

GASTROINTESTINAL

ASSOCIATES, P.C.

IMPORTANT: Please read packet in full. Fill out all needed information and mail back paperwork so it arrives 48 hours prior to procedure. If you are not able to return your information by mail on time please visit https://gia.mygportal.com/PP6-1-10/Account/LogOn to complete online.

Dear		
Your colonoscopy with D	Dr	_ is scheduled for:
Date:		
Arrival Time:	for	appointment.
Location: 1311 D	owell Springs Blvd, Knoxville, TN	N 37909
629 De	elozier Way, Powell, TN 37849, St	uite 2
	Parkside Dr, Knoxville, TN 37934	
	v instructions in this packet and l	

Please follow all dietary instructions in this packet and NOT the instructions provided in the prep box

If you are new to our practice or have not been seen in over one year, you must complete the enclosed forms and mail or bring them back to one of our offices as soon as possible so that we will receive no later than 48 hours prior to your starting your prep. *If you are not able to return your information by mail on time please visit https://gia.mygportal.com/PP6-1-10/Account/LogOn to complete online.* The information sheet is needed to verify your insurance information and obtain necessary referrals or pre-certification. This will also allow us to provide you with information on estimated out of pocket expenses prior to your colonoscopy. Please be sure to bring your insurance cards and driver's license to your appointment. We participate with a large number of insurance carriers but if you have a co-pay or have not met your deductible, you will need to be prepared to pay the unmet portion on the day of your procedure. The medical forms will give us your past and present medical history, as well as a list of your current medications and allergies.

8/8/24, 8:32 AM Printed on 8/8/2024

8/7/24, 11:40 AM Printed on 8/7/2024



Colonoscopy Bowel Prep Instructions - SuTab

Procedure Date I Start Time Your ARRIVAL Time	Procedure Location				
Tour ARRIVAL Time	O Main Office (Dowell Springs Blvd)	0	North Office (Delozier Way)	O West Office (Parkside Dr)	

Planning for the Procedure:

- You will need a responsible party to take you home. You may not drive at all on the day your procedure is performed. We will not
 sedate you
 - unless we have the name/phone# of the person who is taking you home.
- Your entire visit at our office on the day of your procedure may last up to 3 to 4 hours. Please advise your driver that they must remain in the unit or nearby during your entire visit.
- If you wear dentures -- for safety reasons, you will be expected to remove them before your procedure.
- · Dress comfortably in clothes that can be easily removed/folded.
- Didn't get bowel prep materials (laxative kit)? Need to cancel/reschedule appointment? Please call our office at 865-588-5121.

Supplies needed:

• Your SuTab prep kit will be mailed to you by GiftHealth Specialty Pharmacy.

<u>DRINKING THE PREP</u> - Follow the instructions exactly as written to ensure a successful procedure.

7 days before your colonoscopy:

- If you take aspirin (325 mg or less) or NSAIDs (Advil, Aleve, Motrin, Mabie or ibuprofen), you may continue to take them as usual.
- If you take a blood thinner or high dose aspirin (greater than 325 mg), see attached sheet for instructions. Check with your doctor
 to be sure it is safe to hold your medication.
- Stop taking iron supplements and multivitamins that contain either iron or Vitamin E.

3 days before your colonoscopy:

- · Stop eating popcorn, corn, seeds, nuts, beans, fruits with small seeds, and celery.
- · If you take oral meds for diabetes, contact your doctor to see if your dose needs to be adjusted on the day before your procedure.

1 day before your colonoscopy:

- For breakfast, lunch and dinner, you should only consume clear liquids noted in the table below (list A). Avoid red or purplecolored liquids or any of the liquids in list 8. Drink at least 8 glasses of water from 8 AM-4 PM.
- At 5 PM, open the first bottle of 12 tablets and fill the provided container with 16 oz of water (up to fill line). Swallow 1 tablet every 2 minutes and follow with a few sips from the 16 oz glass of water. Finish all 12 tablets and the entire 16 oz of water within 20-30 minutes. At 1 hour after the last tablet was taken, drink another 16 oz of water over 30 minutes. At 30 minutes after finishing the 2nd container of water, drink another 16 oz of water over 30 minutes.

