



GATEWAY GASTROENTEROLOGY INC.

621 S. New Ballas Road, Suite 228 A
St. Louis, Missouri 63141
Office: (314) 432-5900
Fax (314) 251-6177
www.gatewaygi.com

David D. Benage, M.D.
Jeffrey T. Kreikemeier, M.D.
Loren H. Marshall, M.D.
Jeffrey E. Mathews, M.D.
Brian C. McMorrow, M.D.
Richard T. Riegel, M.D.
Andrew Y. Su, M.D.
Fred H. Williams, M.D.
Cheri M. Carmody, A.N.P.

Welcome

Dear Patient:

Welcome to Gateway Gastroenterology! We look forward to meeting you. We'd like to take this opportunity to tell you a little about our practice.

We are a group of eight board-certified gastroenterologists. The practice was established in 1984 and has always enjoyed a close relationship with St. John's Mercy Medical Center and its physicians. Our areas of expertise include the esophagus, stomach, small intestine, colon, liver, gallbladder, and pancreas. We offer a wide variety of gastroenterology services including inpatient and outpatient consultation as well as a broad range of endoscopic procedures including upper endoscopy and colonoscopy.

Our goal is to provide outstanding care in a timely, courteous, and professional manner. All of our physicians are committed to ongoing education and will make every effort to provide you with the most up to date and thorough care possible.

We will try hard to make your experience with us as enjoyable and hassle-free as possible. To this end, we will see you in a timely manner, return phone calls, and work with your primary care physician to assure that your gastroenterology care is coordinated with your overall healthcare.

Our practice includes a Board Certified Nurse Practitioner who is specialized in gastroenterology and assists us in seeing patients in the office. Through her work, we are able to provide greater office time availability and flexibility. In addition, she has been an educational resource to our patients regarding digestive diseases as well as nutritional and lifestyle changes that may help people resolve their GI problems. Our staff consists of friendly and knowledgeable people that are available to help with your scheduling, billing, and insurance needs.

We look forward to working with you.

Respectfully,

David Benage, M.D.

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Loren H. Marshall, M.D.

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MIDWEST ENDOSCOPY CENTER
PATIENT HISTORY

Name: _____ Referring Physician: _____

Age: _____ Date of Birth: _____

A) REASON FOR VISIT

B) MEDICATION ALLERGIES _____

C) MEDICAL HISTORY (Please Circle)

High Blood Pressure Heart Disease Diabetes

Kidney Problems Liver Disease Arthritis

Breathing Difficulty Vision Problems Stroke

Hearing Difficulty Seizures

Other _____

D) SURGERIES

Patient Signature

Nurse Signature Indicating Review

E) PATIENT PROFILE (CIRCLE ONE)

Married Divorced Single Separated Widowed

Retired Occupation: _____

Children: _____

Smoking: _____

Alcohol: _____ drinks per unit of time

F) Do you have pain now or have you had pain in the last several weeks? Yes No If yes, rate the level of pain on a scale of 1-10 with 10 being the worst? _____

Describe the pain: Where is it located? What aggravates it? What alleviates it? How long does it last? _____

Prior problems with anesthesia? Yes No

If "yes", please describe _____

Have you had a sigmoidoscopy or barium enema? Yes No

If Yes; Date of test _____

Unintentional Weight Change? Yes _____ No _____

If "yes" how much over what length of time? _____

Date

Date



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For Medical Records purposes, we will need you to provide us with a list of your current medications. This information is very important to us. Please complete this list below and bring it with you at the time of your appointment. Thanks You!

Name: _____

Address: _____

Appointment Date: _____ Birthdate: _____

Prescription Name	Dosage	Frequency (how often)
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		

Colonoscopy Preparation Instructions

Please read this information as soon as you receive it!!

**If you have any questions about these instructions or to make a change to your appointment, Please call: (314) 432-5900 (Office) Press Option 1
(314) 388-6519 (Exchange)**

Your procedure is scheduled for _____ at _____.

