



Endoscopy Consent

An endoscopy is a medical procedure where your doctor, using a flexible video instrument (endoscope), looks at various areas inside of your body, which may include your stomach, esophagus, small intestine, colon or bile ducts. Endoscopy is the best method to evaluate certain conditions. The procedure is less effective if you do not follow your doctor's orders for preparation for the procedure. It is important to tell your nurse/doctor if you have been unable to properly prepare because the endoscopy may miss something if the area is not easy to see.

I, _____, give permission to Dr. _____, his/her associates and such assistants under his/her supervision and control, to perform the following procedure:

- ____1. **Upper Endoscopy:** looking at the esophagus down to the stomach and into the duodenum (small intestine). If an area is found to be narrow (stricture), it can be stretched to a more normal size (dilation). Other therapeutic techniques to treat abnormalities or bleeding may include injection of sclerosing agents, placing rubber bands around the tissue and electrocautery. Biopsies of tissue may be taken.
- ____2. **Colonoscopy:** looking at the colon (large intestine) from the anus to the beginning of the small intestine (ileum). The procedure requires a preparation with diet changes and taking medication to empty the colon, allowing the doctor to see the colon clearly. If polyps are seen during this procedure they may be removed using forceps or a wire loop and electric current (polypectomy). Other therapeutic techniques may be used to remove tissue, stretch tissue or stop bleeding with electrocautery. We may also apply pressure to your abdomen to help move the scope through your colon during the procedure.
- ____3. **Sigmoidoscopy:** Approximately the last third of the colon is looked at and is similar to a colonoscopy. See *colonoscopy* above for details.
- ____4. **Other:** _____

If, while your doctor is doing the examination, s/he finds a polyp (small growth) it will be removed for evaluation. Other tissues may be also taken to examine. This is called a biopsy or brushing. If your doctor sees an area of an organ that has become narrowed he/she may also attempt to stretch the narrowing back to a normal size.

I was told about the possible risks and complications of an endoscopy procedure. Your doctor will discuss the risks of the particular procedure that you are having with you. Some of the possible risks associated with this procedure include:

- 1. Developing a hole in the wall of the bowel. Should this occur, surgery to fix the hole may be needed.
- 2. Bleeding from the biopsy, polyp removal or stretching. Should bleeding occur, it may stop on its own or your doctor may need to repeat the procedure in order to find and stop the bleeding. If it is determined that the bleeding will not stop by itself, it may be necessary to give you blood products. Additional endoscopy procedures or surgery may be needed.
- 3. Medications used for sedation, anesthesia or pain control that you may receive may carry a risk. The risks include, but are not limited to, drug allergy, a decrease in the oxygen being carried to your vital organs by slowing your breathing, a decrease in your blood pressure, heart rate or breathing rate, nausea or vomiting, confusion, dizziness and drowsiness. It is important that your doctor know all of your drug allergies and if you have ever had a bad reaction when being sedated or taking pain medications in the past. Do not drive until the day after receiving the medicine.
- 4. Infection from the endoscopy procedure or from the IV.
- 5. Stomach pain from air being put into your colon/stomach during the procedure. Air is inflated so the lining can be seen well. Possible pain may also be from pressure applied to your stomach during the procedure.

I was told and understand the reasonable alternatives to the recommended procedure and/or treatment, and the major risks of these alternatives. I also understand what can happen if I do not have the recommended procedure and/or treatment. Based on the procedure recommended, this can include continued pain or bleeding, bowel obstruction, cancer/abnormal tissue growth, infection, inability to swallow, yellowing of the skin and death.

I consent to the taking of any photographs during this procedure for treatment and/or medical education.

I consent to the presence of manufacturer or equipment representatives for educational purposes and students for observational purposes.

I certify that I understand the information provided to me regarding gastrointestinal endoscopy and possible medications used, that I have been fully informed of the risks and possible complications thereof, and that I had a chance to discuss this with my health care provider.

