

## POLICY ON ADVANCE DIRECTIVES

Yorkville Endoscopy is an Ambulatory Surgical Center. Since the patient stay is expected to be brief (no overnight), the Center does not accept "Advance Directives" such as "Living Will," Healthcare Proxy, or "Do Not Resuscitate (DNR)" orders. If the patient chooses to maintain the "Advance Directive" status, the patient may seek treatment at a facility such as a hospital that would accept the Advance Directives. If you have executed advance directives, Yorkville Endoscopy would like to maintain a copy on file to be passed on to the hospital personnel in case you (the patient) required to be transferred to the hospital for emergency medical care.

## NEW YORK STATE LAW

New York State Law allows the patients to provide physicians "Advance Directives" under "Patients' Rights in State of New York." For more information and relevant forms please visit:  
[http://www.health.state.ny.us/professionals/patients/patient\\_rights/](http://www.health.state.ny.us/professionals/patients/patient_rights/)

## LIVING WILL

Living Will is a document that contains your health care wishes and is addressed to unnamed family, friends, hospitals, and other health care facilities. You may use a Living Will to specify your wishes about life-prolonging procedures and other end-of-life care so that your specific instructions can be read by your caregivers when you are unable to communicate your wishes.

## HEALTH CARE PROXY

A Health Care Proxy is a person who is named by you to make health care decisions on your behalf if you are no longer able to do so. You may give this person (your agent) authority to make decisions for you in all medical situations. Thus, even in medical situations not anticipated by you, your agent can make decisions and ensure you are treated according to your wishes, values, and beliefs. The New York health Care Proxy Law allows you to appoint someone you trust—for example, a family member or close friend—to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes.

## MEDICAL ORDERS FOR LIFE SUSTAINING

To enable physicians and other health care providers to discuss and convey a patient's wishes regarding cardiopulmonary resuscitation (CPR) and other life-sustaining treatment. The Department of Health has approved a physician order form (DOH-5003), the Medical Orders for Life Sustaining Treatment (MOLST) that can be used statewide by health care providers and facilities. The form can be used to issue any orders for life-sustaining treatment for general hospital inpatients and nursing home residents. In the community, the form can be used to use a non-hospital Do Not Resuscitate (DNR) or Do Not Intubate (DNI) order, and in certain circumstances, orders concerning other life-sustaining treatment.

## INSERVICES

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 your 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 Yorkville Endoscopy.

The information contained in the record, however, belongs to you. You have the specific right to your medical information. Yorkville Endoscopy 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 the date of your procedure, please contact us.

## CONCERNS & SUGGESTIONS

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

Yorkville Endoscopy Nurse Manager: (917) 281-0100

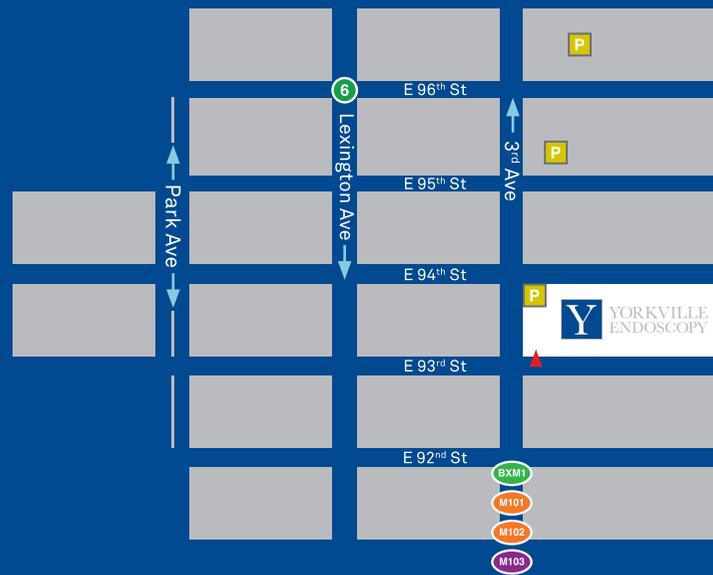
NY Department of Health Hotline: (800) 804-5447

NYS Department of Health: 90 Church Street, New York, NY 10007

Medicare Ombudsman: [cms.hhs.gov/center.ombudsman.asp](https://www.cms.hhs.gov/center.ombudsman.asp)

## DIRECTIONS

Yorkville Endoscopy is located on the 2<sup>nd</sup> Fl of 201 East 93<sup>rd</sup> St. The entrance is on the North East Corner of 3<sup>rd</sup> Ave and 93<sup>rd</sup> St.



**BY SUBWAY:** Take the 6 Train to E 96<sup>th</sup> St, exit near intersection of Lexington Ave and 96<sup>th</sup> St and head South to 93<sup>rd</sup> St (Transfer is available from the 4 & 5 Trains at E 86<sup>th</sup> St and E 42<sup>nd</sup> St, Grand Central Terminal).