Your procedure is scheduled at **Gateway Endoscopy Center**. Please arrive **1 hour** prior to your appointment time.

Gateway Endoscopy Center is located in the Walker Medical Building at 12855 North 40 Drive, Suite 150, St. Louis, MO 63141 in the **South Tower**.

For patients coming from the east (traveling west on U.S. 40):

- Exit U.S. 40 at Mason Road (Exit 24)
- Immediately upon exiting onto Mason Road, make a quick right onto N. 40 Drive (the frontage road).
- Go about ½ mile to the Walker Building and turn left into the parking lot. (The building is located between Lutheran Hour Ministries and CBC (Christian Brothers) High School.
- Enter the doors for the **South Tower**. Take the stairs or the elevator to the first floor. Suite 150 is on the right.

For patients coming from the west (traveling east on U.S. 40):

- Exit U.S. 40 at Mason Road (Exit 24)
- Go to the stoplight at Mason Road and make a left.
- Go across the bridge over U.S. 40 and immediately turn right on N. 40 Drive (the frontage road).
- Go about ½ mile to the Walker Building and turn left into the parking lot. (The building is located between Lutheran Hour Ministries and CBC (Christian Brothers) High School.
- Enter the doors for the **South Tower**. Take the stairs or the elevator to the first floor. Suite 150 is on the right.

If you cannot keep your scheduled appointment, please notify us at least **2 business days** before your scheduled time.

Please review the “special circumstances” section of this document carefully to see if you require special instructions or modifications.

Bowel Preparation:

Necessary items:

- Two bottles of Magnesium Citrate
- Four 5 mg. Dulcolax pills. Dulcolax is available over the counter. Please purchase the laxative formula not the stool softener.

Two days prior:

- Eat as you would normally, or eat less than normal. Overindulging on food will make it harder to get the colon cleaned out adequately.

The day prior to your procedure:

- Consume only clear liquids on this day. **No solid food!!** Examples of clear liquids include: water, any kind of soda, Gatorade, coffee, Popsicles, tea, Jell-O, broth, bouillon, and fruit juices that you can see through (apple and grape are OK, orange and tomato are not). You may have all the clear liquids you desire throughout this day and evening. No alcohol allowed. Please note that if you consume red Jell-O, Gatorade or popsicles with your bowel prep that your stool may be red in color. This is nothing to be alarmed about.
- At 1 pm, take the four 5 mg. Dulcolax pills.
- At 2 pm drink the first bottle of Magnesium Citrate
- At 4 pm drink the second bottle of Magnesium Citrate
- **DO NOT CONSUME ANYTHING AFTER MIDNIGHT EXCEPT MEDICATIONS UNTIL AFTER YOUR PROCEDURE.**
- You may take your usual medications with sips of water **both the day before and as early as possible the day of the procedure.**
- If your bottom is sore, try an ointment such as A&D ointment, Preparation H, or Vaseline to the anal area as needed.

The day of the procedure:

- Arrive at Gateway Endoscopy Center **1 hour prior** to your scheduled appointment time.
- **You will need someone to drive you to and from the Endoscopy Center AND wait in the waiting room until the procedure is done. The procedure can't be done unless you have a driver. You will be there for approximately 2 hours from the time you arrive.**
- We have enclosed a patient information form, a medical history form, medication list and a financial policy. **Please fill these out at home and bring them with you to your appointment.** If you have any questions, the nurse will go over it with you at the time of your appointment.

Special Instructions:

Patients with an automatic implantable defibrillator and/or pacemaker: Please call us at least five (5) days before the procedure for instructions.

Coumadin (warfarin): Call your primary care doctor or cardiologist and ask if you can safely stop the Coumadin four (4) days before the procedure. If your doctor tells you that you cannot stop the Coumadin, then please call us immediately to make us aware of this. We will then discuss with you the various options available.

