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**CONSENT FOR RELEASE OF INFORMATION FOR TREATMENT,
PAYMENT AND HEALTH CARE OPERATIONS**

I hereby authorized Redding Endoscopy Center to use and/or disclose my health information which specifically identified me or which can reasonably be used to identify me to carry out my treatment, payment and health care operations. I understand that while this consent is voluntary, if I refuse to sign this consent, Redding Endoscopy Center can refuse to treat me.

I have been informed that Redding Endoscopy Center has prepared a notice ("Notice") which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations. I understand that I have the right to review such Notice prior to signing this consent.

I understand that I may revoke this consent at any time by notifying Redding Endoscopy Center, in writing, but if I revoke my consent, such revocation will not affect any actions that Redding Endoscopy Center took before receiving my revocation.

I understand that Redding Endoscopy Center has reserved the right to change his/her privacy practices and that I can obtain such changed notice upon request.

I understand that I have the right to request that Redding Endoscopy Center restricts how my individually identifiable health information is used and/or disclosed to carry out treatment, payment or health operations. I understand that Redding Endoscopy Center does not have to agree to such restrictions, but that once such restrictions are agreed to, Redding Endoscopy Center must adhere to such restrictions.

REDDING ENDOSCOPY CENTER - NOTICE OF PRIVACY PRACTICES

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.

