



Advance Directive Policy

As a patient, you have the right to participate in your own health care decisions and to make an Advance Directive, or to execute a Power of Attorney that authorizes others to make decisions on your behalf when you are unable to make decisions, or are unable to communicate those decisions. Endoscopy Institute of Hawaii respects and upholds these rights.

However, unlike in an acute care hospital setting, the Endoscopy Institute does not routinely perform “high risk” procedures. Most procedures performed in this facility are considered minimal risk. Of course, no surgery is completely without risk. You will discuss the specifics of your procedure with your physician who will advise you about any associated risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of an Advance Directive or instructions from a Health Care Surrogate or Power of Attorney, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. The acute care hospital will order further treatment or withdrawal of treatment measures in accordance with your wishes, Advance Directive or Health Care Power of Attorney.

You or your representative will be notified in writing prior to the date of surgery regarding the Endoscopy Institute’s Advance Directive Notice policy. The physician’s office scheduling your procedure will be responsible for distributing a copy of this written Advance Directive Policy. At the time of admission to the Endoscopy Institute, you must sign the Advance Directive Notice acknowledging you have read and understand this policy.

Signing the Advance Directive Notice does not invalidate any current Health Care Directive or Health Care Power of Attorney. If you do not agree with this policy, your procedure will be rescheduled at another facility.

Ownership Disclosure

Racquel Bueno, M.D., Herbert Lim, M.D., George Lisehora, M.D., Cedric Lorenzo, M.D., Howard Minami, M.D., Mark Mugiishi, M.D., Warren Ono, M.D., Ronald Wong, M.D. and Skai ASC, LLC have a financial interest in Endoscopy Institute of Hawaii.

You have the right to choose your provider and where your procedure is performed. For any questions or concerns, please feel free to contact your physician.

Financial Responsibilities

As a patient of Endoscopy Institute of Hawaii, you understand that any co-pays, co-insurance, and/or deductibles, are due prior to having your procedure. You understand that the following provider fees are NOT INCLUDED in the Endoscopy Institute fee and will be billed separately:

- Physician (surgeon) fee
- Anesthesiology fee
- Pathology
- Radiology
- Durable Medical Equipment (splints, braces, slings, etc.)
- Laboratory services

For any questions or concerns, please call the Endoscopy Institute of Hawaii at 1-808-312-6700.

Notice of Privacy Practices and Patient Rights and Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. please review it carefully.

Endoscopy Institute of Hawaii provides ambulatory surgical services. Due to the nature of these services, we are required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. We are also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI

We may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

- For Treatment. This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.
- For Payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.
- For Health Care Operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.
- Reminders for Scheduled Procedures and Information on Other Services. We may also contact you with a reminder of any scheduled appointments for surgical procedures or to inform you about other services we provide.
- Use and Disclosure of PHI Without Your Authorization. We are permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:
 - For the treatment, payment, or health care operations activities of another health care provider who treats you;
 - For health care and legal compliance activities;
 - To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests.
 - To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
 - For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;

- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security, and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement of organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals;
- Use or disclose health information about you in a way that does not personally identify you or reveal who you are;
- Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights

As a patient, you have a number of rights with respect to your PHI, including:

- **The Right to Access, Copy, or Inspect Your PHI.** This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee, as state law permits to provide a copy of any medical information you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have forms available to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect or obtain a copy of your medical information, you should contact our local privacy representative.
- **The Right to Amend Your PHI.** You have the right to ask us to amend written medical information we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request an amendment of the medical information we have about you, please contact our local privacy representative to obtain an amendment request form.
- **The Right to Request an Accounting.** You may request an accounting from us of certain disclosures of your medical information we have made in the six years prior to the date of your request. However, your requests for an accounting of disclosures cannot precede the implementation date of HIPAA April 14, 2003. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment, or health care operations, or when we share your health information with our business associates, such as our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting, contact our local privacy representative.
- **The Right to Request That We Restrict the Uses and Disclosures of Your PHI.** You have the right to request that we restrict how we use and disclose your medical information we have about you. We are not required to agree to any restrictions you request, but any restrictions agreed to by us in writing are binding on us.

■ **Right to Obtain a Paper Copy of the Notice on Request.** If you would like a paper copy of this Notice, you may contact us at the address listed below and we will provide you a paper copy of the Notice upon request.

