



Please read, sign and date
PRIOR to appointment date.
Bring this form with you.

Disclosure of Ownership

The Rome Endoscopy Center is exclusively owned and operated by:
Kenn E. Griffith, M.D. • Louis E. Lataif, M.D. • Roderick A. Remoroza, M.D.

PATIENT RIGHTS

1. Patients will be treated without regard to race, age, sex, religion, national origin, or disability as required by state and federal law. They will be treated with respect, consideration, and dignity.
2. Patients are provided appropriate privacy.
3. Patient disclosures and records are treated confidentially, and except when required by law, patients are given the opportunity to approve or refuse their release.
4. Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis. 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. Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
6. Information is available to patients and staff concerning patient rights, patient conduct and responsibilities, services provided at The Rome Endoscopy Center, provisions for after hours and emergency care, fees for services rendered, payment policies, patient's right to refuse to participate in experimental research, advance directives, and as required by state or federal law and regulations, credentialing of health care professionals.
7. Patients are informed of their right to change physicians if the physicians involved are in agreement.
8. Marketing and advertising regarding the competence and capabilities of The Rome Endoscopy Center staff are not misleading to patients.
9. Patients are provided with appropriate information regarding the absence of malpractice insurance.
10. Patients are informed about methods for reporting grievances or expressing suggestions to The Rome Endoscopy Center.

PATIENT RESPONSIBILITIES

1. Patients should provide complete and accurate personal and medical information. This includes any medications, over-the-counter medications, dietary supplements, and any allergies or sensitivities.
2. Patients should report any unexpected changes in their condition to their physician.
3. Patients should make it known if they do not understand any treatment or diagnostic testing for which they are scheduled or if they do not understand what is expected of them in their course of treatment.
4. Patients should follow the treatment plan recommended by the practitioner primarily responsible for their care.
5. Patients assume responsibility for refusing treatment or not following their practitioner's instructions.
6. Patients should accept personal financial responsibility for any charges not covered by his/her insurance.
7. Patients should follow The Rome Endoscopy Center's rules and regulations.
8. Patients should be respectful and consider the rights of other patients and personnel.
9. Patients should provide a responsible adult to transport him/her home from the facility after the procedure.
10. Patients should inform their physician about any living will, medical power of attorney, or other directive that could affect his/her care.

ADVANCE DIRECTIVES

The rights of patient(s) also include the right to an advance directive. An “advance directive” is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advance directives differently.

It is the policy of The Rome Endoscopy Center to ask each patient about any advance directives they may have executed and place a copy in the medical record. It is the policy of our center, regardless of the contents of any advance directive, that if an emergent event occurs, the patient will be treated and stabilized then transferred to the hospital for further evaluation. A copy of the advance directive will be sent to the hospital along with other pertinent patient information. The hospital, further treatment or withdrawal of treatment measures already begun will be ordered accordance with your wishes, or advance directive.

Do you presently have an active advance directive? Yes _____ No _____

If you do have an active advance directive, please bring a copy to be placed in your medical file.

If you don't have an advance directive and are interested in completing one, you can request a copy from our office, or you can visit the website www.aging.dhr.georgia.gov or call the Georgia Division of Aging @ 404-657-5319

Patient Grievances

The patient has the right to voice grievances and recommend changes in policies and services to The Rome Endoscopy Center's staff, the physician director, and the Georgia Department of Health without fear of reprisal.

The patient has the right to express complaints about the care and services provided and have The Rome Endoscopy Center's Administrator investigate such complaints. The Administrator will be responsible for providing the patient with a written response within 3 days of the result of the investigation.

Report Grievances or suggestions verbally or in writing to:

Keith Baldwin, Administrator – (706) 295-3992, ext. 3036.
Rome Gastroenterology Associates
11 John Maddox Drive
Rome, Georgia 30165

The patient has a right, if he/she is not satisfied with The Rome Endoscopy Center's response, to complain to the Georgia Department of Health or Medicare Beneficiary Ombudsman

Georgia Department of Community Health
Attn: Complaint Department
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3142
1-800-878-6442

Composite State Board of Medical Examiners
Enforcement Unit
2 Peachtree Street, N.W., 36th Floor
Atlanta, Georgia 30303
404-657-6494

Medicare Beneficiary Ombudsman
www.cms.lhs.gov/center/ombudsman.asp
1-800-Medicare

I verify I have received and understand the information regarding physician ownership of The Rome Endoscopy Center, Patient Rights and Responsibilities, the policy concerning Advance Directives and the Patient Grievance Policy prior to the date of my scheduled procedure.

Patient Signature

Printed Patient Name

Date