

*East Greenwich Endoscopy Center  
Statement of Patient Bill of Rights*

- ✦ *To be treated with respect, consideration and dignity.*
- ✦ *To be provided with appropriate privacy*
- ✦ *To expect that all disclosures and records are treated confidentially, except when required by law, and to be given the opportunity to approve or refuse their release.*
- ✦ *To be provided, to the degree known, complete information concerning their diagnosis, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient to be a legally authorized person.*
- ✦ *To be given opportunity to participate in decision involving their health care, except when participation in contraindicated for medical reasons*
- ✦ *To receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment, except in emergencies. Such information for informed consent should include the specific procedure and/or treatment, significant medical risks involved, and the probable duration of incapacitation. Where significant alternatives for medical care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information and the consequences of not complying with therapy. The patient has the right to know the name of the person responsible for the procedures and/ or treatment*
- ✦ *To be informed, when appropriate, of treatment policy for an unemancipated minor not accompanied by an adult*
- ✦ *To refuse treatment and be informed of consequences of refusing treatment or not complying with therapy.*
- ✦ *To be informed as to expected conduct and responsibilities as a patient, Services available from the facility, Provisions for after-hours and emergency care, Fees for services, Payment policies, Right to refuse participation in experimental research, Methods for expressing grievances and suggestions to the facility, Procedure for reporting public health concerns to the appropriate authorities, To be informed of their rights to change primary or specialty physicians if other qualified physicians are available.*

*When and if for any reason the above rules are not followed and you, as the patient, would like to voice a complaint with the Administrator of the this health care service center-please call David Nero RN 401-885-2760*

*State Health Department Contact*                      *Rhode Island Department of Health  
3 Capitol Hill  
Providence, RI 02908  
1-800-942-7434*

*Medicare Beneficiary Ombudsman:*                      *1-800-633-4227  
Website [www.cms.hhs.gov/center/ombudsman](http://www.cms.hhs.gov/center/ombudsman)*

*If your concerns are not being addressed, feel free as a patient to contact:  
JCAHO (Joint Commission of Accreditation of Ambulatory Centers)  
<http://www.jointcommision.org> or call 1-800-994-6610 weekdays*