

Eastside Endoscopy Center

Rights of Patients

The following list of patient rights is not intended to be all inclusive. Patients receiving care at our center have a right to:

- Be treated with respect, consideration, and dignity.
- Exercise these rights and treated without regard to gender, race, disability, cultural, economic, educational or religious background and without fear of discrimination or reprisal.
- Be treated in a safe environment that is free of all forms of abuse or harassment.
- Quality care & services delivered pursuant to high professional standards.
- Access communication aids (i.e., interpreters, sign language, etc.) where possible.
- Be provided appropriate privacy and confidentiality concerning their medical care - the patient has the right to be advised as to the reason for the presence of any individual directly involved or observing their care
- Voice grievances regarding treatment or care that is (or fails to be) furnished
- Have their questions, concerns, or complaints addressed in good faith.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Provisions for after-hour and emergency care.
- Change their provider if other qualified providers are available.
- Refuse to participate in experimental research.
- Access necessary surgical and/or procedural interventions that are medically indicated.
- Obtain any information they need to give informed consent before any treatment or procedure.
- Be provided, to the degree known, complete and timely information concerning their diagnosis, evaluation, 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 or to a legally authorized person.
- Make choices and decisions regarding their medical care to the extent permitted by law - this includes the right to refuse treatment
- Formulate advance directives and appoint a surrogate to make health care decisions on their behalf to the extent permitted by law. The provision of the patient's care shall not be conditioned on the existence of an advance directive. (please see the center's policy on advanced directives below)
- Have their disclosures and records treated confidentially, and given the opportunity to approve or refuse their release, except when release is required by law.

- Receive, on request, and at a reasonable fee, a copy of their medical record
- Know the services available at the organization and the accreditation, if applicable.
- Know the facility fees for services.
- Request an itemized statement of all services provided to them through the facility, along with the right to be informed of the payment methodology utilized.
- At their own expense, to consult with another physician or specialist if other qualified physicians are requested and available.
- Be informed of patient conduct, participation, and responsibilities rules.
- Know the identity, professional status, institutional affiliation and credentials of health care professionals providing their care, and be assured these individuals have been appropriately credentialed according to the policies of the center.
- Be provided with appropriate information regarding the absence of malpractice insurance coverage.
- Be informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.

Patient Responsibilities

The care a patient receives depends partially on the patient. Therefore, in addition to these rights, a patient has certain responsibilities that are presented to the patient in the spirit of mutual trust and respect. Patient Responsibilities require the patient to

- Follow Directions – The patient is responsible for following any directions given pre-procedure & any written instructions given at discharge.
- Ask Questions – the patient is encouraged to ask all questions of the physician & staff in order that they have full knowledge of the procedure & after care.
- Follow the treatment plan prescribed by his/her provider, follow the policies & procedures of the facility, and participate in their care.
- Keep appointments and notify surgery center or physician when unable to do so.
- Be respectful of all the health care providers and staff, as well as other patients.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
- Accept responsibility for his/her actions should he/she refuse treatment or not follow his/her physician's orders
- Provide complete & accurate information & accept personal financial responsibility for any charges not covered by his/her insurance.

Patient Guardian

The patient's guardian, next of kin, or legally authorized responsible person has the right to exercise the rights delineated on the patient's behalf, to the extent permitted by law, if the patient:

- has been adjudicated incompetent in accordance with the law.
- has designated a legal representative to act on their behalf.
- is a minor.

Physician Participation

This is to inform you that your physician might have a financial interest or ownership in this center. The following are physicians who have a direct or indirect ownership interest of 5 percent or more:

Raj Butani, MD	(NPI 1285695221)
Kalle Kang, MD	(NPI 1780626630)
Sang Kim, MD	(NPI 1225070170)
Venkatachala Mohan, MD	(NPI 1194704106)
Georgia Rees Lui, MD	(NPI 1972540227)
Roanne Selinger, MD	(NPI 1003895012)
Shie Pon Tzung, MD	(NPI 1023096252)
George Winters, III, MD	(NPI 1104891910)
Robert Wohlman, MD	(NPI 1265412019)

Advance Directives

In accordance with Washington State law, this center must inform you that we are not required to honor and do not honor DNR directives. A healthcare power of attorney will be honored.

If a patient should provide his/her advance directive a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.

At all times the patient or his/her representative will be able to obtain any information they need to give informed consent before any treatment or procedure.