Iron: Stop iron four (4) days before the procedure. Iron can make preparation difficult and result in a poorly cleaned colon

Antibiotics for procedures: Recent publications from both the American Heart Association and American Society for Gastrointestinal Endoscopy state that antibiotics are not necessary for routine endoscopic procedures.

Insulin: Call your primary care doctor at least five (5) days before the procedure and ask for instructions.

Plavix: (clopidogrel) and aspirin: It is not necessary to stop Plavix and aspirin prior to your procedure.

Herbal Medications: It is best to stop any herbal remedies five (5) days before the procedure as many of them can thin the blood and increase the risk of bleeding during the procedure.

Additional Information:

Approximately 3 business days prior to your procedure, you will be receiving an automated phone call from our House Calls system reminding you of your appointment. Please listen to this entire message and press the appropriate number for your response regarding your appointment. If you are not at home, House Calls will leave a message on your answering machine. Unless you want to cancel or reschedule your appointment, it is not necessary to call the office to confirm. We will assume you are keeping your scheduled appointment unless we hear from you.

We also suggest that you contact your insurance to verify coverage for colonoscopy. Some insurance plans cover colonoscopy for colon cancer screening or routine/preventative care. Other plans only cover colonoscopy if you are having symptoms or they may say it's covered only if "medically necessary". There are many different insurance companies and each individual plan is different. Please let the physician know if your plan covers colonoscopy for colon cancer screening so we can code it properly.

You may visit our website (www.gatewaygi.com) for more detailed information regarding the physician you will be seeing and other services offered.

DEMOGRAPHICS

Name: Mr/Mrs/Ms. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Date of Birth: _____

Home Phone #: _____ Alt. Contact Number: _____

Martial Status _____ Spouse's Name: _____

The following is required by the State of Missouri (please circle one) 1. Hispanic or Latino 2. Neither Hispanic nor Latino

Race (Please circle racial background) 1. White 2. Black or African American 3. American Indian or Alaska Native
4. Asian 5. Native Hawaiian/Pacific Island 6. Other not listed 7. Multi-Racial (two or more races)
8. Choose not to answer

In Case of Emergency Contact: _____ Relationship of Emergency Contact: _____

Referring Physician: _____

Employer: _____ Occupation: _____

Employer's Address: _____

MEDICAL INSURANCE INFORMATION

Primary Insurance Company: _____

Policy/Id#: _____

Relationship to policy holder: _____

Phone Number: _____

Group#: _____

Policy Holder DOB: _____

Secondary Insurance Company: _____

Policy/Id#: _____

Relationship to policy holder: _____

Phone Number: _____

Group#: _____

Policy Holder DOB: _____

Responsible Party

Name: Mr/Mrs/Ms _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Date of Birth: _____

Home Phone#: _____ Alt. Phone #: _____

Employer: _____ Occupation: _____

Responsible party/Guarantor's Signature: _____

RELEASE OF INFORMATION/ASSIGNMENT OF BENEFITS/RECEIPT OF PRIVACY PRACTICES POLICY

I hereby authorize the release of any medical information necessary to process my health insurance claims and request payment of benefits to Gateway Gastroenterology, Inc and Gateway Endoscopy Center for services rendered. I permit a copy of this authorization to be in place of the original. I understand that I am financially responsible to these providers of service for charges not covered or denied by my insurance company. I further agree in the event of my non-payment, to pay the cost of collection and/or court costs and reasonable fees should this be required.

Signature Date

I have received a copy of Notice of Privacy Practices.

Signature Date

UNDERSTANDING COLONOSCOPY

Your physician has determined that colonoscopy is necessary for further evaluation or treatment of your condition. This brochure has been prepared to help you understand the procedure. It includes answers to questions patients ask most frequently. Please read it carefully. If you have additional questions, please feel free to discuss them with the endoscopy nurse or your physician before the examination begins.

What is a colonoscopy?

