





METROEAST ENDOSCOPIC SURGERY CENTER  
PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Rights

The observance of the following guidelines will provide more effective patient care and greater satisfaction for the patient, physician and the individuals that make up the organization. It is in recognition of these factors that these rights are affirmed.

The patient has the right to considerate and respectful care; cultural, psychosocial, spiritual, personal values, beliefs, and preferences will be respected and care will be given in a safe setting. Patients with vision, speech, hearing, language and cognitive impairments have the right to effective communication.

The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternative, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatment as well as the person(s) responsible for their sedation and anesthesia.

The patient has the right to every consideration of his/her privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential. Those not directly involved in his/her care must have permission of the patient to be present.

The patient has the right to obtain from the physician complete current information concerning his/her diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. The patient has the right to be involved in decisions about their care, treatment and services and the patient has the right to have their pain assessed, managed, and treated as effectively as possible.

The patient has the right, and when appropriate, the patient's family to be informed of unanticipated outcomes of care, treatment, and services that relate to sentinel or adverse reviewable events.

The patient has the right to expect that within its capacity, this ambulatory facility must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer.

The patient has the right to obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, which is treating him/her.

The patient has the right to expect reasonable continuity of care. The patient has the right to expect that this facility will provide a mechanism whereby he/she is informed by his physician of the patient's continuing health care requirements following discharge.

If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf. Such a family member or surrogate must prove legal authority to represent the patient via legal guardianship, proof of health care proxy or power of attorney. Proof of legal authority must be presented before treatment is rendered.

Additionally If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

The patient has the right to know the mechanisms for grievance as well as suggestions.

The patient has the right to change their choice of physician.

**METROEAST ENDOSCOPIC SURGERY CENTER**

**The patient has the right to refuse care, treatment, and services in accordance with law and regulation.**

**The patient has the right to dispute information in their medical record**

**The patient has the right to examine and receive an explanation of his/her bill and to expect ethically billing practices.**

**The patient has the right to exercise all rights without discrimination or reprisal, abuse or harassment.**

**Responsibilities**

**The patient has the responsibility to provide the physician with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, allergies and unexpected changes in the patient's condition.**

**The patient is responsible for asking questions when they do not understand what they are told or what they are expected to do.**

**If the plan of care is agreed upon, the patient has the responsibility to follow the plan of care or express concerns with compliance. The patient and family are responsible for following the preoperative and post discharge care plan . The patient and family are responsible for the outcomes if the do not follow the care plan.**

**The patient is responsible to provide an adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her physician.**

**The patient is responsible to inform his/her physician about any living will medical power of attorney, or other directive that could affect his/her care.**

**The patient and family are responsible for following the practice's rules and regulations concerning patient care and conduct**

**Patients and families are responsible for being considerate of the practice's staff and property.**

**The patient and family are responsible for promptly meeting any financial obligation agreed to with the practice.**

**METROEAST ENDOSCOPIC SURGERY CENTER  
5023 NORTH ILLINOIS STREET, SUITE 3  
FAIRVIEW HEIGHTS, IL 62208**

**Disclosure Information**

**To Our Patients:**

Welcome to our organization, which is owned by Shakeel Ahmed, MD.

**Your Surgeon/Physician:** We would like you to know that Dr. Shakeel Ahmed is board certified by the American Board of Internal Medicine and Gastroenterology/Hepatology. Dr. Shakeel Ahmed is licensed in the State of Illinois. He has been in practice since 2002 and attended Dow Medical College, Cornell University and The University of Louisville. You may request his C.V. which we keep on file. His training is extensive in the field of Gastroenterology and Hepatology. Should you choose to have surgery at this organization, Dr. Shakeel Ahmed will be the physician performing your surgery.

**Your Anesthesia Provider:** Our organization utilizes Diversified Medical Services for anesthesia services. The providers have many years of experience and training and are licensed in the State of Illinois.

**The Team:** Our team is made up of competent individuals that will assist in providing safe patient care. Our RN's and LPN's are licensed in the state of Illinois.

