

Dear Patient,

We are enclosing the following items for your review prior to your procedure date. We will discuss them again with you on the day of the procedure. Please let us know if you have any questions.

Patients' Rights and Responsibilities (attached)

This document outlines what your rights are as a patient in our facility and the responsibilities that you have as a patient to help to support us in providing your care.

List of Owners (attached)

All free-standing ambulatory surgery centers are required to disclose the ownership of the facility to their patients.

Charity Care Program

It is the policy of Mohawk Valley Endoscopy Center to provide charity care and to promote access to services regardless of an individual's ability to pay. Charity care is care provided at no charge or reduced charge for the services that MVEC is certified to provide to patients who are unable to pay full charges, are not eligible for covered benefits under Title XVIII or XIX of the Social Security Act or are not covered by private insurance. MVEC will make financial assistance programs available to all qualified patients. Please notify our Billing Department at the Digestive Disease Medicine office for more information, 315-624-7006.

Advance Directive: An Advance Directive is a type of written or verbal instruction about health care to be followed if a person becomes unable to make decisions regarding his or her medical treatment. These instructions regarding your care will be followed during periods of time when you lack capacity to make medical treatment decisions. Different types of Advance Directives include:

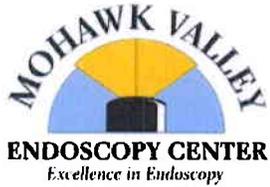
- **A Health Care Proxy** is the appointment of someone you trust, and who knows you well, such as a family member or close friend, who will agree to act in your best interests, and in accordance with your wishes, regarding your healthcare if you lose the ability to make decisions about your treatment for yourself. A health care proxy form will be made available to you, upon request, on the day of your procedure.
- **A Living Will** is a written document in which you, as an adult who is now competent, can express your wishes regarding your future health care in the event that you are unable to make health care decisions. You can include a statement of your preferences and desires regarding medical treatment with your living will, which can serve as a useful resource and directive to your treatment provider. A Living Will form will be available to you, upon request on the day of your procedure.

Please feel free to discuss either with our staff. If you have a Health Care Proxy Designation form, Advance Directive Form or Living Will, please bring a copy with you the day of procedure. If you do not have one, a sample will be provided upon request.

Please note that if you have an advance directive that stipulates that you will not be resuscitated for a cardiac or respiratory arrest, you will be asked to sign a waiver of that directive while you are in our facility. Because the scope of services at this center is limited to elective outpatient procedures, it is the policy of this facility that any life-threatening situation that arises will be immediately treated with life-sustaining measures.

The Center for Medicare and Medicaid Services requires that we provide you with this information regardless of who your insurance carrier is.

Wende Dixon, Administrator



Disclosure of Physician Ownership

Because of concerns that there may be a conflict of interest when a physician refers a patient to a health care facility in which the physician has a financial interest, New York State passed a law. The law prohibits physicians, with certain exceptions, from referring patients to a facility in which the physician or any of his/her immediate family members have a financial interest. The referral can be made under one condition: the physician must disclose this financial interest to patients and advise them of alternative places where they may go to obtain these services. The Medicare program also requires an ambulatory surgery center to disclose physician ownership of and financial interests in the facility. These disclosures are intended to help patients make a fully informed decision about where to receive their health care.

Mohawk Valley Endoscopy Center is owned by community physicians and hospitals. The physician who referred you to the Center or who will be performing your procedure or other services in connection with your procedure is an owner of the Center. Please discuss this matter with your physician so that you may exercise your right to be treated in another health care facility if desired. Upon your request, your physician will provide names and addresses of alternative facilities where you may go to obtain services.

Owners of Mohawk Valley Endoscopy Center:

MVEC Holdings, LLC

Richard Cherpak, MD
Norman Neslin, MD
Robert Pavelock, MD
Bradley Sklar, MD
Stanley Weiselberg, MD
Harvey Allen, MD

Faxton St. Luke's Healthcare

St. Elizabeth's Medical Center

Directions to our Facility

We are located on the 2nd floor of 116 Business Park Dr, in Utica NY, two buildings away from the Digestive Disease Medicine Office

Utica Business Park is accessible from either French Rd or Burrstone Rd.