Α

Clear liquids which are allowed:

Gatorade, Pedialyte, or Powerade
Coffee or tea
Carbonated and non-carbonated soft drinks
Kool-Aid or other fruit-flavored drinks
Apple juice, white cranberry juice, or white grape juice
Jell-0, popsicles, clear broth

Non-Clear Liquids -- NOT ALLOWED:

Red or purple items of any kind Alcohol Milk or non-dairy creamers Juice with pulp Any liquid you cannot see through

Day of your colonoscopy:

- You will need a responsible party to take you home. You may not drive on the day your procedure is performed. We will not sedate you unless we have the name/phone number of the driver taking you home. Uber, Lyft, taxi, etc.. are not considered a responsible party and therefore are not allowed unless your provider has approved this prior to your procedure.
- Five (5) hours before your procedure start time, open the 2nd bottle of 12 tablets and fill the provided container with 16 oz of water (up to fill line). Swallow 1 tablet every 2 minutes and follow with a few sips from the 16 oz glass of water. You should finish all 12 tablets and the entire 16 oz of water within 20-30 minutes. At 1 hour after the last tablet was taken, drink another 16 oz of water over 30 minutes. At 30 minutes after finishing the 2nd container of water, drink another 16 oz of water over 30 minutes.
 DO NOT use any form of tobacco (cigarettes, chew, dip, vape) on the day of your procedure to avoid risk of cancellation.
- Two (2) hours before your procedure start time, you may take your morning meds with 1-2 sips of water. DO NOT drink anything
 else. DO NOT chew gum or eat hard candy. DO NOT wear any perfume or cologne. If you have asthma, bring your inhalers. If you
 take injectable insulin, bring it with you.

Additional helpful tips:

(1) Stay near a toilet! You will have <u>diarrhea</u>, which can be quite sudden. This is normal. (2) If you have <u>nausea or vomiting</u> with the prep, give yourself a 30-60 minute break, rinse your mouth or brush your teeth, then resume drinking the prep. (3) <u>Anal skin irritation</u> or hemorrhoid inflammation may occur. If this happens, treat with over-the-counter-remedies, such as hydrocortisone cream, baby wipes, Vaseline, Desitin, or TUCKS pads. Avoid topical products containing alcohol. If you have a prescription for hemorrhoid cream, you may use it. Do not use suppositories.

https://tn-010-c.ggastrocloud.com/gGastro/?status=undefined&message=

- If you take aspirin (325 mg or less) or NSAIDs (Advil, Aleve, Motrin, Mobic or ibuprofen), you may
 continue to take them as usual.
- If you take blood thinner or high dose aspirin (greater than 325 mg), see attached sheet for instructions. Check with your doctor to be sure it is safe to hold your medication.
- Stop taking Iron supplements and multivitamins that contain either Iron or Vitamin E.
- TYLENOL products are okay to take prior to your colonoscopy.

PLEASE DO NOT STOP ANY BLOOD THINNERS UNTIL YOUR PRESCRIBING PHYSICIAN APPROVES THIS

This list is simply our recommendation and if your physician does not want you to stop your blood thinner, you will need to notify your physician's nurse at our office.

If you are diabetic, please contact your primary care or prescribing physician for recommendations on how to manage your diabetic medications prior to your colonoscopy. Usually patient do not take their diabetic medications on the day of the procedure but should bring the medication to the appointment if they choose to eat after the exam prior to returning home.

YOUR COLONOSCOPY IN OUR SURGERY CENTER

Please notify your physician's nurse as soon as possible so that your procedure can be rescheduled in a hospital setting. If you have a pacemaker **ONLY** we can perform your colonoscopy as planned in our surgery center.

If you weight over 400 pounds or have a BMI of 50 or greater, call your physician's nurse at this office to see if we can safely perform your colonoscopy in an office setting.

Enclosed you will find the colonoscopy prep that your physician prefers. Please read all of the instructions carefully as soon as possible so that if you have questions, you will have time to call the office. Many of our colonoscopy preps require prescription laxatives. If your prep contains a prescription, please take it to your pharmacy several days before your appointment. IT IS EXTREMELY IMPORTANT THAT YOU FOLLOW ALL INSTRUCTIONS

EXACTLY AS THEY ARE WRITTEN in order to obtain a satisfactory exam.

If you have questions regarding a medical condition or the preparation instructions, please call our office (865) 588-5121 and ask for your physician's nurse. You will need to leave a message and your call will be returned as soon as possible.