In order to assure that the community is served by this facility, information concerning advance directives is available at the facility. While the state of Washington does not have required a specific form for an advanced directive, sample forms are available at the center's office. To obtain this form and information, please call (425) 451-7335.

Patient Rights Notification

Each patient at the center will be notified of their rights in the following manner:

- A written notice provided in advance of the day of their surgery in a language and manner the patient understands.
- A verbal notice provided in advance of the day of their surgery in a language and manner the patient understands.
- A posted notice visible by patients and families waiting for treatment.

Patient Grievances

The patient and family are encouraged to help the facility improve its understanding of the patient's environment by providing feedback, suggestions, comments and/or complaints regarding the service needs, and expectations.

A complaint or grievance should be registered by contacting the center and/or a patient advocate at the Washington State Department of Health or Medicare (numbers provided in this flyer). The surgery center will respond in writing with notice of how the grievance has been addressed.

Contacts: Eastside Endoscopy Center
Michelle Steele, BSN, CGRN
Nurse Administrator
1135 116th Ave NE Suite 570
Bellevue, WA 98004
(425) 451-7335

Washington State Department of Health
Hotline: (800) 525-0127

Medicare Beneficiary Ombudsman
1-800-MEDICARE
(1-800-633-4227)

www.medicare.gov/Ombudsman/resources.asp

EASTSIDE ENDOSCOPY CENTER

INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

It is very important to your doctor that you understand and consent to the treatment your doctor is rendering and any treatment your doctor may perform. You should be involved in any and all decisions concerning the procedures which you may need to have. Sign this form only after you understand the procedure, the risks, the alternatives, the risks associated with the alternatives and all of your questions have been answered. Please initial and date directly below this paragraph indicating your understanding of this paragraph.



Patient's Signature or Authorized Individual

Date

I hereby authorize and permit:

<input type="checkbox"/> Raj Butani, M.D.	<input type="checkbox"/> Kalle Kang, M.D.	<input type="checkbox"/> Sang Kim, M.D.	<input type="checkbox"/> Edwin Lai, M.D.
<input type="checkbox"/> Venkatachala Mohan, M.D.	<input type="checkbox"/> Georgia Rees-Lui, M.D.	<input type="checkbox"/> Roanne Selinger, M.D.	<input type="checkbox"/> Shie-Pon Tzung, M.D.
<input type="checkbox"/> George Winters III, M.D.	<input type="checkbox"/> Robert Wohlman, M.D.		

and any associates or assistants including the CRNA the doctor deems appropriate, to perform upon me the following:

<input type="checkbox"/> Upper Endoscopy (EGD) with possible dilation	<input type="checkbox"/> Flexible Sigmoidoscopy	<input type="checkbox"/> Enteroscopy
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Variceal Banding	<input type="checkbox"/> EIS (Injection Sclerotherapy)
<input type="checkbox"/> Other _____		

The doctor has explained the benefits of gastrointestinal endoscopy to me. However, I understand there is no certainty that I will achieve these benefits and no guarantee has been made to me regarding the outcome of the procedure(s). I am aware that the practice of medicine and surgery are not an exact science. I also authorize the administration of IV sedation as may be deemed advisable or necessary for my comfort, well being, and safety. I have been informed by my physician and the staff of the Eastside Endoscopy Center that if I receive sedation, I should not operate a motor vehicle for twelve hours following the procedure.

Explanation of Procedure

Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal Endoscopy. Your physician has advised you to have this type of examination. The following information is presented to help you understand the reasons for and the possible risks of these procedures.

At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or the lining may be brushed. These samples are sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), if seen, may also be removed.

Brief Description of Endoscopic Procedures

1. **EGD (Esophagogastrroduodenoscopy):** Examination of the esophagus, stomach, and duodenum. If active bleeding is found, coagulation by heat may be performed.
2. **Dilation:** Dilating tubes or balloons are used to stretch narrow areas of the intestinal tract.
3. **EIS (Endoscopic Injection Sclerotherapy):** Injection of a chemical into varices (dilated varicose veins of the esophagus) to sclerose (harden) the veins to prevent further bleeding. Injection is done with a small needle probe through the endoscope.
4. **Variceal Banding:** The physician places a latex (rubber) band around the varices to reduce the flow of blood to the vein, thereby preventing further bleeding.
5. **Flexible Sigmoidoscopy:** Examination of the anus, rectum and left side of the colon, usually to a depth of 60 cm.

