

## Thibodaux Endoscopy LLC's Patient Notification Acknowledgements

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### I. Patient Rights and Responsibilities

I have been notified of verbally and have received a copy of Thibodaux Endoscopy LLC's Patient Rights.

### II. Physician Ownership Disclosure

I understand that Thibodaux Endoscopy Center is physician owned, with the owners being Charles J. Monier, Jr., MD and Stephen Duplechain, MD. I understand that the physician who referred me to this center and who will be performing my procedure(s) may have a financial or ownership interest. I understand that I have the right to be treated at the health care facility of my choice.

### III. Advance Directives

Patients have the right to formulate an Advance Directive but are not required to have an Advance Directive in order to receive medical treatment in this ASC.

It is ASC's policy to **NOT** honor advance directives. In the event of a life threatening emergency, the ASC will perform emergency procedures as necessary to stabilize and transfer you to the nearest acute care facility (Thibodaux Regional Medical Center) where the decisions regarding the continuation of your care will be made by using your Advance Directives, or made by your family in collaboration with the acute care facility's medical staff. A copy of the ASC medical record and any Advance Directives that we have on file for you will accompany you to the acute care facility.

Federal Law requires an ambulatory surgery center to inform the patient of the patient's rights as pertaining to Advance Directives. Louisiana Law gives all persons the right to control decisions that are related to their own medical care. If you do not want to receive certain treatments or want someone other than yourself to make health care decisions, please let the Center and your doctor know this. Louisiana recognizes two types of Advance Directives, Living Will and Durable Power of Attorney for Health Care Decisions. It is up to you to decide if you want to prepare these documents.

The Center's receptionist can supply you with official state Advance Directives Forms upon request.

**By signing below, you, or your legal representative, acknowledge that you have received and understood this information in advance of my procedure and have decided to have my procedure performed at Thibodaux Endoscopy LLC.**

Patient Name (Please Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Thibodaux Endoscopy LLC's Patient Notifications

## I. Patient Rights

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In order to provide quality care, Thibodaux Endoscopy (ASC) has adopted the following policies regarding Patient Rights. ***The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.***

### Respect/Consideration/Dignity

- ***The patient has the right to respectful care given in a safe setting.*** The highest priority will be given to the patient's personal needs, comfort, and safety while providing quality care pursuant to standards that are continually reviewed and consistently maintained.
- ***The patient has the right to be free from all forms of abuse or harassment.***
- The patient can expect emergency procedures to be readily available and implemented without unnecessary delay.

### Privacy/Confidentiality:

- ***The patient has the right to personal privacy.***
  - Case discussion, examination, and treatment are confidential and shall be discussed discreetly with the patient and/or patient's representative.
  - A patient has the right to have records pertaining to his/her medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.

### Grievances:

- ***The patient has the right to express any grievances regarding treatment or care that is, or fails to be, furnished to:***

Thibodaux Endoscopy LLC  
Administrator or Director of Nursing  
(985) 446-1958  
602 N. Acadia Rd, Suite 101  
Thibodaux, LA 70301

Dept of Health & Hospitals  
ASC Program Manager  
PO BOX 3767  
Baton Rouge, LA 70821  
(866) 280-7737 or (225) 342-2205

Medicare Beneficiary Ombudsman  
[www.medicare.gov/Ombudsman/resources.asp](http://www.medicare.gov/Ombudsman/resources.asp)

### Participation in Care

- ***The patient has the right to be fully informed about a treatment or procedure and the expected outcome before it is performed as well as to be given complete information concerning their diagnosis, evaluation, treatment, and prognosis.*** When it is not medically advisable to give the information to the patient, the information shall be given on his/her behalf to a person designated or legally authorized by the patient.
- ***The patient has the right actively participate and to make informed decisions about his/her care.***

## II. Physician Ownership Disclosure

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This ASC is physician owned. The owners, Charles J. Monier, Jr., MD and Stephen Duplechain, MD, have a financial interest in the ASC. You have the right to be treated at the facility of your choice.

## III. Advance Directives

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Patients have the right to formulate an Advance Directive but are not required to have an Advance Directive in order to receive medical treatment in this ASC.

It is ASC's policy to **NOT** honor advance directives. In the event of a life threatening emergency, the ASC will perform emergency procedures as necessary to stabilize and transfer you to the nearest acute care facility (Thibodaux Regional Medical Center) where the decisions regarding the continuation of your care will be made by using your Advance Directives, or made by your family in collaboration with the acute care facility's medical staff. A copy of the ASC medical record and any Advance Directives that we have on file for you will accompany you to the acute care facility.

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## IV. Patient Responsibilities

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**The patient has the responsibility to do the following:**

***Follow Directions***

The patient is responsible for following any directions given pre-procedure, (e.g. the colon prep) and any written instructions given at discharge.

***Ask Questions***

The patient is encouraged to ask any and all questions of the physician and staff in order that he/she may have a full knowledge of the procedure and aftercare.

***Provide Accurate Information***

The patient is asked to provide current information for the registration process and to be as clear and complete as possible in giving their medical history prior to the procedure.

***Accept Financial Responsibility***

The non-insured patient is responsible for full payment of all services. The insured patient is responsible for payment of the portion of the bill deemed by the insurance company to be their co-pay, deductible, or remaining responsibility.

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## IV. Information

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**The following information is available to you upon request:**

- Names and credentials of all health care professionals directly participating in your care.
- List of services available at our center.
- A detailed explanation your bill for services and payment policies.

**The ASC will provide information for continuing health care requirements following discharge and the means for meeting them along with provisions for after-hours and emergency care.**

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