

# La Jolla Endoscopy Center Patient Medication Information Sheet

Name:		Date of Birth:	Age:
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No known allergies		Latex Allergy <input type="checkbox"/> No <input type="checkbox"/> Yes	
Allergy (Drug)	Reaction	Allergy (drug)	Reaction

**Current Prescription Medications.**

Name of Medication (print please)	Dose	How Often	Last Taken	C= continue, DC =discontinue New=New RX given

**Herbals, Vitamins, Supplements, Non-Prescription Drugs.**

Name of Medication (print please)	Dose	How Often	Last Taken	C=continue DC=Discontinue New=New med

Signature of person filling out form \_\_\_\_\_ Date: \_\_\_\_\_

**New Medications or New Dosages you should take after discharge.**

Name of Medication (print please)	Dose	How Often		

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NOTICE OF PRIVACY PRACTICES

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

<p><b>Patient Health Information</b> Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information. Your information may be stored electronically and if so is subject to electronic disclosure.</p> <p><b>How We Use &amp; Disclose Your Patient Health Information</b> <u>Treatment:</u> We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care. <u>Payment:</u> We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment or disclose your information to payors to determine whether you are enrolled or eligible for benefits. We will submit bills and maintain records of payments from your health plan. <u>Health Care Operations:</u> We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, arranging for legal services and to assess the care and outcomes of your case and others like it.</p> <p><b>Special Uses and Disclosures</b> Following a procedure, we will disclose your discharge instructions and information related to your care to the individual who is driving you home from the center or who is otherwise identified as assisting in your post-procedure care. We may also disclose relevant health information to a family member, friend or others involved in your care or payment for your care and disclose information to those assisting in disaster relief efforts.</p> <p><b>Other Uses and Disclosures</b> We may be required or permitted to use or disclose the information even without your permission as described below: <u>Required by Law:</u> We may be required by law to disclose your information, such as to report gunshot wounds, suspected abuse or neglect, or similar injuries and events. <u>Research:</u> We may use or disclose information for approved medical research. <u>Public Health Activities:</u> We may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities. <u>Health oversight:</u> We may disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.</p>	<p><u>Judicial and administrative proceedings:</u> We may disclose information in response to an appropriate subpoena, discovery request or court order. <u>Law enforcement purposes:</u> We may disclose information needed or requested by law enforcement officials or to report a crime on our premises. <u>Deaths:</u> We may disclose information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies. <u>Serious threat to health or safety:</u> We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. <u>Military and Special Government Functions:</u> If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes. <u>Workers Compensation:</u> We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness. <u>Business Associates:</u> We may disclose your health information to business associates (individuals or entities that perform functions on our behalf) provided they agree to safeguard the information. <u>Messages:</u> We may contact you to provide appointment reminders or for billing or collections and may leave messages on your answering machine, voice mail or through other methods.</p> <p>In any other situation, we will ask for your written authorization before using or disclosing identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes or sell your health information, unless you have signed an authorization.</p> <p><b>Individual Rights</b> You have the following rights with regard to your health information. Please contact the Contact Person listed below to obtain the appropriate form for exercising these rights. You may request restrictions on certain uses and disclosures. We are not required to agree to a requested restriction, except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid in full, out-of-pocket for the item or service covered by the request and when the uses or disclosures are not required by law. You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to</p>	<p>remind you of appointments. In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for copies. You have the right to request that we amend your information. You may request a list of disclosures of information about you for reasons other than treatment, payment, or health care operations and except for other exceptions. You have the right to obtain a paper copy of the current version of this Notice upon request, even if you have previously agreed to receive it electronically.</p> <p><b>Our Legal Duty</b> We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect. We are required to notify affected individuals in the event of a breach involving unsecured protected health information.</p> <p><b>Changes in Privacy Practices</b> We may change this Notice at any time and make the new terms effective for all health information we hold. The effective date of this Notice is listed at the bottom of the page. If we change our Notice, we will post the new Notice in the waiting area. For more information about our privacy practices, contact the person listed below.</p> <p><b>Complaints</b> If you are concerned that we have violated your privacy rights, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.</p> <p><b>Contact Person</b> If you have any questions, requests, or complaints, please contact:  Center Director - Lisa Weith, R.N.  I, _____, hereby acknowledge receipt of the Notice of Privacy Practices given to me.  Signed: _____ Date: _____  If not signed, reason why acknowledgement was not obtained: _____  Staff Witness seeking acknowledgement _____ Date: _____</p>
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## Patient's Rights and Notification of Physician Ownership

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE/SURROGATE PRIOR TO THE PROCEDURE/SURGERY.

