

## Patient's Rights

The patient has the right to:

1. Treatment without regard to race, sex, age, national origin, or cultural, economic, educational, or religious background, or the source of payment of patient care.
2. Considerate and respectful care.
3. The knowledge of the name of the physician who has primary responsibility for coordination of patient care and the names and professional relationships of other practitioners who will see patient. All health care professionals practicing at the facility have had their credentials verified and have been approved to practice at the facility by the Governing Board.
4. Receive information from the patient's physician about the patient's illness, the patient's course of treatment, and the patient's prospects for recovery in terms that the patient can understand.  

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.
5. Receive the necessary information about any proposed treatment or procedure in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a verbal description of all the procedure(s) treatment(s), the medically significant risk(s) involved in the treatment, an alternate course of treatment or non-treatment, and the risk(s) involved in each, including the name of the person who

- would carry out the treatment(s) or procedure(s).
6. Participate actively in decisions regarding his medical care. To the extent it is permitted by law, this includes the right to refuse treatment.
  7. Full consideration of privacy concerning the patient's medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
  8. Confidential treatment of all communications and records pertaining to the patient's care. The patient's written permission shall be obtained before the patient's medical records are made available to anyone not concerned with the patient's care.
  9. Reasonable responses to any reasonable request the patient makes for services.
  10. Reasonable continuity of care and to know, in advance, the time and location of appointment(s), as well as the practitioner providing the care.
  11. Be advised if the physician proposes to engage in or perform human experimentation affecting the patient's care or treatment. The patient has the right to refuse to participate in such research projects.
  12. Be informed by the patient's physician, or designee, of his continuing health care requirements.
  13. Examine and receive an explanation of the patient's bill regardless of the source of payment

14. Have all patients' rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
15. Express any grievances or suggestions verbally or in writing. You will receive a written response from Salem Endoscopy administrator.  
Complaints to:  
Zoe Wendolowski, Nursing Administrator  
875 Oak Street SE Suite 3095  
Salem, Oregon 97301  
Phone: 503-561-8170  
Email: zoew@salemgastr.com  
Complaints to:  
Oregon Department of Human Services  
800 NE Oregon Street  
Portland, Oregon 97232  
Phone: 971-673-0540  
Email: [www.oregon.gov/DHS/ph/hclc](http://www.oregon.gov/DHS/ph/hclc)  
(Click on general complaint form and send)
16. Have in effect advanced medical directives concerning such issues as living wills and durable powers of attorney that will be identified to the facility and followed as appropriate under State and Federal regulations. Advanced Directive forms are available at Salem Endoscopy Center or on line at [www.oregon.gov/DHS/ph/hclc](http://www.oregon.gov/DHS/ph/hclc) type in advanced directive form.
17. Be informed of their right to change primary or specialty physicians if other qualified physicians are available.
18. Provide appropriate information regarding malpractice insurance coverage.

### Responsibilities of Patient

1. Provide complete and accurate information to the best of his/her ability about his/her health care, ALL medications, including over-the-counter products; dietary supplements, any allergies or sensitivities.
2. Follow the treatment plan prescribed by his/her provider.
3. Provide a responsible adult to transport him/her from the facility and remain with him/her for 24 hours, **if required by his/her provider.**
4. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her health.
5. Accept personal financial responsibility for any charges not covered by his/her insurance.
6. Be respectful of all the health care providers and staff, as well as other patients.

### Responsibilities of Visitors

1. Be respectful of all health care providers and staff as well as other patients.
2. All visitors are to remain in waiting area during friend/family member's procedure.
3. If authorized by patient, the provider will review your friend/family member's procedure results and home instructions.
4. As designated responsible adult, you will transport him/her from the facility and remain with him/her for 24 hours, **if required by his/her provider.**

875 Oak Street S.E., Suite 3095

Salem, OR 97301

PH 503-561-8170

FAX 503-561-8164

Questions or complaints please contact  
Zoe Wendolowski 503-561-8170



SEC | Salem  
Endoscopy Center, LLC

## **PATIENT RIGHTS AND RESPONSIBILITIES**

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## **VISITOR RESPONSIBILITIES**

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### **PHYSICIAN OWNERSHIP DISCLOSURE FORM**

In accordance with Federal ASC Regulations (42C.F.R. 416.50(a) (ii)), the following ownership disclosure is made in advance of the date of the procedure:

Salem Endoscopy Center is owned and operated by the physicians shareholders of Salem Gastroenterology Consultants, PC. The physician who will be performing your procedure is an owner.

You have the option to be treated at another health care facility such as Salem Hospital.