

<p style="text-align: center;"><u>DISCLOSURE OF OWNERSHIP</u></p> <ul style="list-style-type: none"> • The physicians of the Borland-Groover Clinic have a financial interest in the Center. 	<p style="text-align: center;">Jacksonville Center for Endoscopy 1610 Barrs Street Jacksonville, Florida 32204 (904) 387-6750 (press 2) 4800 Belfort Road Jacksonville, Florida 32256 (904) 265-4801 (press 1) www.borland-groover.com</p>
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PATIENT RIGHTS:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given upon request; full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment; whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

PATIENT RESPONSIBILITIES:

- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
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- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

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ADVANCE DIRECTIVE NOTIFICATION:

In the state of Florida, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Power of Attorney that authorize others to make decisions on their behalf based on the patient’s expressed wishes when the patient is unable to make decisions or unable to communicate decisions. The Jacksonville Center for Endoscopy respects and upholds those rights.

However, unlike in an acute care hospital setting, the Center does not routinely perform “high risk” procedures; most procedures performed in this center are considered to be of minimal risk. Of course, no procedure is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your procedure.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this center, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measure already begun will be ordered in accordance with your wishes, Advance Directives, or Healthcare Power of Attorney. Your agreement with this center’s policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official state forms are available at our facility or may obtain a copy via the website:

http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/

PATIENT COMPLAINT OR GRIEVANCE:

- If you have a problem or complaint, please speak to the receptionist or your care giver. We will address your concern(s) promptly.
- If necessary, your problem or complaint will be advanced to the Administrator and/or Risk Manager for resolution. You will receive a letter or phone call to inform you of the actions taken to address your complaint.
- If you are not satisfied with the response of the Center, you may contact one of the parties listed below.

Patient complaints or grievances may be filed through the State of Florida Consumer Services Unit at 1-888-419-3456 (Press 2) or write to the address below:
Complaints against an ambulatory surgical center may be filed with the state of Florida by calling the Consumer Assistance Unit at 1-888-419-3456 or write to:

**Agency for Health Care Administration Consumer Assistance Unit
2727 Mahan Drive / BLDG. 1
Tallahassee, Florida 32308**

If you have a complaint against a health care professional and want to receive a complaint form, call Consumer Services Unit at 1-888-419-3456 (Press 2) or write to the address below:

**Department of Health Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275**

You may also contact Joint Commission at:
Joint Commission

www.jointcommission.org
(800) 994-6610

E-Mail: complaint@jointcommission.org
Fax (630) 792-5636

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman’s webpage on the web at:

www.cms.hhs.gov/center/ombudsman

✓ CALL 904-265-4804 TO PREREGISTER PRIOR TO THE DATE OF YOUR PROCEDURE

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS:

By: _____ Date: _____
Patient/Patient Representative Signature