

**At Midwest Endoscopy Services, LLC, patient care, safety & satisfaction are very important to our entire staff. In order to provide the best care possible, we want to partner with you in maintaining your safety & satisfaction. If at any time you, your legal representative and/or surrogate have questions or concerns regarding any aspect of your care, please contact Midwest Endoscopy Services for assistance or clarification.**

**Patient Rights**

Every patient has the right to be treated fairly, with respect, consideration, dignity and as an individual. We assure the rights of all patients coming into the Center are respected without regard to race, gender, color, national origin, disability, age, religious or fraternal organization, or any other factor protected by law.

1. Patients are treated with respect, consideration, dignity and provided safe care by competent personnel without discrimination.
2. Patients are informed of patient rights during the admission process.
3. Patients are provided appropriate privacy.
4. Patient disclosures and records are treated confidentially, except when required by law, and patients are given the opportunity to approve or refuse their release.
5. Patients are free from abuse, neglect and exploitation.
6. Patients are given access to the information contained in his/her medical record within a reasonable time period when requested.
7. Patients are informed both of their right to formulate an Advance Directive at the time of admission and the facility’s policy regarding Advanced Directives.
8. Patients are informed in advance about care, treatment and associated risks.
9. Patients are given information necessary to make informed decisions regarding their care and treatment. When it is medically inadvisable to give information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
10. Patients are provided information about treatment alternatives and will be advised of the risks, advantages and disadvantages of each.
11. Patients have the right to refuse care, treatment and services and to be informed of the medical consequences of refusal of care.
12. Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
13. Patients have the right to refuse to participate in experimental research
14. Patients have the right to know, in advance, the type and expected cost of treatment.
15. Patients have the right to be informed of the professional rules, laws and ethics that govern the organization and its employees.
16. Patients will receive services without discrimination based upon race, color, religion, gender, national origin, or payer. Health clinics are not required to provide uncompensated or free care and treatment unless otherwise required by law.
17. Patients, families, and /or and legal representatives or surrogates have the right to express grievances and suggestions to the organization without discrimination or reprisal and have those complaints and grievances addressed with in a timely manner.

**Advance Directive Policy**

Due to the nature of procedures and the generally healthy status of patients seen at the Center it is the conscious decision and policy of the Center **not** to withhold lifesaving actions in the event of life threatening emergencies. In accordance with Nebraska HHS Regulation and Licensure 7-006.04, this will serve as notice to the patient, the patient’s representative, or surrogate of the policy limiting advance directives. In the event a life-threatening emergency occurs (i.e. respiratory or cardiac arrest), the Center will perform emergency procedures as necessary to stabilize the patient and then transfer the patient and the advance directive documentation, if provided, to an acute health care facility where the attending physician, the patient’s representative or surrogate and family can make an informed decision regarding the patient’s well-being.

To comply with state law, during the registration process, you will be asked if you have an advance directive. Please bring a copy if you have one. If you do not have an advance directive and would like further information please call us at 402-933-1500. Upon request we will mail information regarding advance directives or will have it available to you at registration.

**Physician Ownership Notice**

The physician who is rendering services may have an ownership interest in Midwest Endoscopy Services, LLC. During the scheduling process, the physician’s representative will give you the option to be treated at alternate facilities. If you wish to be treated at another facility please notify your physician’s office.

**Please initial:**

**\_\_\_\_ I acknowledge that any pathology specimens obtained during my procedure will be processed and clinically diagnosed by Midwest Gastrointestinal Pathology Department.**

\_\_\_\_\_  
Patient / Responsible Party Signature

\_\_\_\_\_  
Date