**BY BUS:** Take the BXM1, M101, M102, or M103 to E 92<sup>nd</sup> St (corner of 3<sup>rd</sup> Ave). Walk North on 3<sup>rd</sup> Ave towards E 93<sup>rd</sup> St.

**BY CAR:** Parking is available at the following:  
Manhattan Parking: 215 E 96<sup>th</sup> St (btwn 2<sup>nd</sup> and 3<sup>rd</sup> Ave)  
M H M Parking Corp: 215 E 95<sup>th</sup> St (btwn 2<sup>nd</sup> and 3<sup>rd</sup> Ave)  
Imperial Parking Systems, Inc.: 200 94<sup>th</sup> (corner of 3<sup>rd</sup> Ave)

## NOTICE TO PATIENTS

Because of concerns that there may be a conflict of interest when a physician refers a patient to a health care facility in which the physician has a financial interest, New York State passed a law. The law prohibits physicians, with certain exceptions, from referring you for clinical laboratory services, pharmacy services, radiation therapy, or X-ray or imaging services to a facility in which the physician has a financial interest. If certain of the exceptions in the law apply, or if the physician is referring you for other than clinical laboratory, pharmacy, radiation therapy services, or x-ray or imaging services, a physician can make the referral under one condition. The condition is that the physician disclose his or her financial interest and tell you about alternative providers where you may go to obtain these services. This disclosure is intended to help you make a fully informed decision about your health care. The following physicians have a financial relationship with Yorkville Endoscopy ASC:

James Aisenberg, M.D.

Neville D. Bamji, M.D.

Lawrence B. Cohen, M.D.

Kenneth M. Miller, M.D.

For more information about alternative providers, please ask your physician or his/her staff. They will provide you with names and addresses of providers best suited to your individual needs that are nearest to your home or place of work.



YORKVILLE  
ENDOSCOPY

Welcome to Yorkville Endoscopy

Yorkville Endoscopy  
201 East 93<sup>rd</sup> St, 2<sup>nd</sup> Fl  
New York, NY 10128  
T: 917.281.0100  
F: 917.492.0812  
[yorkvilleendoscopy.com](http://yorkvilleendoscopy.com)

## BEFORE YOUR PROCEDURE

- 1** A Center staff member will call you on the day before your procedure to confirm the time that you should arrive at the Center and also ask you for additional pre-procedure information, as necessary.
- 2 PLEASE BE CERTAIN THAT YOU FOLLOW DIETARY AND PREP INSTRUCTIONS PROVIDED BY YOUR PHYSICIAN.**
- 3** Certain medications such as blood thinners, aspirin and diabetes medications may need to be stopped prior to your procedure. Please confirm with your doctor.
- 4 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.
- 5** We suggest that you do not smoke for at least 24 hours before your procedure or drink alcohol for 24 hours after your procedure.
- 6** 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.
- 7** Please notify your doctor of any change in your medical condition, or if fever or other illness develops. If you need to cancel or reschedule your appointment, notify your physician as soon as possible.

## DAY OF YOUR PROCEDURE

- 1** 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**.
- 2** Please leave expensive valuables such as jewelry and electronics at home.
- 3** Wear loose and comfortable clothing that can be stored easily.
- 4** If you wear glasses, contact lenses, dentures, or a hearing aid, bring along a case to put them in during your procedure.
- 5** If you have sleep apnea and own a **CPAP** or **BiPAP** machine, please bring the machine with you and discuss with your anesthesia provider on the date of your procedure.

- 6** Please arrive at the specified time and sign in at the registration desk. Please bring your insurance card and a photo ID.
- 7** During your procedure, those who accompanied you to the Center should wait in the reception/waiting room area.
- 8** Prior to discharge you will be given written post-procedural instructions. It is important that you understand the instructions. The nurses will answer any questions that you have.
- 9** At Yorkville Endoscopy, our staff and physicians are focused on maintaining an efficient schedule in order to avoid long wait times for our patients. To assist in maintaining our schedule, please arrive at the facility 45 minutes before your appointed time. Anticipate being at the facility for between 1.5 to 2 hours in total.
- 10** We are committed to providing you with a comfortable and safe environment during your stay.



## YORKVILLE ENDOSCOPY

## PATIENT RIGHTS & RESPONSIBILITIES

Yorkville Endoscopy 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, race, sexual orientation, 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 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 transfer to another medical facility when necessary. The person responsible for the patient and the transfer facility will be notified prior to the transfer.
- G.** Accessible and available health services, information on after-hour and emergency care.

- H.** Full disclosure concerning the appropriate diagnosis, recommended treatment and prognosis.
- 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.

tel: 917.281.0100 | fax: 917.492.0812 | [yorkvilleendoscopy.com](http://yorkvilleendoscopy.com)

