easily.
5. If you wear glasses, contact lenses, dentures, or a hearing aid, bring along a case to put them in during your procedure.
6. If you have sleep apnea and own a CPAP or BiPAP machine, please bring the machine with you and discuss with your physician on the date of your procedure.
7. During your procedure, those who accompanied you to the Center should wait in the reception/waiting room area.
8. Prior to discharge you will be given written post-procedural instructions. It is important that you understand the instructions. The nurses will answer any questions that you have.
9. At Liberty Endoscopy, our staff and physicians are focused on maintaining an efficient schedule in order to avoid long wait times for our patients. To assist in maintaining our schedule, please arrive at the facility at your appointed time.
10. We are committed to providing you with a comfortable and safe environment during your stay.

AFTER YOUR PROCEDURE

You will rest in our recovery room under the care of our specialty-trained registered nurses until you are discharged from the facility.



ABOUT YOUR BILL

Liberty Endoscopy will make every effort to keep this process as simple as possible. Your procedure will generate several different bills from different sources:

- Liberty Endoscopy bill covers the use of the facility and all necessary supplies used during your procedure. Liberty Endoscopy will also be submitting a claim for anesthesia services provided.
- You will receive a separate bill from your physician.
- Your procedure may employ other billable services, such as laboratory and pathology, which will be billed separately.

The estimated amount for out-of-network services is available upon request.

FOR ANY BILLING QUESTIONS, PLEASE CALL: 866-840-6208



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F 646-215-2245

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PATIENT RIGHTS AND RESPONSIBILITIES

The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal and receive services without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor. The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse. The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

- If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

Respect

- Patients are treated with respect, consideration and dignity for both property and person.
- The organization respects the patient's cultural and personal values, beliefs, and preferences.
- The organization respects the patient's right to pain management.
- The patient's rights will be protected and respected during research, investigation and clinical trials.

Communication

- The organization respects the patient's right to and need for effective communication.

Dignity/Privacy

- Patients are provided appropriate privacy and confidentiality including all information and records pertaining to the patient's treatment.
- The organization treats the patient in a dignified and respectful manner that supports his/her dignity
- Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

Consideration and Safety

- Receive care in a safe setting.
- Be free from all forms of abuse and harassment.
- Patient's right to refuse to participate in experimental research or refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions.
- The patient may refuse care, treatment, or services, in accordance with law and regulation.
- The patient has the right to actively participate in decisions about his/her care.
- Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center.
- Patients are informed of their right to change their provider if other qualified providers are available.
- Patients are given the opportunity to participate in decisions involving their care, except when such participation is contraindicated for medical reasons
- The organization involves the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.
- The organization honors the patient's right to give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care.

Confidentiality

- Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law or third party payment contract.

Information

- The organization allows the patient to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.
- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis before the treatment or procedure tailored to the patient's age, language, and ability to understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- The organization provides interpreting and translation services, as necessary.
- The organization communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.
- Patient conduct, responsibilities and participation.
- Disclose physician financial interests or ownership in the Center
- Services available at the organization.
- Provisions for after-hours and emergency care.
- Fees for services, eligibility for third party reimbursement and, when applicable, the availability of free or reduced cost care and receive an itemized copy of his/her account statement, upon request.
- Payment policies.
- Advance directives, as required by state or federal law and regulations and if requested, official State advance directive forms.
- The patient will be informed of his/her rights prior to the procedure in a manner in which the patient or the patient's representative understands. The center must protect and promote the exercise of such rights.
- The credentials of health care professionals.
- Document in a prominent part of the patient's current medical record, whether or not the individual had executed an advance directive.
- Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients.
- Patients are provided with appropriate information regarding the absence of malpractice insurance coverage, if applicable.
- The organization informs the patient or surrogate decision maker- about unanticipated outcomes of care, treatment, or services that relate to sentinel events considered by the Accreditation Association for Ambulatory Health Care.
- Representation of accreditation to the public must accurately reflect the accredited entity.
- Patients may access his/her medical record pursuant to the provisions of section 18 of the Public Health Law, and Subpart 50-3 of this Title.
- Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision. A patient has the right to give or withhold informed consent
- Patients are informed about procedures for expressing suggestions, complaints and grievances regarding treatment or care that is (or fails to be) furnished, including those required by state and federal regulations.

PATIENT COMPLAINT/GRIEVANCE

The patient and family are encouraged to help the facility to improve its understanding of the patient's environment by providing feedback, suggestions, comments and or complaints regarding the service needs and expectations. A complaint or grievance should be registered by contacting the center administrator and/or patient advocate through the State Department of Health or Medicare. The center will respond in writing with notice of how the grievance has been addressed within 30 days of receipt.

Center Administrator

156 William St., 4th. Floor, New York, NY 10038

Phone 646-215-2244

Medicare Beneficiary Ombudsman

1-800-MEDICARE OR 1- 800-633-4227

Website:www.medicare.gov/claims-and-appeals/medicare-rights/get-help/Ombudsman.HTML

NYS DOH Department of Health Centralized Hospital Intake Program

Mailstop CA/DCS, Empire State Plaza, Albany, NY 12237

Website: www.health.ny.gov/facilities/hospital/complaint/complaint_form.htm

Complaints Hotline Number: 1-800-804-5447

For concerns about patient safety and quality of care that you feel have not been addressed appropriately by the center Administrator, you can also contact:

The Joint Commission at:

E-mail: complaint@jointcommission.org

Phone 866-840-6208, Fax: 630-792-5636

Office of Quality Monitoring, The Joint Commission

One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181

The patient has the responsibility to do the following:

- Follow the treatment plan prescribed by his/her provider and participate in his/her care
- The patient is encouraged to ask any and all questions of the physician and staff in order that he/she may have a full knowledge of the procedure and aftercare.
- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Provide 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.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Be respectful of all the health care providers and staff, as well as the other patients.