



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.
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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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Endoscopy 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, or (314) 388-6519 (Exchange)

Your procedure is scheduled for _____ at _____

Please arrive **1 hour** prior to your procedure. We work very hard to stay on schedule. We need this time to complete paperwork, place an IV, etc.

The GI lab is located at St. John's Mercy Medical Center. Come in the Main Entrance of the hospital. The GI Lab is located just inside the **Main Lobby**. Direction assistance is available if necessary. (Visit our website at www.gatewaygi.com for further directions to the GI lab.)

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.

Preparation:

- Nothing to eat or drink after midnight.
- IF your procedure is scheduled for at or after 2:30 pm, you may consume clear liquids only before 7 am the morning of your procedure.
- You may take your usual medications with sips of water as early as possible on the day of the procedure.

The day of the procedure:

- Arrive at the GI Lab at St. John's Mercy Medical Center **1 hour prior** to your scheduled procedure time. Visit St. John's Mercy Medical Center website at www.stjohnsmercy.org for maps and directions.
- **You will need someone to drive you to and from the hospital 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 to 2-1/2 hours from the time you arrive.**
- We have enclosed a patient information form, a medical history form, and a medication list. **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.

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.

You will also receive a call from St. John's Mercy Medical Center to pre-register you for your appointment. If you do not receive a call, please contact pre-registration at 314-364-4646 or on-line at www.stjohnsmercy.org/preregistration. Pre-registering will save you time the day of your procedure.

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



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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.	_____	_____	_____

Patient's Name: _____ Sex: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell#: _____ Work#: _____

E-mail Address: _____

Marital Status: _____ Social Security#: _____

Primary Care Doctor: _____ Pharmacy Phone #: _____

Employer: _____ Occupation: _____

Spouse's Name: _____ Birthdate: _____

Social Security #: _____ Phone#: _____

Insured Party: _____ Birthdate: _____

Address: _____ Phone#: _____

Social Security#: _____ Employer: _____

Insurance Information:	Group#	Member/ID#	Policy Holder
1. _____	_____	_____	_____
2. _____	_____	_____	_____

WHOM MAY WE CONTACT IN CASE OF EMERGENCY? _____

Relationship: _____ Phone#: _____

WHOM MAY WE THANK FOR REFERRING YOU TO US? _____

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 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 Gateway Gastroenterology, Inc.'s Notice of Privacy Practices.

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 judgement, 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 judgement, 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.