If you need to cancel or reschedule your appointment, please call (865) 588-5121 and ask for scheduling.

Thank you for allowing us to participate in your care.

Please reference the tables below when considering how long to stop your anti-coagulant and Injectable diabetic/weight loss medications before your procedure.

Please also consult with your primary care doctor, your heart/lung specialist, or the prescribing physician for your anti-coagulant and diabetic medications for further clarification on the safety of stopping your medication (unless we've already done this for you). If your doctor denies you permission to stop your medication, please let your gastroenterologist know.

ANTI - COAGULANT MEDICATIONS				
Brilinta (ticagrelor)	Hold for 5 days prior			
Coumadin (warfarin)	Hold for 5 days prior			
Effient (prasugrel)	Hold for 7 days prior			
Eliquis (apixaban)	Hold for 2-4 days (normal kidney function - 2 days)			
Plavix (clopidogrel)	Hold for 5 days prior			
Pradaxa (dabigatran)	Hold for 2-4 days (normal kidney function - 2 days)			
Savaysa (edoxaban)	Hold for 1 day prior			
Xarelto (rivaroxaban)	Hold for 1 day prior			
Pletal (cilostazol)	Hold for 2 days prior			
Aggrenox (aspirin & dipyridamole)	Hold for 7 days prior			
Aspirin	Do not stop 81 or 325 mg. For 500 mg or more, STOP for 7 days			

DIABETIC AND WE	DIABETIC AND WEIGHT LOSS - INJECTABLE MEDICATIONS						
Byetta (exenatide)	Hold on day of procedure (twice daily injection)						
Victoza (liraglutide)	Hold on day of procedure (once daily injection)						
Tanzeum (albiglutide)	Hold for 7 days prior to procedure (once weekly injection)						
Trulicity (dulaglutide)	Hold for 7 days prior to procedure (once weekly injection)						
Lixumia (lixisenatide)	Hold on day of procedure (once daily injection)						
Beinaglutide	Hold on day of procedure (three times daily injection)						
Ozempic (semaglutide)	Hold for 7 days prior to procedure (once weekly injections)						
Fu Laimel (peg-loxenatide)	Hold for 7 days prior to procedure (once weekly injection)						
Mounjaro (tirzepatide)	Hold for 7 days prior to procedure (once weekly injection)						
Wegovy (semaglutide)	Hold for 7 days prior to procedure (once weekly injection)						
Bydureon (exenatide)	Hold on day of procedure (twice daily injection)						
Rybelsus (semaglutide)	Hold for 7 days prior to procedure (once weekly injection)						
Soliqua (lixisenatide)	Hold on day of procedure (once daily injection)						
Xultophy (Insulin degludec/liraglutide)	Hold on day of procedure (once daily injection)						

GASTROINTESTINAL ASSOCIATES, P.C. PATIENT INFORMATION RECORD

Date		SS#		Age	
Name:	Mr.				
	Mrs. Miss	Last		First	MI
ddress:	Ms.				
iddi ess.	Street	Address (required)			P.O. Box
) 	City	State	Zip	County
	Is the	above address an Assisted Living	Facility or Nursing Home?		County
		name of facility:			
elephone:	Hom	e		Employer	
	Worl				
	Cell				
ext Appt.	Reminders	Yes No			
		ommunication Telep		Letter	
'atient's D	ate of Birth				
'atients's E	-mail Addr	'ess:			
mergency	Contact N	ame:			
Mo Sex: Fer	ale male	Marital Status: N (check one)	Aarried Single	Widowed Divorc	ed Separated Other
pouse:	Nam	e			DOB:
	Empl				
Race: (chec					
ace. cnec	k one)	White / Caucasian Black / African American	Native Hawaiian / Othe Asian M	er Pacific Islander Nore than one race	American Indian or Alaskan Native Pt. refuses to report or unavailable
thnicity:		Not Hispanic	Hispanic or Latino	Pt. declined or ur	navailable
referred L	anguage _				
Referred by			Address		
	Friend	d	Newspape	r	Other
rimary Ca	ro Physicia				Other(specify)
rillar y ca	ie i nysiciu	n	Insurance Informa		
rimary ins	ured's nam	ne	misorance informe		f birth
rimary ins	ured's insu	rance company			
rimary ins	ured's ID n	umber			#
econdary	insured's n	ame			f birth
econdary	insured's ir	nsurance company	20 20 20 20 20 20 20 20 20 20 20 20 20 2		
econdary	isured's ID	number		Group	#
o you hav	e a Living '	Will or Advance Directives	s for Healthcare?		
yes, wher	e is the do	cument located?			
o you hav	e a Durabl	e Power of Attorney for H	lealthcare?		
ves. wher	e is the do	cument located?			
//					



