

**CAROLINA ENDOSCOPY CENTERS  
PATIENT RESPONSIBILITIES**

**Patient** is responsible for providing accurate and complete information about his/her health including current complaints, past illnesses, hospitalizations, past and current medications including over the counter products and dietary supplements, any allergies and sensitivities and any other relevant information.

**Patient** is responsible for providing a responsible party to remain at the Center during his/her stay and to transport him/her home from the facility.

**Patient** and his/her representatives are responsible for reporting obvious risks regarding his/her care and any changes in patient's condition.

**Patient**, or patient representative, is responsible for expressing patient wishes and needs so appropriate care can be provided.

**Patient** is responsible for asking questions when they do not understand what they have been told about their care and what is expected of him/her.

**Patient** is responsible for clearly stating his/her concerns, worries and fears regarding handling of their follow-up care and treatment.

**Patient** and family are responsible for following the treatment plan as prescribed by the provider and participating in his/her care.

**Patient** and family are responsible for the outcomes of not following care and treatment plan.

**Patient** and family are expected to be considerate to the Centers' personnel and property.

**Patient** and family are expected to be kind to other patients and their families.

**Patient** and family are expected to follow the Centers' rules and regulations regarding patient care and conduct.

**Patient** and family are expected to behave in an appropriate manner at all times.

**Patient** and family are responsible for behavior that may place the health and well being of others at risk.

**Patient** is responsible for providing the Center's administration staff with accurate and timely information about his/her ability to pay for services.

**Patient** is responsible for promptly paying for services, including charges not covered by his/her insurance.

**Patient** is responsible for providing information about any living will, medical power of attorney or other directive that could affect his/her care.

If you have a question about your care or the safety of your surroundings, please let us know. If at any time you have a complaint or concern, you may contact your nurse, the charge nurse or the Director. You can expect the Endoscopy Center to respond in a timely manner. Although it is our desire to resolve your concerns at the local level, it is your right to make a complaint directly to the NC Department of Health and Human Services (State Survey Agency) as follows:

**Division of Health Service Regulation**

Acute and Home Care Licensure and Certification Section

2712 Mail Service Center, Raleigh, NC 27699-2712

1-800-624-3004 (Toll-free)

State Representative-Rita Horton

Web site: [www.facility-services.state.nc.us](http://www.facility-services.state.nc.us)

Visit the Ombudsmans's webpage at:

[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

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(Patient's Signature)

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(Date)