Colonoscopy is a procedure that enables your physician to examine the lining of the colon (large bowel) for abnormalities by inserting a flexible tube that is about the thickness of your finger into the anus and advancing it slowly into the rectum and colon.

What preparation is required?

The colon must be completely clean for the procedure to be accurate and complete. Your physician will give you detailed instructions regarding the dietary restrictions to be followed and the cleansing routine to be used. In general, preparation consists of either consumption of a large volume of a special cleansing solution or several days of clear liquids and laxatives prior to the examination. Follow your doctor's instructions carefully. If you do not, the procedure may have to be canceled and repeated later.

What about my current medications?

Most medications may be continued as usual, but some medications can interfere with the preparation of the examination. It is therefore best to inform your physician of your current medications as well as any allergies to medications several days prior to the examination. Aspirin products, arthritis medications, anticoagulants (blood thinners), insulin, and iron products are examples of medications whose use should be discussed with your physician prior to the examination.

What can be expected during colonoscopy?

Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating or cramping at times during the procedure. Your doctor may give you medication through a vein to help you relax and better tolerate any discomfort from the procedure. You will be lying on your side or on your back while the colonoscopy is advanced slowly through the large intestine. As the colonoscope is slowly withdrawn, the lining is again carefully examined. The procedure usually takes 15 to 60 minutes. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will decide if the limited examination is sufficient or if other examinations are necessary.

What if the colonoscopy shows something abnormal?

If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope to obtain a biopsy (a sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscope by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment). If polyps are found, they are generally removed. None of these additional procedures typically produce pain. Remember, the biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

What are polyps and why are they removed?

Polyps are abnormal growths from the lining of the colon that vary in size from a tiny dot to several inches. The majority of polyps are benign (noncancerous) but the doctor cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer.

How are polyps removed?

Tiny polyps may be totally destroyed by fulguration (burning), but larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, which could require emergency surgery.

What happens after a colonoscopy?

After colonoscopy, your physician will explain the results to you. If you have been given medications during the procedure, someone must accompany you home because of the sedation used during the examination. Even if you feel alert after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate any machinery.

You may have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly with passage of flatus (gas). Generally, you should be able to eat after leaving the endoscopy, but your doctor may restrict your diet and activities, especially after polypectomy.

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures. One possible complication is a perforation or tear through bowel wall that could require surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Rarely, blood transfusions or surgery may be required. Other potential risks include a reaction to the sedatives used and complications from heart or lung disease. Localized irritation may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying hot packs or hot moist towels may help relieve discomfort.

Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact your physician who performed the colonoscopy if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding of more than one-half cup. Bleeding can occur several days after polypectomy.

Finally, although colonoscopy is a very good technique for detecting colonic polyps and cancer, it is not perfect. Medical studies have shown that occasionally abnormalities can be missed for reasons such as a poor bowel preparation or because the colon may be very tortuous and abnormalities may be small or present in such a manner that they cannot be seen.

To the patient

Because education is an important part of comprehensive medical care, you have been provided with this information to prepare you for this procedure. If you have questions about your need for colonoscopy, alternative tests, the cost of the procedure, methods of billing, or insurance coverage, do not hesitate to speak to your doctor or your doctor's office staff. Most endoscopists are highly trained specialists and welcome your questions regarding their credentials and training. If you have questions that have not been answered, please discuss them with the endoscopy nurse or your physician before the examination begins.

**Gateway Gastroenterology, Inc. / Gateway Endoscopy Center
Financial Policy**

We would like to take this opportunity to welcome you to our facility, and let you know we are committed to providing you with the best possible care. So there is no misunderstanding as to what our Financial Policy is, please take a few minutes to read this information. We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

If you do not have insurance, payment for services is due at the time of services are rendered unless payment arrangements have been approved in advance. To assist you, we accept cash, checks, Mastercard and Visa.

