

BAYSIDE ENDOSCOPY CENTER
33 STANIFORD STREET
PROVIDENCE, RI 02905
(401)-274-1810

Dear Patient:

New Federal Regulations have instituted an information program for all patients planning on having a surgery or procedure in an Ambulatory Surgery Center (ASC).

Enclosed please find written information that you need to read and be aware of before your scheduled day of surgery or procedure.

Also, please be aware that we will require you to sign a form verifying that you did receive this information both verbally and written. Our office staff will contact you to go over this information verbally, if they not have already done so.

Your Physician's office may have also given you this information and had you sign a form in his/her office; if so, you can disregard the written information enclosed.

Please do not hesitate to contact the Center with any questions or concerns that you may have before your scheduled surgery or procedure. 401-274-1810

Sincerely,

Kathryn Abiri, RN MSN
Facility Administrator

ADVANCE DIRECTIVES

The Bayside Endoscopy Center does elective, day procedures, and as such does not acknowledge Advance Directives.

Patients will be informed of their rights to formulate an Advance Directive and that they are not required to have an Advance Directive in order to receive treatment at this facility. Advance Directives are not honored at this facility and in the event of a life threatening situation, advance cardiac life support (CPR/BLS) will be instituted in every instance and the patient will be transported to a Hospital.

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PATIENT RIGHTS & RESPONSIBILITIES

The Patient Has The Right To:

- Receive care necessary to help regain or maintain his/her maximum state of health and, if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, and perform the services for which they are responsible with the highest quality of service.
- Complete information, to the extent known by the physicians, regarding diagnosis, treatment and prognosis, as well as alternative treatments or procedures and the possible risks and side effects associate with treatment.
- Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care, and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's designated representative or other legally designated person shall exercise the patient's rights.
- Pain management activities that are provided with an overriding concern for the patient and with recognition of the patient's dignity as a human being.
- Refuse treatment to the extent permitted by law and to be informed of the medical consequences of such a refusal. The patient accepts responsibility for his/her actions should he/she refuse treatment or not follow instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party contract.
- Be informed of any human experimentation or other research/educational projects affecting his/her care or treatment and can refuse participation in such an experiment or research without compromise to the patient's usual care.
- Express grievance or complaints and suggestions at any time.
- Change primary or specialty physicians or dentist if other qualified physicians or dentists are available.
- Be fully informed before any transfer to another facility or organization.
- Express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient.

The Patient Is Responsible For:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking, and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he/she clearly understands the planned course of treatment and what is expected of him/her.
- Keeping appointments and, when unable to do so for any reason, for notifying the facility and physician.
- Providing care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.
- Observing prescribed rules of the facility during his/her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and being responsible for the outcome.
- Promptly fulfilling his/her financial obligations to the facility.

Center Contact:

Kathy Abiri, RN, Facility Administrator
33 Staniford Street
Providence, RI 02905
(401)-274-1810

or

Sheldon Lidofsky, MD
33 Staniford Street
Providence, RI 02905
(401)-274-1810

State Health Department Contact:

RI Department of Health
3 Capitol Hill
Providence, RI 02908
(800)-942-7432

Medicare Beneficiary Ombudsman:

1-800-MEDICARE (1-800-633-4227)
Web Site: www.ems.hhs.gov/center/ombudsman

BAYSIDE ENDOSCOPY CENTER NOTICE OF PRIVACY POLICIES

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

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (“PHI”)

At Bayside Endoscopy Center, we are committed to treating and using protected information about you responsibly. This notice explains how we use and share your protected health information (“PHI” for short). We are required by law to protect the privacy of PHI and to follow the privacy policies described in this notice.

PHI includes information that we create or receive about your past, present, or future health or condition, the provision of health care to you, or the payment for health care provided to you. In general, we may not use or share any more PHI than is necessary to accomplish our purpose.

We may change the terms of this notice and our privacy policies at any time. Any change will apply to the PHI we already have. When we change our policies, we will promptly change this notice and post it in our main reception area.

III. HOW WE MAY USE AND SHARE YOUR PHI

We use and share PHI for many different reasons. Below, we describe the different reasons and give you some examples of each category.

A. Use of PHI for Treatment, Payment, or Health-Care Operations. We may use and share PHI for the following reasons:

1. For Treatment. We may use and share PHI with physicians, physician assistants, nurse practitioners, nurses, medical students, and others who provide you with health care services or are involved in your care. For example, we may disclose your PHI to a physician we refer you to whether you are allergic to medications or we may send a report about your care from us to a physician that we refer you to so that they may treat you.

2. For payment. We may use and share PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may share PHI your

health plan, to get paid for the health care services we provided to you. We may also share PHI with collection agencies and companies that process our health care claims.

3. For health care operations. We may use and share PHI in order to operate this facility. For example, we may use PHI in order to evaluate that quality of health care services that

you receive, or to evaluate the health care professionals who provide health care services to you. We may also share PHI with our accountants, attorneys and others in order to make sure we are complying with the laws that affect us.

B. Other uses of PHI. We may also use and share your PHI for the following reasons:

1. Reports required by law. We may report PHI when the law required us to give information to government agencies and law enforcement about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds, or when required in a legal proceeding.

2. Public health. We may report PHI about deaths, and other diseases to the government officials in charge of collecting that information. We may provide PHI relating to death to coroners, medical examiners, and funeral directors.