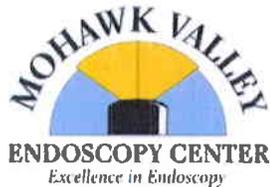
Patients' Bill of Rights for Diagnostic & Treatment Centers (Clinics)

As a patient in a Clinic in New York State, you have the right, consistent with law, to:

- (1) Receive services(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
- (2) Be treated with consideration, respect and dignity including privacy in treatment;
- (3) Be informed of the services available at the center;
- (4) Be informed of the provisions for off-hour emergency coverage;
- (5) Be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
- (6) Receive an itemized copy of his/her account statement, upon request;
- (7) Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
- (8) Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
- (9) Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
- (10) Refuse to participate in experimental research;
- (11) Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
- (12) Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health's Office of Primary Health Systems Management;
- (13) Privacy and confidentiality of all information and records pertaining to the patient's treatment;
- (14) Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
- (15) Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to: http://www.health.ny.gov/publications/1449/section_1.htm#access
- (16) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors; and
- (17) Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center.



**Department
of Health**

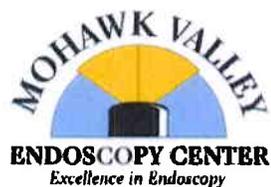


PATIENT'S BILL OF RIGHTS and RESPONSIBILITIES

Patient Responsibilities

As providers of care, Mohawk Valley Endoscopy Center has the right to expect reasonable and responsible behavior on the part of the patients, families and friends. To this end, Mohawk Valley Endoscopy Center has adopted a list of basic responsibilities into a format entitled Patient Responsibilities. Copies will be available for all patients admitted to the facility. The responsibilities are:

- **Provision of Information** - a patient has the responsibility to provide the best of his knowledge, accurate and complete information about present complaints, past illnesses, medications, a copy of any advance directives and other pertinent facts relating to his health status. A patient is responsible for making it known whether he clearly comprehends a contemplated course of action and what is expected of him.
- **Compliance with Instructions** - a patient is responsible for following the treatment plan recommended by his practitioner and for participating in his/her care. This may include following the instructions of nurses and allied health personnel. The patient is responsible for keeping appointments, and when he is able to do so, for notifying the responsible practitioner. The patient has a responsible adult stay in the Center while having their procedure as instructed, and ensures that they have a responsible adult available to drive them home. The patient is responsible for having a responsible adult with them for 24 hours after the procedure if directed by their physician.
- **Transportation and Follow-Up** - The patient has a responsibility to arrange for an adult to stay in the Center while having their procedure as instructed and to provide a responsible adult to transport him/her home and remain with him/her for 24 hours if required by the provider.
- **Advance Directive** - The patient has a responsibility to inform the provider about any living will, medical power of attorney, health care proxy or other directive that could affect their care.
- **Refusal of Treatment** - The patient is responsible for his actions if he refuses treatment or does not follow instructions.
- **Charges** - The patient is responsible for assuring that the financial obligations of his health care are fulfilled as promptly as possible.
- **Respect and Consideration** - The patient is responsible for being considerate of the rights of other patients and personnel and for assisting in the control of noise and smoking. The patient is responsible for being respectful of the property of others and of the facility.



For additional information or to report a complaint, please contact:

Wende Dixon, RN, CNOR
Clinical Director
Mohawk Valley Endoscopy Center
116 Business Park Drive
Utica, New York 13502
315-624-7070

Office of Health Systems Management
New York State Department of Health
217 South Salina St
Syracuse, NY 13202
315-477-8592 or
NYSDOH Complaint Hotline
1-800-804-5447

Centers for Medicare
and Medicaid Services
1-800-633-4227
www.CMS.gov

Office of the Medicare Beneficiary Ombudsman
[http://www.medicare.gov/claims-and-appeals/
medicare-rights/get-help/ombudsman.html](http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html)