■ **The Right to Specify How We Communicate Confidential Medical Information to You.** We will honor reasonable written requests to limit how we contact you for this purpose (by telephone, U.S. mail, or e-mail, for example). You may also specify where we contact you, such as at work, at home, or at some other place, when communicating confidential medical information. You are not required to provide a reason for your request. However, if you specify an alternate means of communication, you must still provide adequate contact information for collecting payment or other matters related to the status of your account.

Revisions to the Notice

We reserve the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI we maintain. Any material changes to the Notice will be promptly posted in our facilities. You can get a copy of the latest version of this Notice by contacting our privacy official.

Your Legal Rights and Complaints

You have the right to file a complaint with the Hawaii Division of Public Health, Office of Health Facilities Licensing and Certification, the responsible agency for ambulatory surgical centers' complaint investigation. Complaints may be registered with the department by phone (808) 733-9172 or in writing to the State of Hawaii, Department of Health, Developmental Disabilities Division, Case management and Information Services Branch, 3627 Kilauea Avenue, Room 109, Honolulu, Hawaii 96816. A complainant may provide his/her name, address, and phone number to the Department. Anonymous complaints may be registered. All complaints are confidential.

You also have the right to complain to us, or the Secretary of the United States Department of Health and Human Services (<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>) or 866-627-7748, if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments, or complaints you may direct all inquiries to our privacy official.

Attn: Privacy Officer
Endoscopy Institute of Hawaii
1401 South Beretania Street, Suite 200
Honolulu, Hawaii 96814

In accordance with HIPAA this Notice is effective April 14, 2003

Understanding Your Rights and Responsibilities

You have RIGHTS...

...including the right to be informed of them in a way you or someone who represents you can understand. You cannot be penalized in any way for exercising these rights.

You have the right to know BEFORE the date of your procedure:

- Your expected appointment time
- How to get help if you have a problem or emergency when the Endoscopy Institute is closed
- What kind of follow-up care you can reasonably expect
- If your doctor has any financial or ownership interest in the Endoscopy Institute
- If your care provider is not covered by malpractice insurance
- What you will be billed for by the Endoscopy Institute, regardless of who will be paying those charges
- The immediate and long-term financial effects of those charges
- The Endoscopy Institute's payment policies

If you are a Medicare beneficiary, you also have the right to:

- Receive the information and help you need to understand your Medicare options
- Assistance in exercising your Medicare rights and protections. The Medicare Beneficiary Ombudsman can also help you in resolving Medicare-related problems.

You have the right to the following INFORMATION that you need in order to take part in making a good decision about your treatment:

- Your diagnosis (the disease or illness that is causing your problem)
- The doctor's professional opinion on your condition
- The prognosis (what generally happens to people who have the same diagnosis)
- What the doctor expects to happen in your case
- The treatment you will be receiving
- The risks and dangers of your treatment. If there is a good medical reason for not giving you this information, it will be given to someone that you choose or who has been given legal permission.

You also have the right to:

- Know the name of the person who will be providing or assisting in your treatment
- Know the qualifications of that provider
- Change to another qualified provider, if available
- Expect that any advertising about the organization's competence and abilities is accurate
- See your own medical record

- Be informed by your doctor or the doctor's representative as to what kind of care you will need after discharge

You have the right to expect that the Endoscopy Institute will:

- Provide evaluation, services and/or referral appropriate to the urgency of your case and within the limitations of the Endoscopy Institute
- Transfer you to another facility (such as a hospital) when required by your medical condition

You have PRIVACY rights related to your personal care.

- We will keep all of the information in your medical record confidential, unless reporting is allowed or required by law. There are a number of legal exceptions that allow or require us to use your information without asking for your permission. One example is the information your insurance company needs to process your claim. You can find a list of these exceptions in the "Notice of Privacy Practices" we have given you.
- You have a right to look at or copy your Protected Health Information (PHI). If you need to look at or have a copy of your information, please ask for a request form or ask to speak with our privacy representative.
- You have the right to ask us to make changes to the written information we have about you. If you believe that this written information is not correct, contact our privacy representative for a change request form.
- You have the right to ask us to limit how your medical information is used and who can get this information. Do you need more information on your privacy rights? Details are available in the "Notice of Privacy Practices" that we have given you.

You have LEGAL rights that you will be:

- Safe from all types of abuse or harassment
- Treated with confidentiality, respect, dignity and consideration
- Able to refuse all or part of suggested treatment, including human experimental treatment
- Treated fairly, regardless of your race, color, religion, gender, sexual preference, disability, national origin, age, veteran's status or source of payment (except for inability to pay)*
- You also have the right to complain about your care before, during, and after your treatment. You can make your complaint in person, by phone, or in writing. See the end of this notice for information on filing a complaint. These rights are guaranteed by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services, conforming to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

You have the right to submit an ADVANCED DIRECTIVE.

