

SOUTHWEST ENDOSCOPY

Robert M. Lynn, MD
Howard K. Gogel, MD
James E. Martinez, MD
John A. Burdon, MD
Joseph M. Alcorn, MD
H. Naser Mojtahed, MD

Gabrielle M. Adams, MD
Andrew C. Mason, MD
Antoine F. Jakiche, MD
Nikki L. Parker-Ray, MD
Leslie K. Monagle, CFNP
Carol Burmeister, CFNP
Laura M. LeBlanc, CFNP

7788 Jefferson NE, Albuquerque, NM 87109
Phone: (505) 999-1600 Fax: (505) 999-1655 Web: www.southwestgi.com

Diplomates of the American Board of Internal Medicine in Gastroenterology

Notice of Privacy Rights

Notice: Effective April 14, 2003

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.

We may use and disclose your protected health information for purposes of treatment, payment, and health care operations, as permitted by Federal law.

1. **Treatment**: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. We will also disclose protected health information to other physicians who may be treating you. For example, a physician and his staff to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose information from time to time to another physician or health care provider (a specialist, laboratory, or pharmacy) who, at the request of your physician becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. 2. **Payment**: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include several activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. 3. **Healthcare Operation**: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and conducting and arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk. We will also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information as necessary to contact you to remind you of your appointment. We may also send information in the mail, or on your phone voice mail regarding prescriptions, diagnosis, and other necessary information for treatment. There is also a possibility that others such as cleaning personnel, other staff members as well as patients in the office or in the facility where you may be having a procedure may overhear conversation related to your health care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

We may use and disclose your protected health information for purposes other than for treatment, payment or health care operations without your consent or authorization, as permitted or required by the Federal law. Example: Public Health: For the purpose of controlling disease, injury, disability, abuse and/or neglect. We may also use your information for audits, investigations, and inspections. Oversight agencies may seek this information including government agencies that oversee the health systems benefit programs.

We will make other uses and disclosures only with your authorization: This authorization may be revoked.

In some instances, specific authorization may be required or requested by the patient. Examples of this type of release would be for psychotherapy notes, or for marketing.

We may contact you to provide appointment reminder or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

You have the right to access and amend your protected health information that is used to make decisions about individuals. You have the right to receive an accounting of disclosures of your protected health information. You have the right to request a restriction on certain uses and disclosures of your protected health information. We are not required to grant your request. You have the right to receive confidential communications of your protected health information. You have the right to obtain a paper copy of this notice upon request. You may request this in writing to obtain access to your PHI; this should be addressed to our privacy officer for a response.

We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of the most current notice in effect.

We reserve the right to change the terms of our notice and to make the new notice provisions effective for all protected health information that we maintain. We will provide you with a revised copy available upon request.

If you believe your privacy rights have been violated, you may complain to the Secretary of Health and Human Services or us. The website for more information is www.hhs.gov. You may file a complaint in the following way: In writing to the physician you are seeing, or our privacy officer by contacting them at (505) 999-1600 or writing to the privacy officer at 7788 Jefferson NE, Albuquerque, NM 87109.

We will not retaliate against you for filing a complaint.

For more information about this notice, contact Patricia Carrasco at (505) 999-1600.

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PATIENT RIGHTS AND RESPONSIBILITIES

We, the staff of **Southwest Endoscopy, Ltd.** are committed to delivering healthcare with compassion, understanding and the highest degree of professionalism. We believe our patients should be afforded dignity, security, confidentiality, continuity of care and reasonable access to care, as well as answers to their questions. In addition, you have the right:

- to consent or refuse treatment,
- to receive a full explanation of all services, care and treatments provided, and an explanation of your bill,
- to be informed about any research or investigational studies affecting your care,
- through Advance Medical Directives, to determine your treatment options, and to appoint a surrogate decision maker if you are unable to communicate your wishes.

In return, you have corresponding responsibilities to **Southwest Endoscopy, Ltd.**, its staff and physicians. Such responsibilities include:

- respecting others' rights,
- informing us if you feel your rights are not respected,
- cooperating and participating in the treatment program specified by your physicians,
- canceling appointments you cannot keep.

We can best serve your needs when you ask questions about your care and accurately, honestly and promptly report any changes in your health status.

If you have a complaint about the facility or person providing you outpatient surgical services, you may present your complaint to Southwest Endoscopy by letter, phone call or appointment with the Charge Nurse or Practice Manager. If the matter is not resolved to your satisfaction, you may call, write or visit the Office of Health Facility Complaints, New Mexico Department of Health. You may also contact the Ombudsman for New Mexico Aging and Long-Term Care.

New Mexico Dept. of Health
Incident Management Bureau
1190 St. Francis Drive
Santa Fe, NM 87502-6110
Hotline: 1-800-752-8649
Fax: 505-584-6057
<http://dhi.health.state.nm.us>

Sondra Everhart
State LTC Ombudsman
New Mexico Aging & LTC Services Dept.
2550 Cerrillos Road
Santa Fe, NM 87505
Telephone: 505-476-4790
Fax: 505-476-4836
http://www.nmaging.state.nm.us/Ombudsman_bureau.html

Southwest Endoscopy is owned and operated by Robert M. Lynn, M.D., Howard K. Gogel, M.D., James E. Martinez, M.D., John A. Burdon, M.D., Joseph M. Alcorn, M.D., H. Naser Mojtahed, M.D., Gabrielle M. Adams, M.D., Andrew C. Mason, M.D., Antoine F. Jakiche, M.D.