6. **Colonoscopy:** Examination of all or a portion of the colon. The procedure may involve collection of a specimen.
7. **Enteroscopy:** Small intestinal Endoscopy beyond the second portion of the duodenum and not including the ileum. The procedure may involve collection of a specimen.
8. **Polypectomy:** Using a wire loop and electric current, polyps (protruding growths) can be removed from the digestive tract; commonly done with colonoscopy and less commonly with EGD.
9. **Monitored Anesthesia Care (MAC):** Administration of IV medications by a CRNA to achieve a state of relaxation sufficient to improve tolerance for the procedure but not intended to result in significant depression of breathing or total inability to respond.

Principal Risks and Complications.

The doctor has explained to me that there are risks and possible undesirable consequences associated with any procedure *including, but not limited to:*

1. **Perforation:** Passage of the instrument may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs, surgery to close the leak and/or drain the region is usually required.
2. **Bleeding:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Management of this complication may consist only of careful observation, or may require transfusions or a surgical operation.
3. **Moderate to Deep IV Sedation Medication and Pregnancy:** I understand that there are risks involved with IV sedation and to my knowledge, I am not pregnant. If there is a question that I may be pregnant, then I will allow a urine pregnancy test to be performed prior to my procedure. Under this type of anesthesia sedation is produced by injecting medicines into the bloodstream to make me unresponsive, but not unconscious. All types of anesthesia involve some risk. These risks include, but are not limited to allergic or adverse drug reactions, respiratory depression, hypoxia (low blood oxygen), low blood pressure, nausea, vomiting, arrhythmias (disorders of regular rhythmic beating of the heart), and injuries to the vein. Complications from anesthesia are uncommon, but may occur. There is a remote possibility of death as a complication of anesthesia. No guarantee has been made that sedation will eliminate awareness, anxiety, or discomfort.
4. **Medication Phlebitis:** Medications used for sedation may irritate the vein into which they are injected. The irritation may result in a red, painful swelling of the vein and surrounding tissue that can become infected. Discomfort may persist for several weeks or months.
5. **Missed Lesions (Polyps and Cancer):** During your colonoscopy the physician will attempt to identify all polyps and cancer, and remove all polyps if possible. Although colonoscopy is the best test to find and remove these lesions, there is a small chance that one or more may be missed.
6. **Splenic Tear:** As the scope passes through the splenic flexure in the colon, there is the rare possibility that an injury can occur to a patient's spleen. A splenic tear is an abrasion on the spleen that could result in hospitalization, the need for blood transfusion, and may even require surgery to treat.
7. **Other Risks include, but are not limited to** respiratory problems, decrease in blood pressure, allergic reaction, slurred speech, unaroused sleep, impaired cardiovascular function, aspiration and pneumonia, heart attack, damage to teeth or dental work (when instruments are inserted through the mouth), collapsed lung when visualizing the respiratory tract as well as nose and throat pain (a special tube may be placed into the chest to re-expand the lung when this occurs), clotting or infection in the vein where medication is given, and very rarely, death. Instrument failure is also extremely rare but remains a remote possibility. Drug reactions and complications from other diseases are possible.

YOU MUST INFORM YOUR PHYSICIAN OF ALL YOUR ALLERGIC TENDENCIES AND MEDICAL PROBLEMS.

In addition, older patients and those with extensive diverticulitis are more prone to complications.

All of the above complications are possible but occur with a very low frequency. Occasionally one or more of these complications could result in transfer to the hospital for hospitalization, blood transfusion, or the need for surgical intervention for correction. Your physician will discuss the frequency of these complications if you desire in reference to your own indications for the endoscopy.

In permitting my doctor to perform gastrointestinal endoscopy, I understand that unforeseen conditions may be revealed that may necessitate change or extension of the original procedure(s) or a different procedure(s) than those already explained to me. I therefore authorize and request that the above-named physician, his/her assistants, and CRNA perform such procedure(s) as necessary and desirable in the exercise of his/her professional judgment. I understand the Endoscopy Center **does not recognize Do Not Resuscitate** orders and will use all measures possible to sustain life.

Alternatives

The reasonable alternative(s) to gastrointestinal endoscopy, as well as the risks to the alternatives, have been explained to me. The alternatives include **but are not limited to** the following. Although gastrointestinal endoscopy is a safe and effective means of examining the gastrointestinal tract, it is not 100 percent accurate in diagnosis. In a small percentage of cases a failure of diagnosis or a misdiagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

I hereby authorize the doctor to dispose of any removed tissues resulting from the procedure(s) authorized above.

