

Newport Beach Orange Coast Endoscopy Center

Dear Patient:

Welcome to the Newport Beach Orange Coast Endoscopy Center. We are pleased that you have placed your trust in us to provide your healthcare services.

Newport Beach Orange Coast Endoscopy Center was designed to provide patients with a more efficient and less stressful environment. Our pleasant atmosphere and highly qualified staff can minimize the anxiety that often comes with having a procedure.

In the days before your procedure, you may be contacted by a representative from our facility to discuss pre-operative preparation and answer any questions you may have regarding your procedure. During this call, we will verify your appointment and arrival time to the facility. In view of the fact that you will be sedated or receive anesthesia during your visit, it is imperative that a responsible adult drive you to and from the facility, a taxi is not acceptable. Unfortunately, we cannot make any exceptions to this requirement.

When you come to NBOCE, please remember to bring a medication list. We ask that you do not bring any jewelry or other valuables to the Center. In addition, please bring your Government issued I.D., insurance card(s) and any advance payment for copays or deductibles based on your insurance policy. If you wear glasses, please bring those as well.

We would also like to inform you that the following physicians have ownership at NBOCE: Donald Abraham, MD, Herbert Lee, MD, Daniel Ng, MD, Richard Quist, MD and Kathryn Ross, MD.

If you have an Advance Directive or Living Will, please bring this with you the day of the procedure. It is our policy **not to honor** Advance Directives during your care at NBOCE. However, it will be placed in your medical record in the event that there is a patient transfer or emergent situation. If you need additional information regarding Advance directives, we will be happy to provide you with official State Advance directives forms.

In closing, our goal is to provide a safe, friendly environment in which your concerns are addressed promptly to your satisfaction. We appreciate the trust you have placed in the team at NBOCE. We will make every attempt to honor that trust by providing the high quality medical care you expect and deserve. We welcome any comments and suggestions you may have.

If you have any further questions, please call us at 949-646-6999. One of our highly qualified team members will be happy to assist you.

Sincerely,

Valerie Mendez
Administrator

Newport Beach Orange Coast Endoscopy Center

NBOCE observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems.

You have the right to:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the center to disclose, when applicable, physician financial interests or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the center, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the center's policy regarding advance directives/living will. Expect the center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center's payment policies.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.

- Expect the center to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided below.

You are 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 center.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

You may contact the following entities to express any concerns, complaints or grievances you may have:

CENTER	Valerie Mendez, Administrator (949) 646-6999
STATE AGENCY	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING AND CERTIFICATION DIVISION ORANGE COUNTY ACUTE & ANCILLARY UNIT, 681 SOUTH PARKER ST., SUITE 200 ORANGE, CA 92868 COMPLAINTS (714)567-2906 GENERAL INFORMATION (800)236-9747
MEDICARE	OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN: www.cms.hhs.gov/center/ombudsman.asp

To care for our patients, serve our physicians, and improve healthcare in America

Newport Beach Orange Coast Endoscopy Center

Your surgery has been scheduled at Newport Beach Orange Coast Endoscopy Center. We are required by a National Medical Oversight Organization to maintain specific records which must be completed by each individual. Please bring the following items with you to the Endoscopy Center.

Name of Patient _____

A LIST OF YOUR CURRENT MEDICATIONS WITH DOSAGE AND SCHEDULE, please include any and all herbal medications/supplements.

A LIST OF ALL PREVIOUS HOSPITALIZATIONS AND/OR SURGERIES.

A LIST OF ALL ALLERGIES.

PLEASE FILL OUT BOTH SIDES OF THIS FORM.

When listing your medications be specific. Please read the bottle, spell the name of the medication correctly, list the dosage as indicated on the bottle, and don't forget to list when you take this medication (morning or evening)

List your current medications – Prescriptions, Herbals, & Over the Counter

Name	Dosage	Frequency	Time of Day

Continue on back of form

Newport Beach Orange Coast Endoscopy Center

List all allergies:

Allergy

Type of Reaction

Allergy	Type of Reaction

List your previous hospitalizations or surgeries:

Hospitalization/Surgery

Date (month and year)

Hospitalization/Surgery	Date (month and year)

Review of Medications and Allergies across the patient care continuum.

To be completed by Newport Beach Orange Coast Endoscopy Center personnel:

Additional Home Medications for Patient Discharge

Medication Name	Dose/Route/Frequency/Comments	Last Dose	RX given?

Nurse Signature _____ Date _____