I have received written information regarding Advance Directives, including the Center's policy on the honoring of Advance Directives, my physician's medical credentials, my Rights and Responsibilities as a patient of Eastern Shore Endoscopy, LLC, and my physician's ownership interest in the Center.

Date/Time: _____ Signed: _____
(Patient or person legally authorized to consent for patient)

Witness: _____
(Attending Physician)

EASTERN SHORE ENDOSCOPY, LLC (ESE)



About Advance Directives

The best person to make decisions about your medical care is you. The best time to make decisions about what kind of medical care you would like, should you become terminally ill, is in advance, while you are healthy and able to make your wishes known.

What is an Advance Directive?

An *advance directive* is a written or oral statement that is made and witnessed in advance of serious illness or injury describing your wishes with regard to medical decisions. An advance directive allows you to state your choices about healthcare or to name someone to make those choices for you should you become unable to make decisions about your medical treatment or care.

What is a Living Will?

A *living will* generally describe the type of medical care you want or do not want if you are unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way that your wishes will be understood.

What is a Healthcare Surrogate Designation?

A *healthcare surrogate designation* is a signed, dated and witnessed document naming another person such as a spouse, child or close friend as your agent to make medical decisions for you should you become unable to make them for yourself. This designation is often included in the living will.

You may wish to name a second person as an alternate, should your first choice for healthcare surrogate not be available. Be sure, however, to notify these persons that you have named them as healthcare surrogates, and inform them of your wishes. ***It is also a good idea to give them, as well as your physician and attorney, a copy of both your living will and the healthcare surrogate designation documents.***

Do I have to complete an Advance Directive under (state) law?

No, there is no legal requirement to complete an advance directive. However, if you have not completed an advance directive or designated a healthcare surrogate, healthcare decisions may be made for you by a court appointed guardian, your spouse, your adult child, your parent, your adult sibling, and adult relative or a close friend, in that order.

What if I change my mind after I have completed a Living Will and/or designated a Healthcare Surrogate?

You can change or cancel these documents at any time, either orally, or in writing.

What should I do with my Advance Directive?

- Make sure that someone, such as your physician, lawyer or family member knows that you have an advance directive and where it is located.
- If you have designated a healthcare surrogate, give that person a copy or the original.
- ***Give your physician and any other health care provider a copy for your medical file.***
- Keep a copy of your advance directive in a place where it can be found easily.
- Keep a card or note in your wallet or purse that states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your physician, lawyer and/or family member has the latest copy.

Policy on Advance Directive

ESE acknowledges your right to have an Advance Directive and will add it to your medical record. However, should an untoward event occur during your surgery, it is our policy to stabilize you and transport you to the closest Medicare-participating, Joint Commission-accredited hospital with a copy of the Advance Directive if made available to us. More information regarding Advance Directives in Maryland is available at <http://www.carcinfo.org/4a/pages/index.cfm?pageid=3289>.



