

ADVANCED DIRECTIVES

The Center recognizes that patients may have Advance Directives in place at the time of their visit. In compliance with New York State, the Center will provide all patients with information related to Advance Directives. Manhattan Endoscopy policies are as follows:

DO NOT RESUSCITATE ORDERS:

Except where the patient/healthcare agent specifically requests otherwise, DNR orders will not be in effect at Manhattan Endoscopy Center. Patients / healthcare agents who notify the Center of their desire that a DNR order be in effect at the Center will be referred to the Administrator or the Medical Director for consultation. Patients will be advised, prior to their scheduled procedure date, of our Advanced Directives policies.

HEALTH CARE PROXY

Manhattan Endoscopy Center will supply patients with copies of the New York State's "Appointing Your Health Care Agent – New York State's Proxy Law." If the patient has executed or wishes to execute a Health Care Proxy, a member of Manhattan Endoscopy Center's Administration will meet with the patient or the patient's agent to discuss the proxy.

LIVING WILLS, ORAL INSTRUCTIONS

All Advance Directives, other than the Health Care Proxy and a DNR order, will be reviewed. Prior to admission, each patient will be offered a copy of our policy. Upon arrival at the Center, the patient will be offered a copy of the Advanced Directive Manual.

If the patient indicates that he/she has executed or wishes to execute a Health Care Proxy, or the patient has provided written or oral instructions about treatment, the receptionist will place a copy of the executed health care proxy or written instructions on the chart, or document the oral instructions in the chart, and notify the pre-procedure Nurse and Manhattan Endoscopy LLC Administration.

The Pre-Admission questionnaire includes a question as to whether the patient has provided or wishes to provide an Advanced Directive which must have an answer for each admission.

INSERVICES

Staff In-services are provided. In accordance with New York State's "Patient Self-Determination Act", a copy of "Appointing Your Health Care Agent" and "Planning in Advance for Your Medical Treatment" is available to all patients. Please remember that filling out an Advance Directive is entirely voluntary. The appointment of a Health Care Proxy is a serious decision. We recommend that you consider it well in advance of scheduled procedure.

PATIENT'S NOTICE OF PRIVACY PRACTICES

Your rights regarding medical information about you.

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

Your health record is the physical property of the Manhattan Endoscopy Center LLC. The information contained in the record, however, belongs to you. You have the specific right to your medical information. Manhattan Endoscopy Center will provide you with a copy of these rights on the day of your procedure. If you require a copy of these rights prior to date of procedure, please contact us.

CONCERNS & SUGGESTIONS

We at Manhattan Endoscopy Center, LLC strive to provide you with excellent quality care. We welcome the opportunity to listen to your suggestions and complaints. Please contact our nurse manager, Maryanne Barretti, or your physician to obtain further information about our complaint resolution policy. If your concern is not resolved, you may contact the following organizations:

NY Department of Health Hotline | (800) 804-5447
NYS Department of Health | 90 Church Street, New York, NY 10007
Medicare Ombudsman | cms.hhs.gov/center.ombudsman.asp

DIRECTIONS



Manhattan Endoscopy Center is located on the 5th Floor of 535 Fifth Ave. The entrance to 535 Fifth Ave is located on the north side of 44th St between Fifth Ave and Madison Ave.

BY SUBWAY:

Take either the 4 5 6 or 7 line into Grand Central Station, or the B D F M line to Bryant Park.

BY BUS:

Take either the M1 M2 M3 M4 M5 to either 44th and Fifth Ave (from uptown) or 44th and Madison Ave (from downtown). Across town take the M42 to 42nd St and Fifth Ave.

BY CAR:

Parking is available at the locations indicated above as P

OWNERSHIP

PHYSICIAN OWNERSHIP DISCLOSURE

The Manhattan Endoscopy Center, LLC was founded and is owned by the following physicians who chose to invest in the center:

Peter Baiocco, MD
Jennifer Bonheur, MD
Alexander Chun, MD
Gregory Haber, MD
Albert Harary, MD
Makoto Iwahara, MD
Peter S. Kim, MD

Michael Krumholz, MD
Carl McDougall, MD
Eric Morgenstern, MD
Paulo Pacheco, MD
David Robbins, MD
Jonathan Warman, MD
Jusuf Zlatanic, MD

MANHATTAN ENDOSCOPY

WELCOME!



Manhattan Endoscopy Center is a state-of-the-art ambulatory endoscopy center dedicated to providing high-quality healthcare service, patient care and operational excellence. We strive to make your stay with us as pleasant as possible by providing quality care in a warm, caring, personalized and professional environment.

535 Fifth Ave | 5th Fl
New York, NY 10017
tel: (212) 682-2828
manhattanendo.com

BEFORE YOUR PROCEDURE

- 1 A nurse will call 3-7 days before your procedure to complete a pre-procedure questionnaire and answer any of your questions.
- 2 A Center staff member will call you again the afternoon before your procedure between 2:00 PM and 4:00 PM to inform you of the approximate time of your procedure and what time you should arrive at the center.
- 3 Please be certain that you follow dietary and prep instructions provided by your physician. Do not chew gum, candy, drink coffee or eat food of any kind. Do not drink water less than three hours prior to your procedure.
- 4 Confirm with your doctor which medications you should take the day of your procedure. Medications such as blood-thinners, aspirin, or medication containing aspirin may need to be stopped temporarily.
- 5 You must make plans to have a responsible adult take you home. Do not resume normal activities until the following day. Do not drive, return to work or operate any machinery or power tools. Do not make important personal or business decisions, sign legal papers, or perform any activity that depends on your full concentrating power or mental judgment.
- 6 We suggest that you do not smoke for at least 24 hours before procedure.
- 7 If you need special assistance, are not fluent in English, or require a sign language interpreter, please let the physician's office know so arrangements can be made to assist you.
- 8 Please notify your doctor of any change in your medical conditions, or if fever or other illness develops. If you need to cancel or reschedule your appointment, notify your physician or the Endoscopy Center as soon as possible.