Address: 1311 Dowell Springs Blvd. Knoxville, TN 37909

Phone: 865-588-5121 Fax: 865-588-2126

Patient Interview Form

First Name:	Patient Information	n							
Date of Birth:	First Name:				Last Name:				
Email Please check one as your preferred email for communications Personal: Personal:	Date Of Birth:				Age:				
Personal:	Notes:								
Race Select one or more White		preferre	ed email for commun	ications					
Select one or more White	Porcenal					k:			
American American American Alaska Native Alaska Native Alaska Native Alaska Native Alaska Native Alaska Native Other Pacific Islander Other Pacific Islander Other Pacific Islander Prohibited by state law Unknown Sex Male Female Other Other Other Unknown Preferred Language English Spanish; Castillan Patient declines to specify Contact Preference No Preference Email Letter Patient declines to specify Allergies Patient has no known allergies Patient has no known allergies Penicillins Sulfa Other: Codeine Sulfate Other: Current Medications									
Contact Preference No Preference Patient declines to specify Prohibited by state law Unknown Unknown Preference Patient declines to specify Contact Preference No Preference Patient has no known allergies Patient has no known drug allergies Penicillins Sulfa Other: Codeine Sulfate Other: Current Medications	White	0		0	Asian	0		0	Other Pacific
Hispanic or Latino Not Hispanic or Latino Patient declines to specify Not Hispanic or Latino Patient declines to specify Nale Perferred Language English Spanish; Castilian Patient declines to specify Patient declines to specify Contact Preference No Preference Email Letter Patient declines to specify Allergies Patient has no known allergies Patient has no known drug allergies Penicillins Sulfa Other: Codeine Sulfate Other: Current Medications	Other Race	0	Unknown	0		0			islands!
Sex Male Female Other Unknown Preferred Language English Spanish; Castilian Patient declines to specify Contact Preference Email Letter Patient declines to specify Allergies Patient has no known allergies Patient has no known drug allergies Penicillins Sulfa Iodine Compounds Latex morphine (PF) Current Medications	Ethnicity								
Male	Hispanic or Latino	0	Not Hispanic or Latino	0		0		0	Unknown
Preferred Language English Spanish; Castilian Patient declines to specify Contact Preference No Preference Email Letter Patient declines to specify Allergies Patient has no known allergies Patient has no known drug allergies Penicillins Sulfa Iodine Compounds Latex morphine (PF) Current Medications									
English Spanish; Castilian Patient declines to specify Contact Preference	Male Male	0	Female	0	Other	0	Unknown		
Specify Contact Preference No Preference Email Letter Patient declines to other: specify Allergies Patient has no known allergies Penicillins Sulfa Iodine Compounds Latex morphine (PF) Current Medications	Preferred Language								
No Preference	English	0	Spanish; Castilian	0					
Allergies Patient has no known allergies Penicillins Sulfa Iodine Compounds Latex morphine (PF) Current Medications	Contact Preference								
Patient has no known allergies Penicillins Sulfa Iodine Compounds Latex morphine (PF) Current Medications	No Preference	0	Email	0	Letter	0		Other	
Patient has no known allergies Penicillins Sulfa Iodine Compounds Latex morphine (PF) Current Medications	Allergies								
Penicillins Sulfa Iodine Compounds Latex morphine (PF) Codeine Sulfate Other: Current Medications		vn allerg	gies	0	Patient has no know	vn drug	allergies		
		Other:		0		0		0	morphine (PF)
		ns							

