

## Patient Rights & Responsibilities

Gastroenterology Specialists, Inc. views healthcare as a partnership between you and your caregivers. We respect your rights, values and dignity. We also ask that you recognize the responsibilities that come with being a patient, both for your own well-being and that of your fellow patients and caregivers. Please read and exercise these rights and responsibilities as outlined here. Should you or your designated guardian, surrogate, or representative feel your rights as a patient have been violated, please contact our Administrator at (918)-940-8500.

### Patient Rights

- You have the right to safe, high quality medical care, without discrimination, that is compassionate and respects personal dignity, values, beliefs, and privacy.
- You have the right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- You have the right to participate and make decisions about your care and pain management, including refusing care to the extent permitted by law. Your care provider (doctor, nurse, etc.) will explain the medical consequences of refusing recommended treatment.
- You have the right to have your illness, treatment, pain, alternatives and outcomes be explained in a manner you can understand. You have the right to interpretation services if needed.
- You have the right to know the name and role of your care providers (doctor, nurse, etc.).
- You have the right to request a family member, friend and/or physician be notified you are under the care of this facility.
- You have the right to be informed about transfers to another facility or organization and be provided complete explanation including alternatives to a transfer.
- You will receive information about continuing your health care at the end of your visit.
- You have the right to know the policies that affect your care and treatment.
- You have the right to private and confidential treatments, communications and medical records permitted by law.
- You have the right to access your medical records in a reasonable timeframe, to the extent permitted by law.
- You have the right to be informed of charges for services and receive financial counseling on the availability of financial arrangements for healthcare.
- You and your family have the right to have your complaints, concerns and grievances addressed. Sharing your concerns and complaints will not compromise your access to care, treatment and services. If you feel that any of your rights may have been violated, you may initiate a formal grievance. You may notify the Management in writing at Gastroenterology Specialists, Inc., 10210 East 91<sup>st</sup> Street South, Tulsa, OK 74133. You may also call and speak with the Management: The telephone number is (918)-940-8500. The Management will contact you upon the receipt of the grievance and will investigate the complaint. Every effort will be made to respond to Patient Grievances within 14 days. If the complaint will not be resolved, or if the investigation is not or will not be completed within 14 days, an update will be given to the patient or the patient's representative informing them that the medical center is continuing to resolve and investigate the complaint. This letter also includes the names of the contact person for any further correspondence. Grievances may be filed with the following agencies:

**Oklahoma State Department of Health**  
1000 NE 10th  
Oklahoma City, OK 73117  
(405) 271-5600

**The Joint Commission**  
Office of Quality & Patient Safety  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181  
(630) 792-5800

[patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)

**Medicare Ombudsman**  
Office for Civil Rights Regional  
Manager- U.S. Department of  
Health and Human Services  
1301 Young Street, STE 1169  
Dallas, TX 75202

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

### Patient Responsibilities

- You are responsible for providing complete and accurate information, including your full name, telephone number, date of birth, Social Security number, insurance carrier and employer when it is required.
- You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
- You are responsible for asking the care provider when you do not understand instructions about your plan of care.
- You are responsible for following your plan of care. If you are unable or unwilling to follow the plan of care, you are responsible for telling your care provider. Your care provider will explain the medical consequences of not following the recommended treatment. You are responsible for the outcomes of not following your plan of care.
- You are responsible for following the facility's rules and regulations.
- You are responsible for acting in a manner that is respectful of other patients, staff and facility property.
- You are responsible for meeting your financial obligation to the facility.