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| <p>This Notice applies to (“Center”) and health professionals when they provide services at the Center. Under federal law, your health information (known as “PHI”) is protected and confidential. PHI includes information about your symptoms, test results, diagnosis, treatment, and related medical information and payment, billing, and insurance information. Your PHI may be stored and disclosed electronically.</p> <p>How We Use & Disclose Your PHI <i>Treatment:</i> We will use and disclose your PHI for treatment purposes. For example, nurses, physicians, and other members of your treatment team use PHI to determine the most appropriate course of care. We may also disclose PHI to other health providers who participate in your care. <i>Payment:</i> We will use and disclose PHI for payment purposes. For example, we may need to obtain authorization from your insurance company before providing treatment, determine whether you are enrolled or eligible for benefits and submit bills to your health plan. <i>Health Care Operations:</i> We will use and disclose your PHI to conduct our standard internal operations, including administration of records, credentialing, evaluation of the quality of treatment, arranging for legal services and assessing the care and outcomes of your case and others like it. The Center and professionals covered by this Notice will share PHI with each other as permitted by law for treatment, for payment, and for the Center’s health care operations.</p> <p>Other Uses and Disclosures We May Make <i>Family/Friends/Disasters:</i> We may disclose limited PHI to family members or friends who are helping with your care or payment for your care and to those assisting in disaster relief efforts. For example, following a procedure, we will disclose your discharge instructions and PHI related to your care to the individual who is driving you home or who is otherwise assisting in your post-procedure care. <i>Required by Law:</i> We may disclose your PHI as required by law, such as to report gunshot wounds, suspected abuse or neglect, or similar injuries and events. For example, we may disclose your PHI to the U.S. Department of Health and Human Services if it requests PHI to determine that we are complying with federal law. <i>Research:</i> We may use or disclose PHI for approved medical research. <i>Public health activities:</i> We may disclose vital statistics, disease information, information related to recalls of dangerous products, and similar information to public health authorities. <i>Health oversight:</i> We may disclose PHI to assist in investigations and audits, eligibility for government programs, and similar activities. <i>Judicial and administrative proceedings:</i> We may disclose PHI in response to an appropriate subpoena, discovery request or court order. <i>Law enforcement purposes:</i> We may disclose PHI to law enforcement officials as permitted by law, such as to report a crime on our premises. <i>Deaths:</i> We may disclose PHI regarding deaths to coroners, medical examiners, funeral directors, and</p> | <p>organ donation agencies. <i>Serious threat to health or safety:</i> We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. <i>Military and special government functions:</i> If you are a member of the armed forces, we may release PHI as required by military command authorities. We may also disclose PHI to correctional institutions or for national security purposes. <i>Workers compensation:</i> We may release PHI for workers compensation or similar programs providing benefits for work-related injuries or illness. <i>Business associates:</i> We may disclose PHI to business associates (individuals or entities that perform functions on our behalf) provided they agree to safeguard the information. <i>De-identification:</i> We may use and disclose your PHI to create information that is de-identified. In other words, we may remove identifiers in order to create information that is no longer individually identifiable as defined by law. We may also remove most PHI that identifies you from a set of data and use and disclose this data set for research, public health and health care operations, provided the recipients of the data set agree to keep it confidential. <i>Health information exchanges:</i> We may participate in one or more health information exchanges (“HIEs”) and with your consent may electronically share your PHI for treatment and other permitted purposes with other HIE participants. HIEs allow your providers to efficiently access and use your PHI for treatment and other lawful purposes unless you opt out.</p> <p>In any other case, we will ask for your written authorization before using or disclosing your PHI. If you sign an authorization, you can later revoke that authorization to stop any future uses and disclosures by contacting the Contact Person listed below. Subject to limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes or sell your PHI, unless you have signed an authorization.</p> <p>If we receive records from substance use disorder treatment programs subject to federal privacy rules (42 CFR Part 2) such records or testimony about their content cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent or a court order entered after notice and an opportunity to be heard is provided to the individual or us, as provided by 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested substance use disorder record is used or disclosed.</p> <p>We may use Artificial Intelligence or (AI) tools, for purposes described in this Notice and as permitted by the HIPAA Rules. For example, we may use tools that record your interactions with our providers and staff to assist with</p> | <p>drafting notes or scheduling appointments.</p> <p>Individual Rights You have the following rights with regard to your PHI. Please contact the Contact Person listed below to obtain the appropriate form for exercising these rights. If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian or is authorized by law to make healthcare decisions for you (known as a “personal representative”), that individual may exercise any of the rights listed below on your behalf.</p> <ul style="list-style-type: none"><input type="checkbox"/> You may request restrictions on certain uses and disclosures. We are not required to agree to a requested restriction, except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid in full, out-of-pocket for the item or service covered by the request and when the uses or disclosures are not required by law.<input type="checkbox"/> You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.<input type="checkbox"/> You have the right to look at or get a copy of your PHI. There may be a reasonable cost-based charge for copies.<input type="checkbox"/> You have the right to request that we amend your PHI.<input type="checkbox"/> You may request a list of disclosures of PHI about you except for disclosures made with your authorization and other exceptions.<input type="checkbox"/> You have the right to obtain a paper copy of the current version of this Notice upon request, even if you have previously agreed to receive it electronically. <p>Our Legal Duties/Changes to this Notice We are required by law to protect and maintain the privacy of your PHI, to provide this Notice about our legal duties and privacy practices regarding PHI, and to abide by the terms of the Notice currently in effect. We are required to notify affected individuals in the event of a breach involving unsecured PHI.</p> <p>We may change this Notice at any time and make the new terms effective for all PHI we hold. The effective date of this Notice is listed at the bottom of the page. If we change our Notice, we will post the new Notice in the waiting area. For more information about our privacy practices, contact the Contact Person listed below.</p> <p>Complaints/Contact Person If you are concerned that we have violated your privacy rights, you may contact the Contact Person listed below. You also complain to the U.S. Department of Health and Human Services. The Contact Person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint. If you have any questions, requests, or complaints, please contact:</p> <p>Center Privacy Officer (530-246-7000)</p> |
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REDDING ENDOSCOPY CENTER

2179 Court St.
Redding, CA 96001
(530) 246-7000



Patient's Rights and Notification of Physician Ownership



Leo E. Eickhoff, MD
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B Nicholas Namihis, MD
Hongguang Liu, MD
Paramvir Singh, MD

PATIENT'S BILL OF RIGHTS:

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/SURGERY.

PATIENT'S RIGHTS:

To ensure that the rights and responsibilities of patients are communicated and respected throughout the patient's care experience at the surgery center

Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his/her care.

To be treated with respect, consideration, and dignity.

To be provided with appropriate personal privacy, care in a safe setting and freedom from all forms of abuse and harassment.

Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other healthcare providers who will see him/her.

To be informed of their right to change providers if other qualified providers are available.

Receive information from his/her physician about your illness, his/her course of treatment and the prospects for recovery in a manner that will be understood by the patient and/or patient representative/surrogate.