If you have insurance, we will file it for you as a courtesy provided we have assignment of benefits. You must realize, however, that your insurance is a contract between you and the insurance company. Payment to us is your responsibility. If, at the end of thirty (30) working days, your insurance hasn't remitted payment to us, payment will be due in full from you. Please keep in mind that not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select services that will not be covered. If, at any time, you should want to avail yourself of our credit card system, we do accept Mastercard and Visa as mentioned above.

If you belong to an HMO or PPO, we follow the guidelines set forth in those plans. Please be sure to bring a referral form with you for your appointment if it is applicable. Services cannot be rendered if proper authorization hasn't been given. We do participate with Medicare.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We do use outside agencies as a means of collection should we deem it necessary.

If you have questions about the above information or any uncertainty regarding insurance coverage, don't hesitate to ask us. We are here to help you.

AUTHORIZATION

I have read and agree to the terms and conditions listed above and I hereby authorize the release of any medical information necessary to process my health insurance claim and request payment of benefits to Gateway Gastroenterology, Inc and Gateway Endoscopy Center. I understand that I am financially responsible to the doctor and center for charges not covered or denied by my insurance company. I further agree in the event of non-payment, to pay the cost of collection and/or court costs and reasonable fees should they be required.

Signature

Date

HIPAA PRIVACY NOTICE

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

Introduction

We are required by law to maintain the privacy of "protected health information." "Protected health information" includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of our most current privacy notice from our office.

Permitted Uses and Disclosures

We can use or disclose your protected health information for purposes of treatment, payment and health care operations.

- ◆ Treatment means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Therefore, the doctor may review your medical records to assess whether you have potentially complicating conditions like diabetes.
- ◆ Payment means activities we undertake to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities. For example, prior to providing health care services, we may need to provide to your insurance carrier (or other third party payor) information about your medical condition to determine whether the proposed course of treatment will be covered. When we subsequently bill the carrier or other third party payor for the services rendered to you, we can provide the carrier or other third party payor with information regarding your care if necessary to obtain payment.
- ◆ Health Care Operations means the support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what services are not needed, and whether certain new treatments are effective.

Disclosures Related To Communications With You Or Your Family

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you or relate specifically to your medical care through our office. For example, we may leave appointment reminders on your answering machine or with a family member or other person who may answer the telephone at the number that you have given us in order to contact you.

We may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, and we will disclose only the protected health information that is directly relevant to their involvement in your care.

We will allow your family and friends to act on your behalf to pick up prescriptions, medical supplies, x-rays, and similar forms of protected health information, when we determine, in our professional judgement, that it is in your best interest to make such disclosures.

Other Situations

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- ◆ To prevent or control disease, injury or disability
- ◆ To report births and deaths
- ◆ To report victim of abuse, neglect, or domestic violence
- ◆ To report reactions to medications
- ◆ To notify people of product, recalls, repairs or replace or replacements
- ◆ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

Health Oversight Activities. We may disclose medical information to federal or state agencies that oversee our activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. We may disclose protected health information to persons under the Food and Drug Administration's jurisdiction to track products or to conduct post-marketing surveillance.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in a response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- ◆ In response to a court order, subpoena, warrant, summons or similar process
- ◆ To identify or locate a suspect, fugitive, material witness, or missing person
- ◆ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- ◆ About a death we believe may be the result of a criminal conduct
- ◆ About criminal conduct on our premises
- ◆ In emergency circumstances to report a crime; the location of the crime or victims or the identity, description or location of the person who committed the crime

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Disaster Relief. When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.

