

***Digestive Health Associates and Southwest Endoscopy Center***  
**PATIENT BILL OF RIGHTS**

Digestive Health Associates and the Southwest Endoscopy Center have adopted and affirm as policy the following rights of patient/clients who receive services from our facility.

This policy affords you, our patient, the right to:

1. Treatment without discrimination as to race, color, religion, sex, national origin, political belief, or handicap. It is our intention to treat each patient as a unique individual in a manner that recognizes their basic human rights.
2. Considerate and respectful care including consideration of psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
3. Receive, upon request, the names, professional status, and experience of all personnel participating in your care.
4. Obtain from the person responsible for your health care complete and current information concerning your diagnosis, treatment, and expected outlook in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information shall be made available to an appropriate person in your behalf.
5. Receive information necessary to give informed consent prior to the start of any procedure and/or treatment, except in emergency situations. This information shall include as a minimum an explanation of the specific procedure or treatment itself, its value and significant risks, and an explanation of other appropriate treatment methods, if any.
6. The patient may elect to refuse treatment. In this event, the patient must be informed of the medical consequences of this action. In the case of a patient who is mentally incapable of making a rational decision, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give such approval. The Facility will make every effort to inform the patient of alternative facilities for treatment if we are unable to provide the necessary treatment.
7. Upon request, the facility will assist you in formulating advance directives and appointing a surrogate to make health care decisions on your behalf, to the extent permitted by law. Access to health care at this facility will not be conditioned upon the existence of an advance directive.
8. Privacy to the extent consistent with adequate medical care. Case discussions, consultation, examination and treatment are confidential and should be conducted discreetly.
9. Privacy and confidentiality of all records pertaining to your treatment, except as otherwise provided by law or third party payment contract.
10. A reasonable response to your request for services customarily rendered by the facility, and consistent with your treatment.
11. Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements following discharge, if any.
12. Refuse to participate in research. Human experimentation affecting care or treatment shall be performed only with your informed consent.
13. Upon request, examine and receive a detailed explanation of your bill including an itemized bill for services received, regardless of sources of payment.
14. Know the facility's rules and regulations that apply to your conduct as a patient.
15. Any unanswered concerns on the part of patients or family relative to ethical issues can, with sufficient notice, be referred to our Continuous Quality Improvement Committee for advice.
16. Complaints or criticisms will not compromise future access to care at this facility. Our staff will gladly advise you of the procedure for registering a complaint/grievance.

Complaints may also be addressed to:

**State of Colorado**  
Health Facilities Division  
Division Director  
Colorado Department of Public Health And  
Environment  
4300 Cherry Creek Drive South  
Denver, Colorado 80222-1530 Main switchboard:  
(303) 692-2800

**Medicare Program**  
1-800-MEDICARE  
<http://www.medicare.gov/Ombudsman/resources.asp>