- If you are too ill to speak for yourself, someone else will have to make decisions about your medical care for you. An “Advanced Directive” is a legal document that makes it possible for you to communicate what kind of end-of-life care you want and to appoint someone you trust to make decisions for you. It will be less confusing for your family, friends, and the medical professionals who take care of you if they have this information ahead of time.
- You have the legal right to choose someone to make decisions for you. The Institute must follow the process and do everything it can to respect your wishes, within the limits of state law.
- If your state’s legal process determines that you are not able to make informed decisions or to exercise your rights yourself, you have the right to a state appointed representative who can do these things for you.

You also have RESPONSIBILITIES.

As a patient you are responsible for providing CORRECT and COMPLETE INFORMATION on:

- Your present health
- Your past medical history
- The prescription and over-the-counter medicines you take, including vitamins and other dietary supplements
- Any allergies or sensitivities
- Anything else related to your health

You are responsible for:

- Following your doctor’s orders
- What happens if you do not follow your doctor’s orders
- What happens if you refuse treatment
- Telling us if you think you will not be able to follow through with the treatment ordered by your doctor
- Asking questions if you do not understand the information or instructions we give you
- Telling your doctor and the Endoscopy Institute if you have a Living Will, a medical Power of Attorney, or any other directive that could affect your care
- Paying what you owe for services as soon as possible

You should respect the rights of other patients and the staff of the Endoscopy Institute by:

- Helping us to control noise
- Not smoking
- Limiting the number of visitors

The Endoscopy Institute has the right to refuse care to or dismiss patients who are disruptive, uncooperative, rude, or physically threatening to other patients or our staff.

You must provide a RESPONSIBLE PERSON who can:

- Drive you home when you are ready to leave the Endoscopy Institute
- Stay with you for 24 hours, if ordered by your doctor

If your driver is disruptive, uncooperative, rude, or physically threatening, the Endoscopy Institute has the right to refuse care to you or dismiss you from care. This includes drivers who are unable to provide safe transportation for any reason, including drug or alcohol intoxication.

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For any questions or concerns, please call the Endoscopy Institute at 1-808-312-6700.

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You have the right to choose your provider and where your procedure is performed. For any questions or concerns, please feel free to contact your physician.

If you have questions about your rights or want to file a complaint

Please contact the Endoscopy Institute of Hawaii, 1401 South Beretania Street, Suite 200, Honolulu, Hawaii 96814.

You may also file a complaint with the Hawaii Division of Public Health, Office of Health Facilities Licensing and Certification, the responsible agency for ambulatory surgical centers’ complaint investigation. Complaints may be registered with the department by phone (808) 733-9172 or in writing to the State of Hawaii, Department of Health, Developmental Disabilities Division, Case management and Information Services Branch, 3627 Kilauea Avenue, Room 109, Honolulu, Hawaii 96816. A complainant may provide his/her name, address, and phone number to the Department. Anonymous complaints may be registered. All complaints are confidential.

For Medicare beneficiaries:

<http://www.medicare.gov/ombudsman/resources.asp> or
<http://www.medicare.gov/Publications/Pubs/pdf/11173.pdf>

Medication Record

Patient _____

Doctor _____

Taken Today	Medication	Dosage	Frequency
			___ X <input type="checkbox"/> Daily <input type="checkbox"/> Weekly
			___ X <input type="checkbox"/> Daily <input type="checkbox"/> Weekly
			___ X <input type="checkbox"/> Daily <input type="checkbox"/> Weekly
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			___ X <input type="checkbox"/> Daily <input type="checkbox"/> Weekly

_____ Patient’s /Caregivers initials

_____ Staff signature /Date

Discharge Medication

No changes from above list – resume all above listed medications as directed by your provider.

New Prescriptions/Medications	Dosage	Reason For Taking	Notes
			<input type="checkbox"/> Instructions Given
			<input type="checkbox"/> Instructions Given
			<input type="checkbox"/> Instructions Given
			<input type="checkbox"/> Instructions Given
			<input type="checkbox"/> Instructions Given
			<input type="checkbox"/> Instructions Given
			<input type="checkbox"/> Instructions Given

_____ Patient’s /Caregivers initials

_____ Staff signature /Date