

INFORMED CONSENT FOR ENDOSCOPIC PROCEDURES

Gastrointestinal endoscopy is the direct visualization of the digestive tract with a flexible, lighted endoscope. It is usually done under sedation. During your procedure, the lining of the digestive tract will be thoroughly inspected and possibly photographed. If an abnormality is seen or suspected, a small portion of the tissue (biopsy) may be removed. Small growths (polyps), if seen, may be removed. These specimens are sent to a pathologist who determines if abnormal cells are present.

() UPPER GI ENDOSCOPY - sometimes called EGD (esophagogastroduodenoscopy), is a visual examination of the upper intestinal tract using a lighted, flexible, fiberoptic or video endoscope. The upper gastrointestinal tract begins with the mouth and continues with the esophagus (food pipe) which carries food to the stomach.

() COLONOSCOPY - is advised for all average-risk patients, age 50 and older, as a method of **colon cancer screening**. The procedure is performed using a colonoscope, a long flexible tube that permits visualization of the lining of the large bowel utilizing a video monitor. The instrument is inserted via the rectum and guided through the length of the colon. If the doctor sees a suspicious area, a biopsy can be done to make a diagnosis.

() FLEXIBLE SIGMOIDOSCOPY – lets your doctor examine the lining of the rectum and a portion of the colon (large intestine) by inserting a flexible tube about the thickness of your finger into the anus and slowly advancing it into the rectum and lower part of the colon.

() DILATION – Esophageal dilation is a procedure that allows your doctor to dilate, or stretch, a narrowed area of your esophagus (swallowing tube). Doctors can use various techniques for this procedure. Your doctor might perform the procedure as part of a sedated endoscopy. Alternatively, your doctor might apply a local anesthetic spray to the back of your throat and then pass a weighted dilator through your mouth and into your esophagus.

Gastrointestinal endoscopy is a very low risk procedure though the complications listed below may occur. Your doctor will discuss the possibility of complications with you, if you desire. **YOU MUST ASK YOUR DOCTOR IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT THE PROCEDURE.**

1. **BLEEDING:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Management of this complication may consist only of careful observation. Blood transfusions and surgery are rarely needed.
2. **PERFORATION:** Passage of the endoscope may result in an injury or tear to the gastrointestinal tract wall or an internal organ such as the spleen, with possible leakage of gastrointestinal contents in the body cavity. If this occurs, surgery may be required.
3. **MEDICATION PHLEBITIS:** Medications used for sedation may irritate the vein in which they are injected. This may cause a red, painful swelling of the vein and surrounding tissue. The area could become infected. Discomfort in the area may persist for several weeks to several months.
4. **OTHER RISKS:** These include drug reactions, and complications from other diseases you may already have. Although endoscopy is a fairly thorough examination of the gastrointestinal tract, it is not 100% accurate in diagnosis. Rarely, a failure of diagnosis or a misdiagnosis may result. Serious or fatal complications from endoscopy are extremely rare. You must inform your physician of all your allergies and medical conditions.

Alternatives to Gastrointestinal Endoscopy

Other diagnostic or therapeutic procedures, such as medication treatment, x-ray, and surgery may be available.

I hereby authorize:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Dr. Lynn | <input type="checkbox"/> Dr. Mason | <input type="checkbox"/> Dr. Schreiner |
| <input type="checkbox"/> Dr. Gogel | <input type="checkbox"/> Dr. Jakiche | <input type="checkbox"/> Dr. Bay |
| <input type="checkbox"/> Dr. Mojtahed | <input type="checkbox"/> Dr. Parker-Ray | <input type="checkbox"/> Dr. Villas-Adams |
| <input type="checkbox"/> Dr. Adams | | |

And whoever is designated as his/her assistant(s) to perform the following:

- | | |
|---|---|
| <input type="checkbox"/> UPPER GI ENDOSCOPY (EGD) | <input type="checkbox"/> FLEXIBLE SIGMOIDOSCOPY |
| <input type="checkbox"/> COLONOSCOPY | <input type="checkbox"/> DILATION |

To treat my condition explained to me as being:

If any unforeseen condition arises during this procedure calling for (in my doctor's judgment) additional procedures, treatments, or surgeries, I authorize whatever is deemed advisable. I acknowledge that the practice of medicine and surgery is not an exact science and that no guarantees have been made to me concerning the result of this procedure.

I am aware that in an event of a life-threatening emergency, Southwest Endoscopy personnel will perform any necessary emergency procedures and transfer me to an acute care facility.

I consent to the administration of moderate sedation as may be considered appropriate by my doctor. If sedation is used, I agree not to drive, operate machinery, make critical decisions, sign legal documents, or consume alcohol or recreational drugs for 24 hours following my procedure.

I consent to the taking of any photographs made during my procedure for the purpose of treatment and medical education.

Consent for Medical Procedure or Surgery

EXPLANATION

A physician obtains the patient's consent to surgery or medical procedure. You are asked to consent to an operation or a medical procedure and confirm that the operation or procedure has been explained to you, that you understand what is to be done, why it is necessary and risks that may be involved. If you have any doubts or unanswered questions, do not sign the consent. The physician will be notified.