### PATIENT'S RIGHTS:

- To ensure that the rights and responsibilities of patients are communicated and respected throughout the patient's care experience at the surgery center
- Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his/her care.
- To be treated with respect, consideration, and dignity.
- To be provided with appropriate personal privacy, care in a safe setting and freedom from all forms of abuse and harassment.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other healthcare providers who will see him/her.
- To be informed of their right to change providers if other qualified providers are available.
- Receive information from his/her physician about your illness, his/her course of treatment and the prospects for recovery in a manner that will be understood by the patient and/or patient representative/surrogate.
- Receive as much information from you physician about any proposed treatment or procedure as he/she may need in order 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 each, and to know the name of the person who will carry out the procedure or treatment.
- Actively participate in decisions regarding his/her medical care to the extent permitted by law; this includes the right to refuse treatment or change his/her primary physician.
- Disclosures and records are treated confidentially, except when required by law, patients are given the opportunity to approve or refuse their release.
- Information for the provision of after-hour and emergency care.
- Information regarding fees for service, payment policies and financial obligations.
- The right to decline participation in experimental or trial studies.
- The right to receive marketing or advertising materials that reflect the services of the center in a way which is not misleading.
- The right to express concerns and receive a response to inquiries in a timely fashion.
- The right to self-determination including the right to accept or to refuse treatment and the right to formulate an Advance Healthcare Directive and understand the facility's policy and state regulations regarding Advance healthcare Directives
- The right to know and understand what to expect related to their care and treatment.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized person.
- Be advised of the facility's grievance process, should the patient or patient's representative or surrogate wish to communicate a concern regarding the quality of the care he or she receives. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- To leave the facility even against the advice of his/her physician.
- To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his/ her patient record.
- To appropriate assessment and management of pain.
- Be advised if the physician has a financial interest in the surgery center.

### PATIENT RESPONSIBILITIES:

- Provide complete and accurate information to the best of your ability regarding your health, past illnesses, hospitalizations,
- any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Ask for an explanation if you do not understand papers you are asked to sign or anything about your own care.
- Gather as much information as you need to make informed decisions.
- Follow the care prescribed or recommended for you by the physicians, nurses, and other members of the health care team.
- Respect the rights and privacy of others.
- Assure the financial obligations associated with your own care are fulfilled.
- Take an active role in ensuring safe patient care. Ask questions or state concerns while in our care. If you don't understand,
- ask again.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.
- Inform the center and physician about any Advance Directives that could affect your care.
- Keep appointments and notify the physician or facility when unable to do so.
- To be respectful of all the health care providers and staff, as well as other patients.

### If you need an interpreter:

If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you, please make arrangements to have them accompany you on the day of your procedure.

## **Rights and Respect for Property and Person**

The Patient has a right to:

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice a grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality of personal medical information.

## **Advance Directives**

*An "Advance Directive" is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates advance directives differently. California laws regarding Advanced Directives are found in the California Probate Code Section 4670 to 4678 and 4700 to 4701. There are two types of Advance Directives: Power of Attorney for Healthcare and Instructions for Healthcare. You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative) prior to the procedure being performed.*

La Jolla Endoscopy Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

**Complaints/Grievances:** If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

### **CENTER CONTACT INFORMATION:**

Lisa Weith, RN, Center Director  
La Jolla Endoscopy Center  
9850 Genesee Ave Ste 980  
La Jolla, CA 92037  
(858)453-7525

### **MEDICARE:**

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman.

**Medicare Ombudsman Web site:**

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

**Medicare:** [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227)

**Office of the Inspector General:** <http://oig.hhs.gov>

This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC).

Complaints or grievances may also be filed through:

AAAHC

5250 Old Orchard Road, Suite 200  
Skokie, IL 60077

Phone: 847-853-6060 or email: [info@aaahc.org](mailto:info@aaahc.org)

### **STATE OF CALIFORNIA CONTACT INFORMATION:**

The Medical Board of California  
Central Complaints Unit  
2005 Evergreen Street Suite 1200  
Sacramento, CA 95815  
PHONE NUMBER: 916-263-2382  
TDD: 916-263-0935 FAX: 916-263-2435

**State Web site:**

<http://www.medbd.ca.gov/complaints.html>

## **Statement of Nondiscrimination:**

La Jolla Endoscopy Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

La Jolla Endoscopy Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

La Jolla Endoscopy Center respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

La Jolla Endoscopy Center 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

### **Local Department of Health Services:**

757 Metropolitan Dr, Ste 104, San Diego, CA 92108

Phone: (619)278-3700

Web site: [www.cdph.ca.gov/](http://www.cdph.ca.gov/)

### **Physician Ownership**

#### **Physician Financial Interest and Ownership: Physician Financial Interest and**

**Ownership:** The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

### **THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER:**

**Dr Jurgen Lenz**  
**Dr Edward Paredez**  
**Dr Andrew Mayer**

\_\_\_\_\_  
Signature of Patient or Patient Legal Representative

Date: \_\_\_\_\_



## **WHAT TYPE OF SEDATION WILL I BE GIVEN?**

### **ANSWERS TO COMMON QUESTIONS**

Moderate sedation, or conscious sedation, is used during procedures to help you feel relaxed and calm. You will be awake and able to follow directions without anxiety or pain. Most patients will have no memory of the procedure.

Your Doctor and Nurse will work together as a team to ensure you receive enough medicine to keep you relaxed and calm. The medication will be given through your IV that is started in the preoperative area. You will also be given some extra oxygen as a precaution during the procedure since you will be very relaxed and your breathing may become slightly shallow. During the procedure, the RN will monitor your blood pressure, heart rate, and breathing to keep you safe throughout the procedure.

After the procedure, an RN will monitor you until you are awake. You may need extra oxygen during this time. The nurse will remove it when you are fully awake. You will be able to go home when you are alert and can stand up. You may feel tired, weak, or unsteady on your feet. Staff will assist you with dressing for your safety.

Please arrange for someone to drive you home after the procedure. You may feel sleepy and need help doing things at home. You may also have trouble concentrating or have some short-term memory loss. This is a normal response and should resolve within 24 hours. Slight nausea may occur for some patients and should resolve within 24 hours. Please follow your discharge instructions for any diet limitations.

***WE ENCOURAGE YOU TO ASK YOUR DOCTOR ABOUT ANY QUESTIONS OR CONCERNS YOU HAVE ABOUT YOUR SEDATION.***