3. Health oversight. We may report PHI to assist the government when it investigates or inspects a health care provider or organization.

4. Organ donation. We may notify organ banks to assist them in organ, eye, or tissue donation and transplants.

5. Research. We may use PHI in order to conduct medical research.

6. To avoid harm. We may report PHI to law enforcement, in order to avoid a serious threat to the health or safety of a person or the public.

7. Other government functions. We may report PHI for certain military and veterans’ activities, national security and intelligence purposes, protective services for the President of the United States, or correctional facility situations.

8. Workers’ compensation. We may report PHI in order to comply with workers’ compensation laws.

9. Appointment reminders and health-related benefits or services. We may use PHI to give you appointment reminders; or give you information about treatment choices or other health care services or benefits we offer.

C. Uses and Disclosures for Which You Have the Opportunity to Agree or Object.

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Disclosures to Family, Friends, or Others. We may disclose your PHI to a family member, close friend, or any other person that is involved in your care or the payment for your health care, unless you object.

D. When Our Use of PHI Requires Your Prior Written Authorization. We must ask you for your written authorization for any other use of PHI not described in sections III – A, B, and C above. If you authorize us to use your PHI, you can later remove the authorization and stop any future use of your PHI. You can remove an authorization by written request to the Privacy Officer at:

Bayside Endoscopy Center
33 Staniford Street
Providence, RI 02905

IV. YOUR RIGHTS REGARDING YOUR PHI

A. Your Right to Request Limits on Our Use of PHI. You may ask that we limit how we use and share your PHI. We will consider your request but are not legally required to agree to it. If we agree to your request, we will follow your limits, except in emergency situations. You cannot limit the uses and reports that we are legally required or allowed to make.

B. Your Right to Choose How We Send PHI to You. You may ask that we send information to you at a different address (for example, to your work address rather than your home address) or by different means. We will agree to your request, as long as we can easily provide it in the way you requested. You may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Officer.

C. Your Right to View and Get a Copy of PHI. You may view or obtain a copy of your PHI (except for mental health notes.) Your request must be in writing. If we do not have your PHI, but know who does, we will tell you how to get it. We will reply to you within 30 days of your request. If we deny your request, we will tell you, in writing, our reasons for the denial. You will then have the right to have the denial reviewed.

If you request a copy of your PHI, we may charge a fee. Instead of providing the PHI you requested, we may offer to give you a summary or explanation of the PHI, as long as you agree to that and to the cost in advance.

D. Your Right to a List of the Reports We Have Made.

You have the right to get a list of the parties to whom we have reported your PHI. The list will not include reports for treatment, payment, or health care operations, reports you have previously authorized, reports made directly to you or to your family, reports from our facility directory, reports made for national security purpose, reports to corrections or law enforcement personnel, or reports made before April 14, 2003.

We will respond to your request within 60 days. We will include the reports made in the last six years unless you request a shorter time. The list will include the date of each report, the identity of the person(s) receiving the report, the type of information reported, and the reasons for the report.

We will not charge you for the list. If you make more than one request in the same year, however, we may charge you a fee for additional request. For a list you must make a request to Privacy Officer at:

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33 Staniford Street
Providence, RI 02905

E. Your Right to Correct or Update Your PHI. If you feel that there is a mistake in your PHI, or that important information is missing, you may request a correction. Your request must be in writing and include a reason for the request. Your request must be made to Privacy Officer at:

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We will respond within 60 days of your request. We may deny your request if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be shared with you, or (iv) not in our records. If we deny your request, we will inform you of the reason for denial. You may then file a written statement of disagreement, or you may ask that your original request and our denial be attached to all future reports of your PHI.

If we agree to honor your request, we will change your PHI, inform you of the change and tell any others that need to know about that change in your PHI.

F. Your Right to a Paper Copy of This Notice.
You can ask us for a copy of this notice at any time.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO FILE A COMPLAINT ABOUT OUR PRIVACY POLICIES

If you have any questions about this notice, wish to file a complaint about our privacy policies, feel that we may have violated your privacy rights, or disagree with a decision we made about access to your PHI, please contact our Privacy Officer at:

Bayside Endoscopy Center
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Providence, RI 02905

You may also send a written complaint to the Secretary, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington D.C. 20201. Your complaint will not alter or affect the care we provide to you.

VI. EFFECTIVE DATE OF THIS NOTICE

This notice is in effect as of April 14, 2003.

Bayside Endoscopy Center, LLC

33 Staniford Street
Providence, RI 02905
401-274-1810

If any individual has a concern about patient care and/or safety in the Bayside Endoscopy Center, please contact one of the staff listed below at **401-274-1810**

Patient Advocate - Janice Goff, RN
Safety Officer - Jennifer Nisbet, RN

Or you may contact management at 401-274-1810

Facility Administrator - Kathryn Abiri, RN MSN
Medical Director - Sheldon Lidofsky, MD
Clinical Manager - Janice Goff, RN
Business Officer Manger - Gail Nobin

BEC is an approved Medicare Facility. Medicare Patient Complaint number is: 1-800-252-5533

BEC is a Rhode Island Licensed ASC. RI Dept. of Public Health number is: 1-800-942-7432

BEC is a Joint Commission accredited facility. JC Patient Complain number is: 1-800-994-6610