EASTERN SHORE ENDOSCOPY, LLC

Patient Bill of Rights

1. *To expect to be treated with respect, consideration, and dignity.*
2. *To receive care in a safe environment.*
3. *To exercise your rights without being subjected to discrimination or reprisal.*
4. *To be free from all forms of abuse, neglect and harassment from ASC staff, visitors and other patients.*
5. *To be assured confidential treatment of disclosure of records and afforded the opportunity to approve or refuse the release of such information, except as otherwise permitted by law of third party payment contract and when release is required by law.*
6. *To know the name and function of any person providing health care services for you.*
7. *To know names and professional relationships of other physicians who may care for you in the absence of your attending physician.*
8. *To be provided, to the degree known, with information concerning your diagnosis, treatment, and prognosis. When it is not medically advisable to give such information to you, the information will be made available to an appropriate person on your behalf.*
9. *To have the opportunity to participate in planning your medical treatment, making decisions involving your health care, including your refusal to participate in experimental research.*
10. *To request a second opinion.*
11. *To expect a reasonable response to any reasonable request you may make for service.*
12. *To refuse treatment to the extent permitted by law and to be informed of the medical consequences of your action.*
13. *To expect communication in the language which you understand.*
14. *To expect treatment without regard to race, color, creed, religion, sex, national origin or source of payment, except for fiscal capability thereof.*
15. *To know services available, such as provisions for after hours or emergency care, educational material available, and policies concerning payment of fees.*
16. *To examine and receive an explanation of your bill, regardless of the source of payment.*
17. *To expect reasonable continuity of care and to know in advance the time and location of appointments.*
18. *To designate any area where you are cared for or treated as a non-smoking area.*
19. *To leave the procedure area even against the advice of your physician.*
20. *To have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.*
21. *To have your pain assessed and treated appropriately.*
22. *To know our policy on Advance Directives: ESE acknowledges your right to have an Advance Directive and will add it to your medical record. However, should an untoward event occur during your surgery, it is our policy to stabilize you and transport you to the closest Medicare-participating, Joint Commission-accredited hospital with a copy of the Advance Directive if made available to us. More information regarding Advance Directives in Maryland is available at <http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289>.*
23. *To know that all gastroenterologists and general surgeons who perform procedures in ESE have an ownership interest in the Center. Patients are always free to choose any health care provider, subject to restrictions of their health insurance coverage. Please address any concerns about your referral to ESE with Michael J. Fisher M.D., Medical Director, Eastern Shore Endoscopy, LLC*
24. *To know how to contact your state agency and/or Medicare to voice a concern regarding any aspect of your care.*

The Joint Commission:
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Phone: (800) 994-6610
Fax: (630) 792-5636
complaint@jointcommission.org

State of Maryland:
Office of Health Care Quality
55 Wade Avenue, BB Building
Catonsville, MD 21228
800-492-6005
www.ohcweb@dohmh.state.md.us

Medicare:
Medicare Ombudsman
<https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>
800-633-4227

EASTERN SHORE ENDOSCOPY, LLC



Patient Responsibility Statement

1. *For providing, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.*
2. *For participating in health care decisions and following the treatment plan outlined by the practitioner responsible for your care. This includes following instructions of the physicians, nurses and other health care personnel carrying out the plan of care and enforcing the Center's rules and regulations.*
3. *For assuring that the financial obligations of your health care are fulfilled as promptly as possible, and in the case of financial difficulty, making all reasonable efforts to meet any agreed-upon financial payment plan.*
4. *For your actions if you refuse treatment or are non-compliant in following a plan of treatment recommended by your physician.*
5. *For knowing the rules and regulations of the Center affecting your care and conduct, and for following the Center's rules and regulations.*
6. *For being considerate of the rights of other patients, family members, visitors and Center personnel, and for assisting in the control of noise and smoking.*
7. *For being respectful of the property of other persons and of the Center.*
8. *For informing your physician, attending nurse, or other health care personnel, of any concerns or complaints you may have, including degree of, if any, pain you may have.*
9. *For making sure you understand all information regarding the implications of your symptoms, the procedure you are to have, any alternatives to that procedure, any risks related to having or declining that procedure, the expected outcomes of the plan of care outlined by his physician, and your responsibilities in regards to that plan of care.*
10. *For reviewing information on Advance Directives, including our center's policy on Advance Directives.*

Dear Patient,

All gastroenterologists and general surgeons who perform procedures in Eastern Shore Endoscopy, LLC have an ownership interest in the Center. Patients are always free to choose any health care provider, subject to restrictions of their health insurance coverage. Please address any concerns about your referral to ESE with Michael J. Fisher, M.D., Medical Director, Eastern Shore Endoscopy, LLC.

Thank You

*Michael J. Fisher, MD, Medical Director
Eastern Shore Endoscopy, LLC*