



I acknowledge that my procedure has been scheduled at the Digestive Disease Center and that the following information was reviewed verbally and copies were given to me.

1. Advanced Directives.
2. Patient Rights and Responsibilities.
3. Physician Ownership in the Center.
- 4. Need to have a family member/friend stay with me and drive me home after the procedure.**
5. Need to bring identification and my co-payment with me the day of the procedure.
6. Please be aware you may be receiving a bill for the anesthesia, a bill from the physician performing your procedure, a bill from the ambulatory surgery center (Digestive Disease Center of Central New York), and possibly a bill for pathology (tissue samples, polyps, etc.). All is subject to your contract with your insurance carrier.

---

Signature

---

Print Name

---

Date of Birth .

---

Date Form Signed

## INFORMATION ABOUT YOUR ENDOSCOPIC PROCEDURES

Your doctor has recommended that you undergo a gastrointestinal endoscopy procedure: A gastrointestinal endoscopy involves the direct visualization of part of your digestive tract with a lighted instrument (endoscope). During the endoscopy, the doctor may perform a biopsy (sampling of tissue), a polypectomy (removal of a polyp or growth), removal of a foreign body, injection therapy (instillation of medication through the endoscope), dilatation (expansion of a narrow area), thermal cautery (application of a heat source to tissue) and ablation (removal of Barrett's tissue with radio frequency ablation). Endoscopic procedures are generally limited to a particular portion of the digestive tract, based upon each individual patient's condition.

- ❑ **UPPER ENDOSCOPY:** Examination of your esophagus, stomach and duodenum (part of the small intestine nearest the stomach).
- ❑ **GASTROINTESTINAL DILATATION:** A narrow area in your digestive tract is stretched, using either a dilating tube or a balloon.
- ❑ **UPPER ENDOSCOPY with radio frequency ablation:** removal of Barrett's tissue from the esophagus.
- ❑ **UPPER ENDOSCOPY with placement of BRAVO capsule:** Bravo capsule is attached to esophagus for stomach/esophageal pH measurement and monitoring of stomach reflux
- ❑ **ERCP (Endoscopic Retrograde Cholangio Pancreatography):** examination of the esophagus, stomach and ducts that drain fluids from the liver, gallbladder and pancreas.
- ❑ **ENDOSCOPY VIA STOMA**
- ❑ **LIMITED COLONOSCOPY/SIGMOIDOSCOPY:** Examination of your anus, rectum, and part of your colon.
- ❑ **COLONOSCOPY:** Examination of all or a portion of your colon (large intestine).

**Risks and Possible Complications:** The risks of gastrointestinal endoscopy include, but are not limited to: bleeding, infection, heart or breathing difficulties, and aspiration (passage of stomach contents into your lungs), stricture (narrowing of the esophagus), splenic injury, perforation (creation of a hole or tear) of tissue, which may require surgical repair, pancreatitis (only with ERCPs). The risks of Bravo pH monitoring include, but are not limited to: premature detachment, discomfort failure to detach, failure to attach, capsule aspiration, capsule retention, tears in mucosa, bleeding and perforation.

**Alternatives to Gastrointestinal Endoscopy:** X-rays, surgery and medication may be used to diagnose and/or treat your digestive tract problem.

**Sedation:** You will receive sedation during this procedure. The sedation is given through a catheter (tube) inserted into your vein. An anesthesia provider will administer the medications and monitor you throughout the procedure. This medication will relax you, put you to sleep and you should feel no pain. The sedation works quickly and wears off quickly after the procedure. You should not remember the procedure.

**Risks and Possible Complications:** The risks of sedation medications and the use of anesthetic agents administered by an anesthesia provider include, but are not limited to: headache, allergic reaction to the medication or anesthetic agent, nausea, vomiting, aspiration, infection, brain damage, stroke and death. There is a possibility of damage to teeth during the procedure and administration of anesthesia particularly if the teeth are loose, decayed, capped or artificial.

**PLEASE CHECK WITH YOUR INSURANCE COMPANY PRIOR TO YOUR ARRIVAL REGARDING COVERED EXPENSES FOR YOUR ENDOSCOPIC PROCEDURE(S). MOST INSURANCE COMPANIES WILL COVER THE USE OF ANESTHESIA.**

Thank you for scheduling your procedure at our Center. We look forward to taking care of you. As providers of care, the Center has the right to expect reasonable, responsible and respectful behavior on the part of the patients, families and friends.

### **Patient Responsibilities:**

- The patient should provide to the best of your knowledge, accurate and complete information about pertinent facts relating to your medical and health status.
- The patient is responsible to:
  - Have a responsible adult stay in the Center while having your procedure
  - Provide a responsible adult to provide transportation home (NOT a taxi driver or yourself).
  - If instructed by your provider have a responsible adult with you at home for indicated hours after your procedure.
- Accept personal financial responsibility for any charges not covered by insurance. Your co-payment may be collected on the day of your procedure. You should check with your insurance company as to the amount of your co-pay for a procedure at an out-patient facility. If you have any questions concerning billing or payment policies please contact our billing department.
- Present valid photo identification and your insurance cards prior to the procedure.
- Follow the treatment plan recommended by your provider, or other allied health personnel, be involved in the decision making process, and participate in your care. After your procedure you will receive written discharge instructions and educational handouts if indicated. They will be reviewed with you, and your driver, before discharge.
- Make suggestions about improving our operations. Ask question about any aspect of your care and treatment plan. Participate in our post-procedure patient survey to assist us in maintaining high quality care. Call 315 410 7400 with any questions or concerns.

### **General Information:**

**Hours of Operation:** Monday through Friday 7:00 a.m. to 3:30 p.m.

**Questions:** If you have any questions or concerns about your procedure at our Center, please call us at (315) 410-7400.

As required by law we make the following disclosures to you in advance of your procedure, along with our patient rights and patient responsibilities:

**Advanced Directives:** In accordance with New York State law, this Center must inform you that we are not required to honor and do not honor Do Not Resuscitate Orders (DNR) directives and will use all measures possible to sustain life. If you have a DNR you will be asked to sign a waiver of that directive while you are in our facility. 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. The Center provides information on advanced directives, such as: Health Care Proxy, Do-Not Resuscitate Orders, and Living Wills. If you would like more information regarding advanced directives please call (315) 410-7400. You can also contact the New York State Department of Health for information about Health Care appointing or [www.health.state.ny.us/professionals/patients/health\\_care\\_proxy/intro.html](http://www.health.state.ny.us/professionals/patients/health_care_proxy/intro.html). This can be reviewed again with you on the day of your procedure.

**Ownership Disclosure:** This is to inform you that your physician might have a financial interest of ownership in the Center. The following are physicians that have a direct ownership interest in Digestive Disease Center of Central New York: Thomas J. Romano, M.D., Borys Buniak, M.D., and Sara H. Mitchell, M.D.

You have the right to change providers if other qualified providers are available.

# 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](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**