Nam	е		Dose				How taken?		
Pha	armacy								
Name	9	-	Address						Phone
lmn	nunizations								
0	None								
0	Flu vaccine	0	Нер А	0	Нер В	0	Pneumovax	0	TB skin test
Wher	COVID-19	Whe	n:	Whe	n:	Wher	1:	Wher	1:
Wher									
Pas	t or Present M	edica	al Conditions						
$\overline{\circ}$	None								
$\overline{}$	Anemia	0	Anxiety	0	Alzheimer's Dementia	0	Asthma	0	Arthritis (non- Rheumatoid)
0	Atrial Fibrillation	0	Barrett's Esophagus	0	Bipolar Disorder	0	Blood Clot - Leg (DVT)	0	CANCER
0	Cirrhosis	0	Colon Cancer	0	Colon Polyps	0	Congestive Heart Failure	0	COPD
0	Coronary Artery Disease	0	Crohn's Disease	0	Dementia, type unspecified	0	Depression	0	Diabetes Mellitus
0	Diverticulosis	0	Fibromyalgia	0	GERD / Reflux	0	Glaucoma	0	Gout
\bigcirc	Hepatitis C	0	MI (Heart Attack)	0	Hypertension	0	Hyperlipidemia	0	HIV
\subseteq	Hypothyroidism	0	IBS	0	Kidney Failure	0	Kidney Stones	0	Lupus (SLE)
\circ	Migraine Headaches	0	Osteoporosis	0	Parkinson's	0	Psoriasis	0	Pulmonary
0	Rheumatoid Arthritis	0	Scleroderma	0	Seizure disorder	0	Obstructive Sleep Apnea	0	Embolism Peptic Ulcer Disease
O	Stroke (CVA)	0	TIA	0	Ulcerative Colitis	Other		Other	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Other		-							
Prev	ious Procedu	res							
0	None								
0	Abdominal Hernia Repair	0	Anal Fissure Repair	0	Aneurysm Repair	0	Appendectomy	0	Back Surgery
0	Bladder Lift/Tack	0	Breast Augmenation	0	Breast Reduction	0	Cardiac Cath	0	Cardiac Stent
0	Carotid Surgery/Stent	0	Cataract Removal	0	C-Section	0	Colectomy - partial	0	Colectomy - total
0	Colostomy Bag	0	Coronary Bypass (CABG)	0	D and C	0	Defibrillator Placement	0	Exploratory Laparotomy
0	Gastrectomy - Partial	0	Gastric Bypass Surgery	0	Gallbladder Removal	0	Hemorrhoid Surgery	0	Hiatal Hernia
0	Hip Replacement	0	Hysterectomy	0	Knee Surgery	0	Gastric Lap Band	0	repaired Laparoscopy
\circ	Mastectomy	0	Ovary Removal	0	Pacemaker Insertion	0	Prostate Removal	0	Sinus Surgery

Splenectomy	Thyroidectomy	Tonsillectomy	Tubal (BTL)	Valve (Heart) Replacement
Other:	Other:	Other:	Other:	Other:
Diagnostic Studie	s/Tests			
O None				
Colonoscopy	Endoscopy	Ultrasound	→ HIDA scan	CT Scan
When:	_When:	When:	When:	_When:
Family Medical His				
No knowledge of far	mily history			
No family history of	Celiac Disease		Colon cancer	
	Colon polyps		Crohn's disease	
	Gastric Cancer		GI Cancers	
	Liver disease		Pancreatic Cancer	
	Pancreatitis Ulcerative colitis		Stomach Cancer	
				Mother Father Sister Brother Grandmother
				Mother Father Sister Brother Grandf
				Mother Father Sister Brother Grandm
Diagnoses				
Celiac Disease				000000
Crohn's / Regional Enteritis				000000
Colon Cancer				00000
				000000
Colon Polyps				000000
Gastric Cancer				
				000000
Pancreatic Cancer				000000
Other:				000000
				000000
Social History				
Occupation:		Number of	Children:	
Marital Status	_			
Single	Married	Divorced	Separated	Widowed
Alcohol				
None				