DAY OF YOUR PROCEDURE

- 1 Please remove nail polish.
- 2 Bring a current list of all your medications with dosages and how often you take them (including prescriptions, over-the-counter, herbals, patches, inhalers, eye drops, supplements, Vitamins, Aspirin and Oxygen). If you are instructed by your doctor or nurse to take your morning medications, you may do so with a SIP OF WATER ONLY.
- 3 The center cannot be responsible for lost items, so leave all valuables such as jewelry and large sums of money at home.
- 4 Wear loose and comfortable clothing that can be stored easily.
- 5 If you wear glasses, contact lenses, dentures, or a hearing aid, bring along a case to put them in during your procedure.
- 6 If you have sleep apnea and own a CPAP or BiPAP machine, please bring it with you to the center.
- 7 Please arrive at the specified time and sign in at the registration desk. Please bring a photo ID and insurance card.
- 8 During your procedure, those who accompanied you to the center should wait in the reception/waiting room area. With your approval, your physician will speak with them after your procedure.

- 9 Each member of our staff involved in your care will confirm with you the planned procedure.
- 10 During your care, the nurses will ask you to rank your pain on a scale of zero (for no pain) to ten (for the worst pain). The number you give them will help the nurse treat your pain appropriately.
- 11 Prior to discharge you will be given written post-procedural instructions. It is important that you understand the instructions. The nurses and your physician will answer any questions that you have.
- 12 Please note that your wait time prior to procedure may be over an hour. We will make every attempt to keep you informed regarding your procedure time, but sometimes delays are unavoidable. You may wish to bring a book or magazine to help you stay relaxed. Anticipate 30-45 minutes for recovery time from anesthesia sedation.
- 13 We are committed to providing you with a comfortable and safe environment during your stay.

MANHATTAN
ENDOSCOPY



PATIENT RIGHTS & RESPONSIBILITIES

Manhattan Endoscopy Center, LLC will ensure patients are aware of their rights and responsibilities by providing them with a copy of the NYS DOH Patient Rights and Responsibilities.

Patients are advised, in writing and verbally, of the following Rights and Responsibilities, prior to their date of procedure.

EACH PATIENT TREATED AT THIS CENTER HAS THE RIGHT TO:

- A. Be treated with respect, consideration and dignity including privacy in treatment without regard to age, sex, national origin or sponsor.
- B. Respectful care given by competent personnel with consideration of their privacy concerning medical care. Your privacy shall be respected when facility personnel are discussing you and your care.
- C. Be given the name of their attending physician, the names of all other physicians directly assisting in their care and the names and functions of other health care persons having direct contact with the patient.
- D. Have records pertaining to treatment, treated with privacy and confidentiality and except where required by law or third-party payment contract, the right to approve or refuse the release or disclosure of the contents of his/her medical record to any healthcare practitioner and/or healthcare facility.
- E. Expect and receive appropriate assessment, management and treatment of pain.
- F. Expedient and professional transfer to another facility when medically necessary and have the responsible person and the facility that the patient is transferred to notified prior to transfer.
- G. Accessible and available health services, information on after-hour and emergency care.
- H. Full information in layman's terms concerning appropriate and timely diagnosis, treatment, preventative measures and prognosis and expect treatment that is consistent with clinical impression or working diagnosis.
- I. Give an informed consent to the physician prior to the start of a procedure which includes the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, the alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision.
- J. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his / her actions. To participate in the planning of your care, and to refuse medication and treatment. Such refusal will be documented in your medical record.
- K. Receive appropriate and timely follow-up information of abnormal findings and tests and receive information regarding "continuity of care."
- L. Appropriate specialty consultative services made available by prior arrangement.
- M. Have access to an interpreter.
- N. Be provided with, upon written consent, access to all information contained in their medical record.
- O. Accurate information regarding the competence and capabilities of the organization.
- P. Receive information regarding protocol to express suggestions or grievances to the staff, or administrator, and to be provided with the phone number and address for the New York State Department of Health to express grievances or suggestions, without fear of reprisal.
- Q. Change primary or specialty physicians if other qualified physicians are available.
- R. The opportunity to participate in decisions involving their healthcare, except when such participation is contraindicated for medical reasons.
- S. Receive information regarding services provided at the Center.
- T. Information on payment and fee policies and provider credentialing as necessary.
- U. Information on Advanced Directives, as required by New York State law, in writing, prior to the date of their procedure.
- V. Information on the charges for services, eligibility for third-party reimbursement and, when applicable, the availability of free or reduced-cost care and receive an itemized copy of his/her account statement upon request.
- W. Information on physician ownership, in writing, prior to the day of the procedure.

EACH PATIENT TREATED AT THIS CENTER HAS THE RESPONSIBILITY TO:

1. Provide full cooperation by complying with the pre-procedure and post-procedure instructions given by his / her physician and anesthesiologist, including the provision of a responsible adult to transport himself or herself home from the facility.
2. Provide the Center staff with all medical information that may have a direct impact on the care provided at the Center.
3. Provide the Center with all information regarding third-party responsibility insurance coverage.
4. Fulfill financial responsibility for all services received, as determined by his/her insurance carrier.
5. Be respectful of healthcare providers, staff and other patients and visitors of the Center.