

# THE DIGESTIVE HEALTH CLINIC, LLC

## *Boise Gastroenterology Associates & Idaho Endoscopy Center*

SAMUEL S. GIBSON, MD    IKE D. TANABE, MD    NIC R. CORDUM, MD    ROBB F. GIBSON, MD    STEPHEN M. SCHUTZ, MD    MARK A. MALLORY, MD    CHRISTOPHER J. GOULET  
MD

### **PATIENT RIGHTS/RESPONSIBILITIES**

1. We will appropriately respond to your reasonable requests for treatment and services.
2. You have the right to considerate and respectable care. We will try to consider your social, spiritual and cultural needs.
3. Your treatment will be kept confidential. You may have access to your medical records. We will only release information to others regarding your care after you have authorized us to do so, unless it is legally acceptable.
4. You will be given information about your health care providers and about your diagnosis, prognosis and treatment options so that you can make appropriate decision about the type and intensity of treatment you desire. You have the right to have a translator explain this information to you if requested.
5. We will attempt to honor your requests for care as outlined in your advance directives. If we are providing your continuing care, then we will assist you in developing advance directives for future care. If an adverse effect occurs during a procedure in the Idaho Endoscopy Center, it is our policy, regardless of the contents of any advance directive or instructions from your healthcare representative, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation.
6. You may accept or refuse medical care or treatment, to the extent permitted by law. You will be informed of the consequences of such refusal.
7. In the event that your condition becomes terminal, then every consideration will be given to controlling pain and symptoms, and we will try to meet the psychosocial and spiritual needs of you and your family.
8. You and your representative may participate in the consideration of any ethical issues that arise in your care.
9. If you are unable to participate in decisions regarding your care, then your designated representative or other legally designated person will exercise your rights.
10. You will be informed about any proposed participation in research projects or clinical studies and will have the right to refuse to participate.
11. You have the responsibility to give us accurate information about your medical situation and to update us whenever your condition changes. If you do not follow through with treatment and keep appointments, then you assume responsibility for the consequences.

12. You will have the opportunity to raise questions or voice complaints without compromising your future care. You may change physicians if other qualified doctors are available.
13. The physicians of the Digestive Health Clinic and Idaho Endoscopy Center are the owners of the facility.
14. You and your representative have a right to file a complaint, in writing to:
  - a. an ASC Manager, (208) 489-1900
  - b. American Association for Ambulatory Health Care, Inc. (AAAHC),  
5200 Old Orchard Road, Suite 200, Skokie, IL 60077, (847)853-6060
  - c. a representative of the Idaho State Department of Health, Bureau of Facility Standards, PO Box 83720, Boise, ID 83720-0036, (208) 334-6626
  - d. Office of the Medicare Beneficiary Ombudsman at [www.medicare.gov](http://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) or use [www.cms.hhs.gov/center/ombudsman](http://www.cms.hhs.gov/center/ombudsman)

[www.digestivehealthclinic.com](http://www.digestivehealthclinic.com)  
Digestive Health Clinic, LLC  
6259 Emerald Street, Boise, Idaho, 83704 – 208-489-1900 – FAX 208-375-5286

**T H E D I G E S T I V E H E A L T H C L I N I C , L L C**

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**PLEASE BRING THIS FORM WITH YOU WHEN YOU COME TO YOUR APPOINTMENT**

Prior to today’s date, I have received information in a language I understand and have been given an opportunity to ask questions about:

- Advance directives for healthcare and will be provided a copy upon request. The Digestive Health Clinic will attempt to honor my request for care as outlined in the advance directives. If the Digestive Health Clinic is providing my continuing care, then they will assist me in developing advance directives for future care.
- I have received information about my patient’s rights
- I understand the endoscopy policy about resuscitation efforts. If an adverse effect occurs during a procedure in the Idaho Endoscopy Center, it is policy, regardless of the contents of any advance directive or instructions from my healthcare representative, the Idaho Endoscopy Center staff will initiate resuscitative or other stabilizing measures and transfer me to an acute care hospital for further evaluation.
- I have received information about my physician’s ownership in the endoscopy center

**(If you have advanced directives for health care, please provide us with a copy for your medical record.)**

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS AND AGREE TO THE POLICY AS DESCRIBED. IF I HAVE INDICATED I WOULD LIKE ADDITIONAL INFORMATION, I ACKNOWLEDGE RECEIPT OF THAT INFORMATION.**

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Patient’s signature or patient legal representative)

PATIENT’S LAST NAME:

PATIENT’S FIRST NAME:

PATIENT’S DOB:

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