Туре		Quantity Number		Number Frequency		Frequency			
Tobacco									
Smoking Status	0	Current e	very day	Current some day	0	Former smoker	0	Never smoker	
	0	smoker Smoker, o status unk		smoker Light tobacco	0	Heavy tobacco	0	Unknown if ever	
Туре		status uni		smoker		smoker		smoked	
			Started	Quit		Quantity		Frequency	
Consent to Imp	ort Medi	ication	History						
I consent to obtaining	ig a history	of my me	edications purch	nased at pharmaci	es.				
◯ Yes	0	No							
Consent to Sha	re Data								
consent to having i	my medica	l and dem	ographic inforn	nation shared with	other h	nealth care entities			
◯ Yes	0	No							
Review Of Syst	ems								
Cardiovascular			Gastrointe	stinal		Neurologica	al		
None		YN	O None		YN	O None		YN	
chest pain		QQ	abdominal pain		OC	dizziness		00	
rregular heart beat passing out/fainting		88	change in bowe constipation	el habits	QQ	frequent headac	hes	ŎŎ	
adding dathanting		00	diarrhea		88	seizures	seizures	00	
Constitutional				trouble swallowing		Hematologic/L	c/Lym	mphatic	
None		YN			00	O None		V	
atigue		00	Genitourina	ary		easy bruising		Y N	
veight loss ever/chills		20	O None		CQUI UNIVERSALE.	enlarged lymph		ŏŏ	
O VOL/OTHINS		00	blood in urine		YN	prolonged bleed	ng	00	
ntegumentary			urinary inconting		88	Psychiatric			
None		VN	prostate trouble		00	None			
nives		OO N	Endocrine			anxiety		YN	
tching		ŏŏ				depression		88	
ash		00	O None		YN	panic attacks		ŏŏ	
NINAT			excessive thirst hair loss		88				
ENMT			heat intolerance		88				
None		YN			-				
ore throat	***************************************	00	Musculoske	eletal					
nouth sores noarseness		99	None						
		00	arthritis		YN				
			back pain muscle weakne	SS	SS				

Reminder Preference

Reviewed with				
Patient	Parent	Guardian	Not Present	
Signature				
ignature	The state of the s	Date		

How do I register?

Step 1: You will receive an invitation email from our practice with a link and unique ID that will take you through the registration process.

Step 2: Click on the link in the invitation email to create a unique user ID and password.

New account registration	
Tell us about yourself.	
First name	
Last name	
	Proces enter your free and get name the same way as you are registered about
Date of birth	
Portal PIN number	
	Regarded or our potent potal is open only to our patients and requires after multiple Patients may contact us to obtain a PVIII meter.
Create your legin.	
Username	
Password	warmers must be at meet 2 charather. Spaces are not abwed
Confirm password	
	Your papeward must be at least 5 drawaturs and be strongstrough (at three) troop of discretizes (others, numbers and permissions. Planswords are case sensitive).
Security question answer	•
Accept the terms of use.	The arrange has to have at least a characture.

Step 3: Once registered, complete your medical, family and social history if not completed recently.

		Home Hermages I Personal Info Hermages I Personal Info Hermage (Hermage Change (Hermage Log (H) Log (H)
	Email: Cathod methods: Cathod	Access Ac
	Destroy map	Caceiro Female Not imperior or Latino When Coursedon Emplis Telephono call
information, etc).	You may send a message directly to our practice to update additional fields (ex. Address, Insurance	
, etc).	send a directly to be to update fields (ex.	passe fembry

Step 4: Click submit to send your information directly to our office

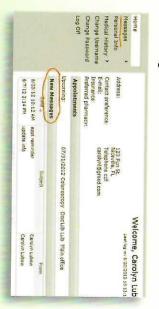
How do I...

Send a message to my Doctor's office?

- Click on the message tab.
- Click "new" and compose your message.
- Remember to hit send.

Receive messages through gPortal?

- You will receive a notification email when you have a message waiting in gPortal.
- Click on the message tab.
- Click on "new messages" to view your messages.



Update my personal information?

- Click "update" button.
- Click on the "personal info" tab.
- Change the information you want



How do I...

Reset my password?

- Click on the "change password" tab
- Enter username, DOB and registered email address.

Frequently Asked Questions

Q: Can I schedule my appointment online through gPortal?

A: You may send a request to schedule your appointment and our practice will contact you.

Q: Does gPortal allow me to send a message directly to my physicians office?

A: Yes, you may send a message directly to our office through gPortal. We will make sure your message reaches the correct person so that your question is answered.

Q: Can I refill my prescriptions through gPortal?

A: No, you must go directly through your pharmacy in order to refill your prescription.

Q: What do I do if my account is locked due to too many failed log-in attempts?

A: Click on the change password tab and follow the instructions to create a new password.

The 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 this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surgery 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 the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/ her physician to determine the appropriate course of action to be taken regarding the patient's care.