Your Rights

1. You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request.

2. You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations.
3. Subject to payment of a reasonable copying charge as provided by state law, you have the right to inspect or obtain a copy of the protected health information contained in your medical and billing records and in any other practice records used by us to make decisions about you, except for:
 - ◆ Psychotherapy notes, which are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record
 - ◆ Information compiled in a reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
 - ◆ Protected health information involving laboratory tests when your access is required by law
 - ◆ If you are a prison inmate and obtaining such information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you
 - ◆ If we obtained or created protected health information as part of a research study for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research
 - ◆ Your protected health information is contained in records kept by a federal agency or contractor when your access is required by law
 - ◆ If the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information

We may also deny a request for access to protected health information if:

- ◆ A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person
- ◆ The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person
- ◆ The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

4. You have the right to request a correction to your protected health information, but we may deny your request for correction if we determine that the protected health information or record that is the subject of the request:
 - ◆ Was not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment
 - ◆ Is not part of your medical or billing records
 - ◆ Is not available for inspection as set forth above
 - ◆ Is not accurate and complete

In any event, any agreed upon correction will be included as an addition to, and not a replacement of, already existing records

5. You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you for the period provided by law, except for disclosures:
 - ◆ To carry out treatment, payment and health care operations as provided above
 - ◆ To persons involved in your care or for other notification purposes as provided by law
 - ◆ For national security or intelligence purposes as provided by law
 - ◆ To correctional institutions or law enforcement officials as provided by law
 - ◆ That occurred prior to April 14, 2003
 - ◆ That are otherwise not required by law to be included in the accounting
6. You have the right to request and receive a paper copy of this notice from us.
7. The above rights may be exercised only by written communication to us. Any revocation or other modification of consent must be in writing delivered to us.

NOTICE

Anyone having concerns about the quality of care provided in this organization may report these concerns to the organization's management, the Missouri Department of Health and Senior Services, the Joint Commission or Medicare. A quality Incident Report Form is available upon request. You may choose to report anonymously or provide your name and contact information.

Facility Management

(800) 590-2713

The Joint Commission

JCAHO

One Renaissance Blvd.

Oakbrook Terrace, IL 60181

(800) 994-6610

Missouri Department of Health and Senior Services

Contact the Health Facilities Regulation Unit

P.O. Box 570

Jefferson City, MO 65102

(573) 751-6302

dhss.mo.gov

You may also fill out a concern form online at

<http://www.dhss.mo.gov/AskUs.html>

Medicare

www.medicare.gov

(800) 633-4227

PATIENT RIGHTS

Every patient has the right to be treated fairly, with respect and as an individual.

Patients are treated with respect, consideration, and dignity.

Patients are provided appropriate privacy.

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

Patients are informed of their right to formulate an advanced directive, at the time the procedure is scheduled, and to appoint a designated representative to make healthcare decisions on their behalf to the extent permitted by law. This facility does not honor advance directives and the patient has the right to schedule their procedure at another facility.

Patients are provided, to the degree known, complete information concerning their diagnosis, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or t a legally authorized person.

Patients are given the opportunity to participate in decisions involving their healthcare, except when such participation is contraindicated for medical reasons.

Patients are provided information about treatment alternatives and will be advised of the advantages and disadvantages of each.

Patients have the right to refuse to participate in experimental research.

Patients have the right to know in advance the type and expected cost of treatment.

Patients have the right to be informed of the professional rules, laws and ethics that govern the organization and its employees.

Patients and families have the right to express grievances and suggestions to the organization. Every effort will be made to follow up on all grievances and suggestions. Patient care and satisfaction are very important to our entire staff.

PATIENT RESPONSIBILITY AND CONDUCT

To provide healthcare providers with information about any past illnesses, hospitalizations, medications and other health matters.

To ask questions if they do not understand instructions or explanations given by the healthcare providers and/or staff.

To keep appointments as scheduled and to telephone the office in case of a cancellation.

To follow healthcare providers instructions and plan of treatment.

To make payments for services rendered if a balance remains after insurance pays.
To discuss consequences of refusing treatment or not adhering to plan of treatment of leaving Against Medical Advice (AMA) with their physician.

To refuse to participate in experimental research, if that is their desire.

To refuse to allow care from a student or trainee, if that is their desire.