Receive as much information from your physician about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies this information shall include a description of the procedure or treatment, the medically significant risks involved in each, and to know the name of the person who will carry out the procedure or treatment.

Actively participate in decisions regarding his/her medical care to the extent permitted by law; this includes the right to refuse treatment or change his/her primary physician.

Disclosures and records are treated confidentially, except when required by law, patients are given the opportunity to approve or refuse their release.

Information for the provision of after-hour and emergency care.

Information regarding fees for service, payment policies and financial obligations.

The right to decline participation in experimental or trial studies.

The right to receive marketing or advertising materials that reflect the services of the center in a way which is not misleading.

The right to express concerns and receive a response to inquiries in a timely fashion.

To leave the facility even against the advice of his/her physician.

To appropriate assessment and management of pain.

Be advised as to the absence of malpractice coverage.

Be advised if the physician has a financial interest in the surgery center.

The right to self-determination including the right to accept or to refuse treatment and the right to formulate an Advance Healthcare Directive and understand the facility's policy and state regulations regarding Advance healthcare Directives.

The right to know and understand what to expect related to their care and treatment.

Access protective and advocacy services or have these services accessed on the patient's behalf.

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.

Be advised of the facility's grievance process, should the patient or patient's representative or surrogate wish to communicate a concern regarding the quality of the care he or she receives. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date.

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 usual care. The patient's written consent for participation in research shall be obtained and retained in his/ her patient record.

PATIENT RESPONSIBILITIES:

Provide complete and accurate information to the best of your ability regarding your health, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.

Ask for an explanation if you do not understand papers you are asked to sign or anything about your own care.

Gather as much information as you need to make informed decisions.

Follow the care prescribed or recommended for you by the physicians, nurses, and other members of the health care team.

Respect the rights and privacy of others.

Assure the financial obligations associated with your care are fulfilled.

Take an active role in ensuring safe patient care. Ask questions or state concerns while in our care. If you don't understand, ask again.

Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.

Inform the center and physician about any Advance Directives that could affect your care.

Keep appointments and notify the physician or facility when unable to do so.

To be respectful of all the healthcare professionals and staff, as well as other patients.

In the case of pediatric patients, a parent or guardian is responsible to remain in the facility for the duration of the patient's stay in the facility. The parent or legal guardian is responsible for participating in decision making regarding the patient's care.

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.

PATIENT LABEL

Redding 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.

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

Redding 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.

Redding 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。

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

Advance Directives

An "Advance Directive" is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates advance directives differently. California laws regarding Advanced Directives are found in the California Probate Code Section 4670 to 4678 and 4700 to 4701. There are two types of Advance Directives: Power of Attorney for Healthcare and Instructions for Healthcare. You have the right to informed decision making 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) prior to the procedure being performed.

Redding 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 an Advance Directive which has 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:

CENTER CONTACT INFORMATION:

Jamie Whitmoor-Pryer, Center Director
2179 Court Street, Redding, CA 96001
Phone: 530.246.7000

You may contact the state to report a complaint:

Office of the Inspector General: <http://oig.hhs.gov>

STATE OF CALIFORNIA CONTACT INFORMATION:

The Medical Board of California
Central Complaints Unit
2005 Evergreen Street Suite 1200
Sacramento, CA 95815
PHONE NUMBER: 916-263-2382
TDD: 916-263-0935
FAX: 916-263-2435

State Web site: <http://www.medbd.ca.gov/complaints.html>

Local Department of Health Services:

California Dept. of Public Health Licensing & Certification Program
126 Mission Ranch Blvd.
Chico, CA 95926
Complaints 1-800-554-0350 Fax 530-895-6723

MEDICARE:

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

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

Medicare: www.medicare.gov or call 1-800-MEDICARE
1-800-633-4227

AAAHC:

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 Blvd, Suite 201
Deerfield, IL 60015
Phone: 847-853-6060 or email: info@aaahc.org

PHYSICIAN OWNERSHIP:

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 THE CENTER:

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| B Nicholas Namihias, MD | Leo E. Eickhoff, MD |
| Hongguang Liu, MD | P.K. Dhanuka, MD |

By signing below I acknowledge having been given a copy of the Patient's Rights & Physician Notification of Ownership.

PATIENT LABEL