I consent to the taking and publication of photographs or videotapes of the procedure(s) made during my procedure for use in the advancement of medical education, provided my identity is not revealed by the pictures or by descriptive text accompanying them.

Written discharge instructions will be reviewed with me and a copy will be sent home with me. I will read and comply with them.

Any questions I had regarding gastrointestinal endoscopy and IV sedation that apply to my clinical circumstances have been answered to my satisfaction. The advantages and disadvantages of the endoscopy center versus the hospital setting have been discussed with me. I authorize the certified registered nurse anesthetists (CRNAs) of Paceline Anesthesia PLLC to perform Monitored Anesthesia Care (MAC), commonly called IV sedation, and any other anesthetics as may be deemed advisable as a part of my upcoming GI Procedure.

I have received verbal and written information regarding Advance Directives, Patient Rights & Responsibilities, and Physician Ownership and have been given the opportunity to ask questions about them.



_____	_____	Do Not Sign – Sign at check in	_____
Date	Time	Signature of Patient or Authorized Individual	Relationship of Authorized Individual

WITNESS: ☐ The Patient/Authorized Individual has read the forms or had it read to him or her.
 ☐ The Patient/Authorized Individual expresses understanding of the form.
 ☐ The Patient/Authorized Individual has no questions.

_____	_____	_____
Date	Time	Signature of Witness

CERTIFICATION OF PHYSICIAN

I hereby certify that I have discussed and explained the facts, risks, and the risks associated with the alternatives of the procedure(s) described in this Consent form with the individual granting consent.

Date Time Signature of Physician

CERTIFICATION OF CRNA

I hereby certify that I have discussed and explained the facts, risks, the risks associated with the alternatives of the anesthesia described in this Consent form with the individual granting consent.

Date Time Signature of CRNA

An interpreter or special assistance was used to assist patient in completing this form as follows:

_____ Foreign language (specify)
_____ Sign language
_____ Patient is blind, form read to patient
_____ Other (specify) _____

Interpretation provided by _____
(Fill in name of Interpreter and Title or Relationship to Patient)

Signature (Individual Providing Assistance) Date Time

PLEASE BRING THIS COMPLETED FORM & YOUR INSURANCE CARD TO YOUR APPOINTMENT

Patient Information

Patient Legal Name: _____ ☐ Male ☐ Female

Address: _____
(Street) (City) (State) (Zip Code)

Billing Address:

If different from above (Street) (City) (State) (Zip Code)

Social Security #: _____ Date of Birth: _____

Marital Status: ☐ Single ☐ Married

Daytime Phone: _____ Evening or Cell Phone: _____

Family Doctor (*First & Last Name*): _____

Authorization Number: _____

Responsible Party

(Person Responsible for the bill)

Name: _____ Date of Birth: _____

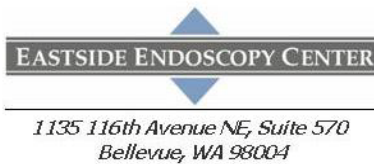
Social Security #: _____ Employer: _____

Primary Insurance Information		Secondary Insurance Information	
Policy Holder: (Name)		Policy Holder: (Name)	
Date of Birth:		Date of Birth:	
Social Security #:		Social Security #:	
Employer of Insured:		Employer of Insured:	
Name of Insurance:		Name of Insurance:	
Policy #:		Policy #:	
Group Name:	Group Number:	Group Name:	Group Number:

