

**The Kissimmee FL Endoscopy ASC, LLC**  
715 Oak Commons Blvd., Kissimmee, FL 34741  
407-931-2816 Phone      407-201-3161 Fax

***PLEASE COMPLETELY FILL OUT THE ATTACHED AND BRING THEM WITH YOU TO THE KISSIMMEE FL ENDOSCOPY ASC, LLC ON THE DAY OF YOUR SCHEDULED PROCEDURE. THANK YOU.***

Instructions for patients having outpatient procedures at The Kissimmee FL Endoscopy ASC, LLC:

The Kissimmee FL Endoscopy ASC, LLC is located at 715 Oak Commons Blvd., across the street from the Doctor's Office. Normal business operations for this building are Monday thru Friday, closed Saturdays and Sundays.

Our goal is to make your visit to our facility a smooth, convenient, and time efficient process, so the facility finds it necessary to inform patients of special building conditions.

1. The surgery scheduler at the doctor's office will give the patient paperwork to be completed ***prior*** to arrival for their procedure at the surgery center. Please remember to bring the forms completed and signed.
2. Please be aware that you may receive up to four (4) separate bills. These will be from the facility, anesthesia company, pathology company (if applicable) and the physician's office.
3. There is a restroom located in the lobby for your convenience.
4. Patients having a procedure are ***not allowed to eat or drink*** as instructed in their instructions.
5. Please be advised that you may be at the Kissimmee Endoscopy Center for at least 3-4 hours. The Center can be cold at times so please feel free to bring socks to keep your feet warm. Please wear comfortable shoes, no high heels.
6. We kindly request that each patient be accompanied by only one person, a responsible adult, who will remain on premises during the patients entire visit and ***drive you home after the procedure. All patients and guests will remain in their vehicles after check-in until called in for their procedures.***
7. If medical transportation is provided by your insurance company or you will be using a ride share company, you ***MUST*** still have a responsible adult accompany you in the transportation to and from the center. If there is not an adult present with you, your procedure ***WILL BE CANCELLED***.
8. ***Smoking is prohibited.*** We ask that all jewelry and valuables be left at home. ***THE CENTER WILL NOT BE RESPONSIBLE FOR LOST ITEMS.***
9. After the procedure patients will be escorted out through the Exit closest to the parking lot.

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*Favor de completar y traer con usted al Kissimmee FL Endoscopy ASC, LLC el dia de su procedimiento.  
Gracias.*

Insruuccions para pacientes que van a tener procedimiento en el Kissimmee FL Endoscopy ASC, LLC:

El Kissimmee FL Endoscopy ASC, LLC esta localizado en el 715 Oak Commons Blvd (al frente de la oficina de los doctores). Los dias laborables son de Lunes a Viernes, cerrado Sabados Y Domingos.

Nuresta meta es que al visitar neustra facilidad usted tenga un servicio agradable, conveniente y eficiente, y que se le brinde toda la informacion necesaria.

1. La cita se le hara en la oficina del medcio y alli se le entregara todos los papeles, que deben ser completados y firmados y traer los el dia de su estudio.
2. El Centro de Endoscopia habre a las 7:00 am.
3. El bano esta localizado en el lobby.
4. Los pacientes que tienen procedimientos **no pueden comer ni beber** nada segun las instrucciones dadas.
5. Tenga en cuenta que puede estar en el Centro de endoscopia de Kissimmee durante al menos 3-4 horas. El Centro puede ser frío a veces, así que siéntase libre de traer calcetines para mantener sus pies calientes. Por favor use zapatos cómodos, **no altos tacones**.
6. Solicitamos amablemente que cada paciente esté acompañado por una sola persona, un adulto responsable, que permanecerá en local durante toda la visita del paciente y **lo llevará a casa después del procedimiento. Debido a COVID-19.**
7. Si su compañía de seguro es quién provee la transportación, de igual manera el paciente **DEBE** venir acompañado de un adulto responsable, que permanezca acompañándole en todo momento. De no haber un adulto presente junto al paciente, su procedimiento será **CANCELADO**.
8. **Prohibido fumar.** Pedimos que todas las joyas y objetos de valor se dejen en casa. **EL CENTRO NO SE HARÁ RESPONSABLE POR ARTÍCULOS PERDIDOS.**
9. Despues del procedimiento el paciente sera escortado por la puerta de salida mas cerca al estacionamiento.

## **HOME MEDICATION LIST - (Lista de Medicamentos)**

**Please fill form out as completely as possible.  
(Favor completar este formulario.)**

# Patient's Rights and Notification of Physician Ownership

Amsurg Corporation

The Kissimmee FL Endoscopy ASC, LLC

715 Oak Commons Blvd. • Kissimmee, FL 34741

Phone: 407-931-2816 • Fax: 407-201-3161

Label for Medical Records

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISION 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 PRIOR TO THE PROCEDURE/SURGERY.

## **Patient's Rights:**

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the healthcare facility or provider's office to accompany the patient while the patient is receiving treatment or is consulting with his or her healthcare provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or cannot be reasonably accommodated by the facility or provider.

A patient has the right to know what rules and regulations apply to his or her conduct.

A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to be informed of their right to change providers if other qualified providers are available.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment; whether the health care provider or healthcare facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

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. 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.

## **Patient's Responsibilities:**

The patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

The patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

The patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions should he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

A patient is responsible for being respectful of all the healthcare professionals and staff, as well as other patients

A patient is responsible to provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider.

## **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.

## **Rights and Respect for Property and Person:**

### *The patient has the right to:*

Exercise his or her rights without being subjected to discrimination or reprisal.

Voice a grievance regarding treatment or care that is, or fails to be furnished.

Be fully informed about a treatment or procedure and the expected outcome before it is performed.

Confidentiality of personal medical information.

## **Privacy and Safety:**

*The patient has the right to:*

Personal privacy.

Receive care in a safe setting.

Be free from all forms of abuse or harassment.

Kissimmee 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.

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

Kissimmee Endoscopy Center respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Kissimmee 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:**

*You have the right to information regarding advance directives, this facility's policy on advance directives, and information regarding state regulations concerning advance directives. Applicable state forms are available from the center and will be provided upon request.*

When a person becomes unable to make decisions due to a physical or mental change or condition, they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death. The state rules that address this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code and Florida statute Title XLIV, Chapter 765.

Kissimmee 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.

<http://www.floridahealthfinder.gov/reports-guides/advance-directives.shtml>

## **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:

**Maria Calderon, Center Director**

715 Oak Commons Blvd.

Kissimmee, FL 34741

407-931-2816

You may contact the state to report a complaint:

**Agency for Health Care Administration**

2727 Mahan Drive

Tallahassee, FL 32308(888) 419-3456 / (800) 955-8771

[www.AHCA.myflorida.com](http://www.AHCA.myflorida.com)

In the event the patient decides not to use the internal grievance process. The Medicare Beneficiary Ombudsman helps you with Medicare-related complaints, grievances, and information requests. The website for the Medicare Beneficiary Ombudsman is also provided. Medicare

Ombudsman Web site: <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Medicare: [www.medicare.gov](http://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 North Suite 201

Deerfield, IL 60015

## **Physician 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 this center: **Dr. Avanish Aggarwal / Dr. Kenneth Feuer**

**Dr. Deepinder Goyal / Dr. Muhammad Mohiuddin**

**X**

Signature of Patient or Patient Legal Representative

**PLEASE BRING THIS FORM WITH YOU  
ON THE DAY OF YOUR PROCEDURE**

**Date**