**Should you have a problem/grievance:** Please be advised that if you have a grievance or concern the following mechanism exists: Ask for the grievance form from the receptionist. Or you may call the accrediting organization that oversees our compliance with standards of care: The Joint Commission at 1-800-994-6610 or email [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

PATIENTS CAN REPORT COMPLAINTS TO THE REGIONAL OMBUDSMAN, BRENDA ACOFF, LAND OF LINCOLN LEGAL ASSISTANCE FOUNDATION, INC, 8787 STATE ST, SUITE 101, EAST ST. LOUIS, IL 62203, (618)-398-0958. THE WEBSITE FOR THE OFFICE OF MEDICARE BENEFICIARY OMBUDSMAN IS:  
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Please be advised that no punitive or discriminatory action will be taken against you should you choose to exercise your patient's rights.

**Make a suggestion:** If you have a suggestion, please place it in writing, deposit in the suggestion box, or you may give to receptionist or mail it to the office.

**Play a part in your care:** We encourage all patients to be actively involved in their care, so please speak up and ask questions of anyone in this organization.

**OUR ORGANIZATION DOES NOT RECOGNIZE "DO NOT RESUSCITATE ORDERS" OR LIVING WILLS. IN THE EVENT OF AN EMERGENCY WE WILL ATTEMPT TO RESUSCITATE YOU. WE WILL TRANSFER YOU TO THE HOSPITAL IN THE EVENT OF DETERIORATION ALONG WITH A COPY OF THE ADVANCED DIRECTIVE.**

*If you have any questions, please see the receptionist. If you have a living will or other directive that you would like us to keep a copy of please provide us with a copy of that directive.*

**Please inform us if you would like information on Advanced Directives.**

**Infection Prevention and Control:** This practice educates staff upon hire and annually thereafter in hand hygiene and we follow the CDC guidelines for hand hygiene. We encourage staff to stay home when they are sick. We provide tissues, hand sanitizers and trash cans throughout the facility and encourage everyone to cover their mouth when coughing or sneezing and then wash their hands.

If anyone has concerns about patient care and safety in the organization that the organization has not addressed, you are encouraged to contact the organization's management. You may call the Administrator [618-239-0678, Ext-103] or write to the Administrator: Metroeast Endoscopic Surgery Center, 5023 North Illinois St., Fairview Heights, IL 62208. If you feel the concerns were not resolved through the organization, you are encouraged to contact the Joint Commission by calling 1-800-994-6610 or emailing [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

### **PATIENT ACKNOWLEDGEMENT OF DISCLOSURE INFORMATION**

**My signature below acknowledges the following:**

- I have received a copy/am aware of the **Patient Bill of Rights**; as required by law and have had an opportunity to received assistance in understanding and exercising these rights.
- I have received a copy/am aware of this office's **Notice of Privacy Practices**, including the **Private Health Information (PHI)** designated at the time of this visit.
- I have received information on/am aware of the Infection Prevention and Control measures utilized by this organization.
- I have received a copy/am aware of the **Practice Disclosure Information**, including the **Grievance Process** and am comfortable with the information.
- I also understand this practice's position on **DO NOT RESUCITATE (DNR) AND LIVING WILLS** and that this practice does not honor these directives.

\_\_\_\_\_  
**Signature of Patient/Representative & Date of Birth of Patient**

\_\_\_\_\_  
**Date Signed**

Above signature was not obtained because (check appropriate reason):

- Patient is unable and unaccompanied by a representative.
- Patient left with all pertinent disclosures.
- Patient refused to sign.
- Patient refused forms.
- Other: \_\_\_\_\_

Affix Patient ID Label  
When He/She Arrives  
For Procedure

**PLEASE RETURN THIS SIGNED FORM ON THE DAY OF YOUR PROCEDURE.**

Center for Gastrointestinal Health/Metroeast Endoscopic Surgery Center  
Shakeel Ahmed MD  
Fairview Heights, IL 62208  
618-239-0678

**Message from our Insurance/Billing Department regarding your procedure**

It's the patients' responsibility to provide this office with accurate insurance information and to notify us of any changes in health insurance coverage prior to services.

Our office will contact the insurance company based on the information given by the patient and complete a benefit check for any necessary precertification or pre-collect amounts for copays or outstanding deductibles due at the time of the procedure for the facility.

It is the patients' responsibility to pay for these amounts the day of surgery. Our office strives to contact you in a timely manner informing you of these amounts if applicable, however if your procedure is scheduled in less than 2 weeks you could possibly get a pre-collect call within a few days of the procedure. Your understanding and patience is much appreciated.

If you have any questions you can contact our billing department at 618-239-0678 EXT: 102

Thank You

I acknowledge that I have read the above information and have provided the correct insurance information to the office/facility.

---

Patient/Guarantor signature and date

Affix patient sticker here please