SOUTHWEST ENDOSCOPY POLICY ON ADVANCE DIRECTIVES

Southwest Endoscopy is a limited purpose, single specialty ASC dedicated to the study and treatment of gastrointestinal diseases and disorders. Southwest

Endoscopy will honor Advance Directives to the extent allowed by our policies approved by the Governing Body.

If a patient has an Advance Directive and does NOT wish to be resuscitated, the patient will not be scheduled at Southwest Endoscopy.

The Governing Body has reviewed and approved the following standard regarding the implementation of Advance Directives in the facility. In the event a life threatening emergency occurs (i.e. respiratory or cardiac arrest), Southwest Endoscopy will implement the following on all patients:

1. Perform emergency procedures, as necessary, to stabilize the patient.
2. Transfer the patient to an acute healthcare facility where the attending physician and family can make an informed decision regarding the patient's well-being.

Information on Advance Directives

There may be a time in your life when you are unable to make healthcare choices for yourself. Some serious decisions that people are often called upon to make include treatment choices, artificial life support, and quality of life. You have a choice about medical interventions such as ventilators, CPR, drugs to sustain blood pressure, antibiotics, and artificial nutrition (food) and hydration (water).

There are two legal documents that allow you to express your wishes about healthcare decisions. These documents allow you to determine your decision about certain medical treatments and procedures in advance of illness or life-threatening circumstances. Advance healthcare directives consist of a **Living Will** and a **Power of Attorney for Healthcare**. You may complete either or both of these documents.

Living Wills

A **Living Will** allows you to decide for yourself how you would address specific end-of-life decisions. There are three choices that the **Living Will** provides:

The **first** choice is not to prolong your life.

- In the case of an incurable and irreversible condition that will result in your death within a relatively short time.
- You become unconscious and, to a reasonable degree of medical certainty, will not regain consciousness.
- The likely risks and burdens of treatment would outweigh the expected benefits.

This choice also allows you to determine if you want to receive artificial food and water based on the conditions listed above. Unless you were to specifically object, this choice would also provide treatment to ease any pain and discomfort.

The **second** choice is to prolong your life as long as possible within the limits of generally accepted healthcare practices.

The **third** choice is not to make a specific choice yourself but to allow a person of your choice (Power of Attorney for Healthcare Decisions) to make end-of-life decisions for you.

Power of Attorney for Healthcare

A **Power of Attorney for Healthcare** allows you to choose a person to make healthcare decisions for you should you become incapacitated. You can limit the type of decisions that your agent may make for you if you choose to do so. This document provides a place for you to list alternative agents should your original agent be unavailable or unable to act. Your agent's authority becomes effective when your primary physician and one other qualified healthcare professional determine that you are unable to make your own healthcare decisions.

You can also use this form to designate a person to make your current healthcare decisions even though you are completely capable of making those decisions for yourself. Some persons prefer not to be involved in the decision-making process of their healthcare at any stage and designate another person to make current and future decisions for them by completing a **Power of Attorney for Healthcare**.

YOU DO NOT HAVE TO SIGN ANY FORM IF YOU CHOOSE NOT TO DO SO.

If you do not sign a form or tell your doctor about whom you want to make your healthcare decisions (or if someone you identify is not reasonably available), a family member who is reasonably available may act. Family members are selected to act in your behalf in descending order: Spouse, significant other, adult child, parent, adult brother or sister, grandparent, close friend.

Advance Directives (**Living Will and Power of Attorney for Healthcare**) allow you to make your own choices about medical decisions. Making decisions in advance will provide direction and perhaps comfort to family members or agents who may make significant choices on your behalf.

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Patient Information on Abuse and Neglect

Southwest Endoscopy, Ltd. is required to report abuse, neglect and misappropriation of property to Adult Protective Services at 1-800-797-3260. Abuse, neglect, misappropriation of property and injuries of unknown sources will also be reported to the Department of Health Improvement within 24 hours at 1-800-752-8649 or 1-800-445-6242. Southwest Endoscopy, Ltd. will ensure that the reporter with direct knowledge of an incident has immediate access to the Department of Health Improvement (DHI) incident report form in order to allow the reporter to respond to, report and document incidents in a timely and accurate manner. Any consumer, employee, family member or legal guardian may report an incident either independently or through Southwest Endoscopy, Ltd. to the Division of Health Improvement by telephone call, written correspondence or other forms of communication utilizing the DHI incident report form. Southwest Endoscopy Ltd. shall report incidents utilizing the DHI incident report form, consistent with the requirements of the DHI incident management system guide and CMS regulations as applicable. The complete report will be submitted to DHI within 24 hours of an incident or allegation of an incident.