

PATIENT'S RIGHTS AND RESPONSIBILITIES

Montana Gastroenterology, is committed to ensuring the following Patient Rights:

- The right to safe, confidential, and considerate care with respect, consideration, and dignity.
- The right to treatment without regard to race, color, religion, gender, sexual orientation, disability, national origin, age, veteran's status, marital status, diagnosis, national origin or sponsor and/or source of payment, except for fiscal capability thereof in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 of the Code of Federal Regulations ("CFR") Parts 80, 84, and 91. This Clinic complies with the privacy and security of individually identifiable health information as specified in Title 45 CFR Parts 160 and 164.
- The right to not be subjected to abuse; neglect; exploitation; coercion; manipulation; sexual abuse; sexual assault; seclusion; restraint, if not necessary to prevent imminent harm to self or others; and misappropriation of personal property by the Clinic's personnel.
- The right to privacy concerning your treatment and personal needs.
- The right to be informed by the medical provider(s) complete and current information concerning your diagnosis, treatment plan, informed consent for the procedure including the risks involved and an alternative care option, and prognosis in terms that you can understand or designated surrogate. You will be able to make a knowledgeable decision.
- The right to be informed of the services available here at the Clinic and to make informed decisions regarding patient care by either the patient or designated surrogate.
- When the need arises, reasonable attempts are made for health care professionals and staff to communicate in the language or manner primarily used by the patient or surrogate decision maker.
- The right to make informed decisions regarding your care and to delegate your right to make informed decisions to a representative or surrogate of your choice. To the degree permitted by Montana law and to the maximum extent practicable, the Clinic will respect your wishes and follow that process.
- The right to have a state appointed representative act on your behalf that may exercise all rights afforded to you if you have been determined to be incompetent under a state legal process and are not capable of exercising your rights independently.
- The right to expect all disclosures and records pertaining to your care and treatment will be treated as confidential unless reporting is permitted or required by law or unless the Clinic has received your written consent.
- The right to complete information concerning your diagnosis, evaluation, treatment, and prognosis, as well as the risks and dangers of that treatment, expected outcome, and opportunity to participate in informed decisions related to your treatment. When medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient (a representative or surrogate) or to a legally authorized person.
- The patient, patient's representative, or surrogate also has the right to know the name of the person(s) who will implement the procedures and/or treatment and are informed of their right to change their provider if other qualified providers are available.

- The right to refuse part or all the treatment suggested to you at the Clinic, including participation in human experimental research affecting your care or treatment.
- The right to expect reasonable continuity of care, to receive care in a safe setting, and to know what to expect concerning your procedure(s) and expected appointment time. To be informed by your physician, or a delegate of the physician, of your continuing health care requirements following discharge.
- The right to be provided with appropriate information regarding the absence of malpractice insurance coverage.
- The right to know the Clinic charges which you incur for treatment, payment policies, immediate and long-term financial implications, regardless of the source of payment. Eligibility for third-party reimbursements and, when applicable, the ability of free or reduced cost care.
- The right to expect that within its capacity, the Clinic must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically necessary, a patient may be transferred to another facility.
- The right to express any suggestion, complaint, and grievance, either verbally or in writing, to the Clinic or another entity, regarding your care without discrimination or reprisal and be free from all forms of abuse or harassment.
- The right to accurate and true marketing and/or advertising regarding the competence and capabilities of the organization.
- The right to submit an Advance Directive.
- The right to request the Montana Advance Directive Form.
- The right to access the Advanced Health Care Directive through the National Hospice and Palliative Care Organization (NHPCO), who administers a national consumer engagement initiative to improve care at the end of life. This program includes instructions for completing the Montana Advance Directive for Healthcare, learning options for end-of-life services and care; implementing plans to ensure your wishes are honored; voicing your decisions to family, friends, and healthcare providers; engaging in personal or community efforts to improve end-of-life care, and the Montana Durable Power of Attorney for Healthcare.
- The right to be informed, if you are a Medicare beneficiary, that the role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help they need to understand their Medicare options and to apply their Medicare rights and protections.
- The right to consent to photographs of you before being photographed for identification, administrative, educational, or marketing purposes.
- The right to provide written consent to the release of your medical and financial records, except as otherwise permitted by law.
- The right to receive treatment that supports and respects your individuality, choices, strengths, and abilities.
- The right to review, upon your written request, your own medical record.
- The right to receive a referral to another facility if the Clinic is unable to provide physical health services for you.
- The right to be informed of the provisions of off-hours emergency coverage.
- The right to receive an itemized copy of your account statement upon request.

As a patient, you are responsible for:

- Providing complete and accurate information relating to your health. This includes your current health condition(s), past medical history, allergies and sensitivities, and the medications you are taking (prescription medicines, as well as over-the-counter products and dietary supplements).
- Informing your provider about any living will, medical power of attorney, or other directive that could affect your care.
- Asking questions when you do not understand information, instructions, or do not believe you can follow through with the treatment prescribed by your physician.

- Being considerate of the rights of other patients and the staff of the Clinic by assisting in the control of noise, eating, not smoking, and limiting the number of visitors.
- Assuring that your financial obligations to the Clinic are fulfilled as promptly as possible.
- Following the treatment plan prescribed by your provider.
- Observing prescribed rules of the Clinic during your stay and treatments, and if instructions are not followed, forfeiture of care at the Clinic.
- Providing a responsible driver for transportation home and for a responsible person to remain with you for 24 hours if required by your physician. The Clinic has the right to refuse care to or dismiss a patient from care in the event they are disruptive, uncooperative, and belligerent or physically threatening to the staff or other patients. Additionally, the Clinic has the right to refuse care to or dismiss a patient from care in the event the designated responsible patient representative, caregiver, or surrogate is incapacitated, disruptive, uncooperative, belligerent, or physically threatening to the staff or other patients.

If you have questions concerning this policy, or in the event of a desire to file a complaint, please contact:

- Practice Manager, Montana Gastroenterology, 1930 W. Broadway St., Suite A, Missoula, MT 59808. The Clinic will provide you with a response within 30 days of your complaint.
- The Quality Assurance Division of the Montana State Department of Health is responsible for complaint investigations against ambulatory surgery Clinics in Montana. Complaints may be filed by phone at (406) 444-2099; fax at (406) 444-3456; in writing to the Quality Assurance Division, PO Box 202953, 2401 Colonial Drive 2nd Floor, Helena, MT 59620-2953; or by email at: MTSSAD@mt.gov; or download the Certification and Licensure Complaint form at: <https://dphhs.mt.gov/qad/certificationcomplaintform>. A complainant may provide his/her name, address, and phone number to the Department. Anonymous complaints may be registered, and all complaints are confidential.
- The Office of the Medicare Ombudsman website is <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>, or telephone 1-800-MEDICARE.
- For more information about advanced directives, visit the National Hospice and Palliative Care Organization at: <https://www.nhpc.org/wp-content/uploads/Montana.pdf>.