CONSENT

The undersigned hereby requests and gives consent to their physician and assistant(s) to perform or administer to the patient the following surgical or medical procedure or treatment:

___ COLONOSCOPY = Sedation or Anesthesia and Colonoscopy with possible biopsy and/or possible Polypectomy

___ UPPER GI ENDOSCOPY (EGD) = Sedation or anesthesia and Upper GI Endoscopy with possible Biopsy And possible Dilation

And to do any procedure(s) that in the judgment of the above named physician or assistant may be deemed necessary or advisable on the basis of findings during the course of said operation or procedure. The consent also includes authority to administer any necessary medication or blood transfusions chosen by the physician or assistant, and the disposal of any tissue removed.

The nature and purpose of this operation or medical procedure(s), possible alternative methods of treatment, the risks involved, and the possibility of complications or unintended results have been explained. "Colonoscopy is considered the standard of care for colorectal cancer screening and surveillance. Other alternatives, including sigmoidoscopy, barium enema and fecal occult blood test (FOBT) are available but may not be accurate. If you wish to consider alternatives, please discuss these with your gastroenterologist."

I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained.

I hereby authorize observers to be present during my treatment/surgery for purposes of their medical training and education.

I acknowledge that I have read and fully understand the above consent, the explanations referred were made, and that all blanks or statements requiring insertion of completion were filled in before I affixed my signature.

DISCHARGE INSTRUCTIONS

IF YOU SHOULD HAVE PAIN, BLEEDING OR FEVER, YOU SHOULD NOTIFY YOUR DOCTOR IMMEDIATELY AT 505-999-1600.

- You may not drive at all on the day of your procedure. You are expected to arrange for transportation with a friend or family member.
- Sedation/Narcotics may affect your judgment. Important decisions should be postponed for the remainder of your scheduled procedure day.
- Avoid strenuous activity on the day of your procedure. You may resume normal activity on the following day.
- Avoid alcoholic beverages on the day of your procedure.
- You may feel drowsy or sleepy following your procedure.
- Tenderness, swelling or pain may occur at the IV site where you receive sedation. If you experience this, apply warm soaks to the area. Notify your physician if this persists at 505-999-1600.
- Tylenol (Acetaminophen) is permitted.
- COLONOSCOPY: You may feel bloated after your exam. This is normal and will usually pass after a short time. Walking will also help to pass the gas. You may not have a normal bowel movement for approximately three days.
- UPPER ENDOSCOPY/ESOPHAGOGASTRODUODENOSCOPY: If your throat feels sore after you get home, you may gargle with warm salt water, use lozenges, have cold drinks or popsicles to relieve any discomfort.
- Your doctor will provide you with additional recommendations specifically relating to the results of your procedure. If you have any questions regarding the above instructions, please call our office at 505-999-1600.

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.

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. 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.

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.

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. The activities include, but are not limited to: quality assessment activities, employee review activities, training of medical students, licensing, marketing and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients in our facility. 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 appointments. We may send information, in the mail, email 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 that 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: 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 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 protected health information. 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 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 www.hhs.gov.

You may file a complaint by writing a letter to the physician you are seeing or to our privacy officer at 7788 Jefferson NE, Albuquerque, NM 87109. The privacy officer may also be contacted by calling 505-999-1600.

We will not retaliate against you for filing a complaint.

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

PATIENT RIGHTS AND RESPONSIBILITIES

Southwest Endoscopy, Ltd. is owned and operated by the Physicians of Southwest Gastroenterology Associates. 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, patients have the right:

- To consent or refuse treatment,
- To receive a full explanation of all services, care and treatments provided including an explanation of your bill,
- To be informed about any research or investigational studies affecting your care,
- To determine your treatment options, and to appoint a surrogate decision maker if you are unable to communicate your wishes.
- To approve or refuse release of your medical records except when required by law.
- To change your provider if another qualified provider is available.
- To be free of all forms of abuse or harassment.

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

- Respecting others' rights and informing us if you feel your rights are not respected.
- Provide complete and accurate information about your health, allergies, and all medications you are taking including over the counter medications and dietary supplements.
- Cooperating and participating in the treatment program specified by your physicians.
- Cancelling appointments you cannot keep.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours if required by your physician.
- Inform your provider about any living will or medical power of attorney.
- Accept financial responsibility for any charges not covered by your insurance.

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.

1. NM Dept. of Health, Incident Mgmt Bureau, 1190 St. Francis Dr., Santa Fe, NM 87502
1-800-752-8649
2. NM Aging & LTC Services Dept, 2550 Cerrillos Rd, Santa Fe, NM 87505 505-476-4790

SOUTHWEST ENDOSCOPY POLICY ON ADVANCE DIRECTIVES

Southwest Endoscopy, Ltd. 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:

- Perform emergency procedures, as necessary, to stabilize the patient.
- 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, 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:

- 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 or Surrogate 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 or Surrogate 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.

SOUTHWEST ENDOSCOPY 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 1-800-445-6542. 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 completed report will be submitted to DHI within 24 hours of an incident or allegation of an incident.