TEXAS★ENDOSCOPY

ADVANCE DIRECTIVE FOR HEALTH CARE

MEDICAL POWER OF ATTORNEY

INFORMATION REGARDING THE MEDICAL POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, the document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making these decisions yourself. Because "health care" means any treatment, service, or procedures to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have made.

It is important that you discuss the document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need the assistance of a lawyer to complete the document. However, if there is anything in the document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider. The law does not permit a person to do both at the same time.

PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS:

Every patient has the right to be treated fairly, with respect and as an individual. Patient Rights and Responsibilities are posted in the waiting area.

- To be treated with respect, consideration, and dignity.
- To be provided appropriate privacy.
- Patients had the right to expect a quick response to reports of pain.
- To have disclosures and records treated confidentially, and except when required by law, to be given the opportunity to approve or refuse their release.
- Patients are informed of both their right to formulate with an advanced directive at the time of admission, to appoint a designated representative to make health care decisions on their behalf to the extent permitted by law, and of the facility's policy regarding the honoring of advanced directives.
- Patients are provided, to the degree known, complete information concerning their diagnosis, 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.
- Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Patients are provided with information about treatment alternatives and will be advised of the advantages and disadvantages of each.
- Patients have the right to know, in advance, the type and expected cost of treatment.
- Patients have the right to be informed of the professional rules, laws, and ethics that govern the organization and its employees.
- Patient and families have the right to express grievances and suggestions to the organization. Every effort will be made to follow up on all grievances and suggestions.

PATIENT RESPONSIBILITIES:

At Texas Endoscopy, LLC, patient care and satisfaction is very important to our entire staff. In order to provide the best care possible, we believe our patients need to assume the following responsibilities:

- To provide the health care providers with information about any past illnesses, hospitalizations, medications, and other health care matters.
- To ask questions if they do not understand instructions or explanations given by the health care providers and/or staff.
- To keep appointments as scheduled and to telephone the office in case of cancellation.
- To follow health care providers instructions and plan of treatment. To be familiar with their health plan benefits and to make payment for services rendered if a balance remains after insurance payment is made.
- To discuss consequences of refusing treatment or not adhering to plan of treatment or leaving AMA, with their physician.

PATIENT CARE AND SATISFACTION IS VERY IMPORTANT TO OUR ENTIRE STAFF!

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NOTICE OF PHYSICIAN OWNERSHIP

Texas Endoscopy is an Ambulatory Surgical Center licensed by the Texas Department of State Health Services and is a federally regulated Medicare facility. As a patient you have the right to choose the facility for your procedure. Your physician can provide you with information regarding facilities where they have active privileges. Texas Endoscopy is privately owned and managed by several physicians. Texas Endoscopy will provide a list of the physician owners upon request. Texas Endoscopy is a provider for most major medical plans and Medicare.

NOTICE OF ADVANCE DIRECTIVE

Texas Endoscopy can provide you with an Advanced Directive and Living Will. As a patient, you have the right to assign a representative to make informed decision regarding your health care. Any medical emergency will be addressed immediately regardless of Advance Directive. If it is necessary to transfer you to a hospital, Texas Endoscopy will provide the transferring facility a copy of your Advance Directive.

PATIENT CONCERNS AND/OR GRIEVANCES

Please contact the Nurse Manager if you have any concern about your care at Texas Endoscopy:

Texas Endoscopy, Plano
6405 W. Parker Road, Suite 370
Plano, TX 75093
972-473-9292

Texas Endoscopy, Allen
2023 W. McDermott Drive, Suite 240
Allen, TX 75013
972-781-1482

Valerie Miller, RN – Nurse Manager
Plano: 214-778-2570
Allen: 214-644-2011

Do you have a complaint or issue regarding the quality of care at Texas Endoscopy?

We take all patient's concerns and suggestions very seriously. The following steps are available for all patients to resolve concerns or complaints regarding your procedure at Texas Endoscopy.

Please contact the **Nurse Manager** and describe the nature of your complaint. The information provided will improve our services for all patients.

If you do not feel like the issues were satisfactorily resolved by the Nurse Manager, then contact the Texas Department of State Health Services at (888) 973-0022. Please be prepared to supply your name, address, telephone number and the nature of your complaint.

Texas Department of State Health Services
1100 West 49th Street
Austin, TX 78756
Main: 888-973-0022
Fax: 512-834-6653

Contact Information for Social Security, Disability Issues, or Supplemental Social Security Income:

800-MEDICARE (800-633-4227)
Medicare Service Center TTY: 877-486-2048
www.cms.gov