Complaints/Grievances:

If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

•

The following are the names and/or agencies you may contact:

David Harano, CEO P.O. Box 59002, Knoxville, TN 37950-9002

You may contact the state to report a complaint:

865-588-5121

Tennessee Department of Health

710 James Robertson Parkway Nashville, TN 37243

State Web site: http://tn.health@tn.gov

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman.

Medicare Ombudsman Web site:

www.cms.gov/center/special-topic/ombudsman/medicarebeneficiary-ombudsman-home

Medicare: https://www.medicare.gov or call 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

3 Parkway N Suite 201 Deerfield, IL 60015

Phone: 847-853-6060 or email: info@aaahc.org

Physician Ownership

Physician Financial Interest and Ownership: Physician Financial Interest and Ownership: The center is owned, in Financial Interest and Ownership: The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER:

Johnny Altawil, MD J. Matthew Moore, MD William F. Ergen, MD Steven J. Bindrim, MD Raj I. Narayani, MD

John M. Haydek, MD
Hannah Jones, DO
Maria B. Newman, MD
Ramanujan Samavedy, MD
Kevin P. Meyers, MD

Jeffrey S. Gilbert, MD

The Endoscopy Center 1311 Dowell Springs Blvd., Suite 200 Knoxville, TN 37909 865-588-5121

indoscopy Center North The Endoscopy Center West 629 Delozier Way 11440 Parkside Drive Powell, TN 37849 Knoxville, TN 37934

abel for Medical Records

G001 Rev 09/24



THE ENDOSCOPY CENTER

PATIENT'S RIGHTS AND NOTIFICATION OF PHYSICIAN OWNERSHIP

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING HIS/HER CARE THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE/SURROGATE PRIOR TO THE PROCEDURE/SURROGERY.

Patient's Rights

- To receive treatment without discrimination as to age, race, color, religion, sex, national origin, disability, or source of payment.
- To receive considerate, respectful, and dignified care.
- To be provided privacy and security during the delivery of patient care service.
- To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.
- 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.

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- To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
- To be free from mental and physical abuse, or exploitation during the course of patient care.
- Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/ her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
- To have care delivered in a safe environment, free from all forms of abuse, neglect, harassment or reprisal.
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.
- To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/ her care.
- To be informed of their right to change providers if other qualified providers are available.
- To know which facility rules and policies apply to his/her conduct while a patient.
- To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's care. The patient's written consent for participation in research shall be obtained and retained in his/ her patient record.
- To examine and receive an explanation of his/her bill regardless of source of payment.
- To appropriate assessment and management of pain.
- To be advised if the physician providing care has a financial interest in the surgery center.

Patient Responsibilities:

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- To provide complete and accurate information to the best of their ability about their health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- To follow the treatment plan prescribed by their provider, including pre-operative and discharge instructions.
- To provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider.
- To inform their provider about any living will, medical power of attorney, or other advance healthcare directive in effect.
- To accept personal financial responsibility for any charges not covered by their insurance.
- To be respectful of all healthcare providers and staff, as well as other patients

If you need an interpreter:

If you will need an interpreter, please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure. The Interpreter must be 18 years or older.

Rights and Respect for Property and Person Privacy and Safety

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Personal privacy.
- Voice a grievance regarding treatment or care that is, or fails to be, furnished.
- Receive care in a safe setting.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Be free from all forms of abuse or harassment.
- Confidentiality of personal medical information.

The 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.

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

نيناوق عم قفاوتي ريظنتل ازكرم The Endoscopy Center فوقحلا ساساً علع زييمتال مدعو ةيداحتال قيندمل قوقحلا سنجل وا قفاعال بنسل بيموقل لصالو بنولل وا قرطل

The 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。

Advance Directives

and "Advance Care Plan". You can use a Living and comfortable at the end of life. as cardiopulmonary resuscitation (CPR), kidney event you become unable to voice these instructions form to tell your doctor you just want to be pain free dialysis or breathing machines. You can use this want to avoid life-prolonging interventions such for themselves by creating a document called care, even after they can no longer make decisions All patients can remain in charge of their health 101-113. In the state of Tennessee, all patients have Directives are found in Tennessee Statues 32-11differently. STATE laws regarding Advanced to your instructions about your medical care in the An "Advance Directive" is a general term that refers Will/Advance Care Plan to tell your doctor you the right to make their own health care decisions. yourself. Each state regulates advance directives

You have the right to informed decision making regarding your care, including information regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative or surrogate) prior to the procedure being performed.



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