Emergency Contact

Name: _____ Relationship to Patient: _____

Daytime Phone: _____ Evening or Cell Phone: _____



FREQUENTLY ASKED QUESTIONS

- 1. Why do I have to fill out paperwork and answer questions at the endoscopy center when I already answered them at the doctor's office?** *Eastside Endoscopy Center is owned by a group of physicians and a corporate partner and while it is located next to their offices, it is a separate business. Medicare accredited facilities are required to have a separate chart for all patients. In addition, our nursing staff wants to make sure we have your most up to date health information, including your current medications.*
- 2. Will my insurance cover my procedure?** *Many insurances cover colonoscopy and upper endoscopy procedures. All insurance plans differ so it is important for you to contact your insurance company and discuss your benefits. You will be responsible for any co-pay or deductibles. If you need assistance in determining your benefits, please contact our office.*
- 3. If you're having a screening colonoscopy,** *you should call your insurance company for coverage verification. The procedure code is 45378 or G0121 and the diagnosis code is V76.51. If you're having a colonoscopy because a family member has had colon cancer, the diagnosis code is V16.0 and the procedure code is 45378 or G0105.*
- 4. Why will I get separate bills for my procedure?** *You will receive a bill from our facility (Eastside Endoscopy Center) a bill from the physician who performed the procedure, the CRNA who administered and monitored your sedation and, if you had tissue biopsied or removed, a bill from the pathology lab. (See our billing explanation below)*
- 5. Why should I have my procedure done at Eastside Endoscopy Center?** *Eastside Endoscopy Center's highly skilled team of doctors and nurses are committed to providing the highest quality endoscopic services in a comfortable atmosphere. We specialize in gastroenterology and endoscopy procedures. In addition, Eastside Endoscopy Center has been accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) since 1996. Eastside Endoscopy Center was the first endoscopy center in Washington State to achieve this voluntary accreditation.*
- 6. I have concerns about the procedure, is there someone I can call?** *If you have specific concerns about the day of the procedure, please feel free to contact our office and speak with one of our nurses. If you have questions about the preparation before your procedure, please contact your gastroenterologist's office.*
- 7. Why can't I go back to work or drive home?** *The medications used to help you relax during your procedure will have an effect on your reflexes and judgment for 12 hours and may also have a temporary effect on your short term memory. For this reason it is important to have someone you trust with you to hear your discharge instructions and make sure you arrive home safely. If you drive before these drugs are eliminated from your system it is considered "driving under the influence" and is punishable under the Washington State DUI Statute RCW 46.61.502. Our medical staff are obligated to report to the local police any patient who drives after receiving these drugs. We request that your escort remain in the building during your procedure. There is a coffee bar and restaurant on the first floor for their convenience. Pagers are available at the front desk. If you arrive without an escort, your procedure will be rescheduled.*
- 8. What medications do you use?** *Our CRNA's may use several medicines specifically selected for you based upon your health history. Medications commonly used are Propofol (a sedative), Fentanyl (a narcotic used to control pain), and Versed (a medicine used to promote relaxation).*
- 9. Will I be asleep for my procedure?** *Most patients will sleep through their procedure. Some patients may wake up toward the end of the procedure and will be able to view the screen and converse with the physician if desired.*
- 10. Can I take my normal medications?** *Yes. You should take all of your normal medications. The only exception to this may be blood thinning products, insulin and fish oil. Please check with your physician prior to your procedure about taking these drugs. If you use an inhaler, please bring it with you.*

11. How soon after the procedure can I eat? *You can resume your normal diet after the procedure. If you had an upper Endoscopy, your throat may be sprayed with a numbing medicine. Your recovery nurse will instruct you when it is safe to resume your diet after receiving this spray.*

12. I finished my colonoscopy prep and I am not sure my preparation worked. What should I do? *If you have completed your entire prep and are still passing formed stool, your procedure may need to be rescheduled. Contact the Endoscopy Center as soon as possible and request to speak with a nurse.*

13. Who do I contact if I have questions about my bills?

When you have a procedure at Eastside Endoscopy Center, your insurance company will be billed by the following entities:

- **Eastside Endoscopy Center (EEC).** *EEC will bill your insurance for facility costs which include the equipment, procedure room, supplies, staff costs, and medications.*
Billing questions: 1-800-514-0541
 - **Paceline Anesthesia.** *Paceline will bill your insurance for the services provided by the anesthesia professional.*
Billing questions: 855-429-8375 (this is a toll-free number)
 - **Eastside Pathology/PacLab & CytoLab.** *If you have polyps removed, or biopsies taken the lab will bill your insurance for the laboratory's processing and the pathologist's interpretation of the results of the biopsy specimens.*
Billing questions (Eastside Pathology/PacLab): 425-688-5117
Billing questions (CytoLab): 425-774-3751
 - **Northwest Gastroenterology Associates (NWGA) or Overlake Internal Medicine Associates (OIMA).**
NWGA or OIMA will bill your insurance for the physician's services.
Billing questions (NWGA): 425-990-2719
Billing questions (OIMA): 425-467-0150
- ❖ Attached you will find copies of the forms you will be asked to sign when you check in for your procedure.
 - ❖ Please take the time to review the forms and contact us if you have any questions.
 - ❖ Please bring the completed Patient Registration Form with you to your appointment.
 - ❖ Read your preparation instructions carefully!
 - ❖ Make sure you have a ride home.

You will also find additional information and forms that can be filled out on-line on our web site: www.eecendo.com

We look forward to seeing you!



Eastside Endoscopy
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Bellevue, WA 98004
425-451-7335