

## YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT

Your rights and responsibilities as a patient of Atherton Endoscopy Center include, but are not limited to:

The right to:

1. Exercise these rights without regard to race, age, sex, ancestry, language, citizenship, creed, cultural, economic, educational, physical or mental disability or religious background or the source of payment.
2. Receive considerate, dignified and respectful care with the right to personal privacy, confidentiality and safety.
3. Knowledge of the name of the physician who has primary responsibility for your care and the names and professional relationships of other physicians he/she may consult with. The right to change physicians at any time.
4. Continuity of care, to know in advance the identity of those staff members providing care.
5. Receive information about the illness, the course of treatment, and prospects for recovery in terms that you can understand.
6. Receive as much information about any proposed treatment or procedure as you may need to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or non-treatment and the risks involved with each, and to know the name of the person who will carry out this treatment.
7. Actively participate in decisions regarding your medical care, this includes the right to refuse treatment, without being subject to discrimination or reprisal.
8. Reasonable responses to any reasonable requests made for service.
9. Have your pain adequately prevented or controlled. Pain will be assessed on an individual basis using the 0=no pain, 10=worst pain scale. You have the right to be informed what medications and treatments will be given.
10. Leave Atherton Endoscopy Center, even against medical advice.
11. Be informed of the Center's policy regarding grievance procedures. If your grievance is not resolved you may call DHS at 916-558-1784 or go to [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp) for Medicare complaints.
12. Be advised if your physician or center personnel propose to engage in or perform human experimentation or research. The right to refuse to participate in such research without penalty.
13. Be informed of continuing health care requirements following discharge.
14. Examine and receive an explanation of the bill regardless of source of payment.
15. Have all patients' right apply to any person who may have legal responsibility to make decisions regarding medical care on your behalf. To designate individuals as you wish to receive your information.
16. The Center is owned by Dr. James Torosis (NPI 1851477467), Dr. Vicky Yang (NPI 1710063334) and Dr. Dan Rengstorff (NPI 1033295662) Their address is: 2900 Whipple Ave #245, Redwood City, CA 94062

The responsibility to:

1. Provide the staff with the information they need to safely manage your care and to follow the rules and regulations set forth by the Center.
2. To be respectful and courteous of the staff.
3. To follow the pre-procedure instructions and treatment plan given to you by our staff and your physician.
4. To have a ride home.

## NOTICE OF PRIVACY PRACTICES FOR HEALTH INFORMATION

This notice describes how information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We maintain a record of the medical care we provide and may receive such records from other caregivers. We are required by law to keep your protected health information private; we are also required to provide you with this notice, and to follow the terms of this notice.

Although your health record is the physical property of Atherton Endoscopy Center, the information belongs to you. **The law permits us to use or disclose your health information for the following purposes:**

1. **Treatment.** Our staff will use your medical information to provide you with exceptional care. We may share your medical information with other physicians or health care providers to provide you the necessary care. For example we may share your information to a consulting surgeon, pharmacist or laboratory personnel, to provide you care as needed. We will only share the specific information necessary for that person to provide the needed treatment.
2. **Payment.** We may disclose your private medical information to obtain payment for services that we provide. For example your insurance may require information before it will pay us. We may also share this information with other providers to assist them in obtaining payment. If you object to us sharing this information with your insurance company, we will expect payment in full prior to any services being provided.
3. **Health Care Operations.** We may use and disclose information about you to effectively operate The Endoscopy Center. For instance, we may use this information in our Quality Improvement practices or to ensure the competence and qualifications of our professional staff and employees. We may use and disclose your information as necessary for medical reviews, legal services and audits. We may disclose your information as required by law, for instance, in the case of judicial requirements, subpoenas, law enforcement or suspected abuse. We may disclose your health information in order to maintain public safety or national security. We are sometimes required to share information with public health authorities or the FDA for purposes related to controlling disease or infection exposure. We are sometimes required by law to give your information to health oversight agencies as required by California State Law. We are required to comply with worker's compensation laws, in which case we may give reports to your employer. We may share your information with our "business associates", such as our medical transcriptionist, laboratory services or accrediting agencies. We have privacy agreements with all business associates to maintain your confidentiality. In the event of a change in ownership your health information will become the property of the new owner.
4. **Appointment Reminders.** We may use and disclose medical information to contact you prior to your procedure. We may leave information on your answering machine or with the person answering the phone. If you would prefer that we do not leave messages on certain numbers, please provide us with a number where we may reach you or leave messages. You may also request an alternate billing address.
5. **Communication with family or designated individual.** We may disclose your health information to notify your designated representative or family member of your location or general condition. Please designate these individuals on our admit form at the time of admission. We will give you the opportunity to agree or object prior to disclosing any information, unless there are emergency circumstances, in which case we may disclose this information using our best judgment.

You have the right to request a restriction on certain uses and disclosures of your information, however Atherton Endoscopy Center does not have to agree to all restrictions. You also have the right to inspect and copy your health record, as well as request an amendment. A request for an amendment must be made in writing, and you must provide a reason that supports your request. The Atherton Endoscopy Center may deny your amendment.

### **The law does not permit us to use or disclose your health information:**

Except as described in this Notice, Atherton Endoscopy will not use or disclose health information without your written authorization. If you do authorize this medical information for another purpose you may revoke it, in writing at any time. You have the right to obtain an accounting of all disclosures of your health information other than for treatment, payment, health care operations or where you authorized a disclosure. We are required by law to inform you if there has been a breach of your privacy.

If you have any questions regarding your privacy rights please contact our Privacy Officers at 650-363-2800. If you have any complaints about how your health information was handled that cannot be resolved with the privacy officer please submit your complaint to the U.S. Department of Health and Human Services, we will provide you with this address. You will in no way be penalized for filing a complaint.