IMPORTANT

You will be asked to acknowledge receipt of this notice on the day of your procedure.

On the day of your procedure please bring the following:

- This Notice
- ♦ ALL medical Insurance cards
 - One of the following:
 - Driver's License
 - State ID
 - Or other Legal Photo Identification
- If patient is under 18 years old, photo identification must be provided of the patient's legal guardian.
- If the address on your identification is different than your current address, a current utility bill must be provided.

To avoid fraud, The Federal Trade Commission (FTC), recently issued a regulation known as the "Red Flag Rule" (Sections 114 and 315 of the Fair and Accurate Credit Transactions Act),

that <u>is intended to reduce the risk of identity theft</u>.

As a healthcare provider,

since we bill for services rendered, we may be considered a "creditor" as defined by the Equal Opportunity Credit Act and are required to comply with the Red Flag Rules.

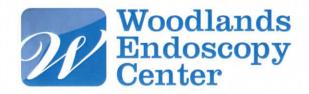


Woodlands Endoscopy Center has an unwavering commitment to providing the highest levels of quality care to our patients and the same high level of conduct in our business practices. Certification by Medicare and AAAHC is proof of this commitment and signifies that we have met the rigorous standards for our efforts to enhance quality and safety in our Endoscopy unit.

This allows us to provide an extra measure of confidence to our patients and the community we serve. The Center is designed as a facility which is planned and administered to support a safe, comfortable, effective environment for patients without regard to race, ethnicity, religion, sex, age or national origin.

Woodlands Endoscopy Center is a single specialty outpatient facility that specializes in the provision of Gastrointestinal Endoscopic procedures. The facility is equipped with state of the art medical equipment and spacious, comfortable reception and waiting areas. Keeping the patient in mind each private patient bay includes soft colors, music and local photography providing each patient with the most positive experience possible.

For additional information regarding Woodlands Endoscopy Center www.woodlandsendoscopy.com



Information about Your Outpatient Visit

~Patient Rights

~Advanced Directives

~Physician Participation

111 Vision Park Blvd. #160 The Woodlands, TX 77384 936-321-8910

Federal Regulations now require Healthcare facilities to notify each patient of the information that is provided to you in this brochure.

Welcome To Our Endoscopy Center...

PATIENT RIGHTS...

As a Patient, You have the right to:

- > Be treated with respect, consideration and dignity
- ▶ Be provided appropriate privacy
- ▶ Be provided, to the degree known, appropriate information concerning their diagnosis, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information shall be shared with a person designated by the patient or to a legally authorized person
- > Participate in the decisions regarding their medical care, except when such participation is contraindicated for medical reasons, and to refuse treatment as permitted by law
- ► Know the provisions of the Surgery Center has arranged for handling emergency care and after-hours care.
- > Know what rules of the Center apply to the conduct as a patient
- > Reasonable responses by the employees and Medical Staff of the Center to requests of a patient for service
- ▶ Be informed by a Medical Staff member or his/her designee of their continuing health care requirements after discharge from the Center
- Review your bill and receive a detailed explanation of any item on the bill regardless of the payment source and to know the fees for specific services.
- ▶ Receive information regarding methods of expressing suggestions or grievances

Statement of Nondiscrimination:

Woodlands 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.

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

Woodlands 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

PATIENT RESPONSIBILITIES...

As a Patient, You are required to:

¬Provide complete and accurate information about your health, medications, including over the counter products and dietary supplements and any allergies or sensitivities.

⊲Follow treatment plan prescribed by your provider, including pre-operative and discharge instructions
⊲Provide a responsible adult to transport you home from this center

¬Accept personal financial responsibility for any charges not covered by insurance.

⊲To inform your provider of any living will, medical power of attorney, or other advance directive in effect ⊲Be respectful of all the healthcare providers, staff and other patients



GRIEVANCES:

You have the right to have your verbal or written grievances submitted. The following are names and /or agencies you may contact:

Woodlands Endoscopy Center

PO Box 149347
Mail Code 1979
Austin, TX 78714-9347

Phone 888-973-0022 Fax 512-834-6653

Medicare Ombudsman website

www.medicare.gov/Ombudsman/resources.asp

Medicare

www.medicare.gov 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

ADVANCED DIRECTIVES:

Woodlands 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 The Center that if there is a deterioration in the patient's condition during treatment at The 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 a patient should provide his/her advance directive a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.

If you request, an official state Advance Directive Form will be provided to you.

OWNERSHIP DISCLOSURE:

This is to inform you that your physician might have a financial interest or ownership in this center. The following are physicians who have a direct ownership interest in our facility:

Abraham Winkelstein, MD, MS, FACP, FACG

Anna M. Gonzales, MD

A. Tarkan Dural, MD, FACG

Edward S. Xavier, MD

The Woodlands, TX 77384 936-321-0033