

# CAPE AND ISLANDS

## ENDOSCOPY CENTER LLC

**Bring a photo ID, insurance cards and a list of medications on the day of your procedure.**

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### Patient Rights:

1. You have the right to personal privacy and care in a safe setting free from all forms of abuse, harassment, discrimination, or reprisal.
2. You have the right to accurate and easily understood information about your health plan, treatment, health care professionals, and health care facilities. If you speak another language, are hearing impaired, or have an intellectual or physical disability, help should be given so you can make informed health care decisions prior to your treatment or procedure. Translator or Interpreter Services: [CCHInterpreterServices@CapeCodHealth.org](mailto:CCHInterpreterServices@CapeCodHealth.org) or (508) 457-3857.
3. You have the right to choose health care providers who can give you high quality health care.
4. If you have severe pain, an injury, or sudden illness that makes you believe that your health is in serious danger, you have the right to be screened and stabilized using emergency services. You should be able to use these services whenever and where you need them, without needing to wait for authorization and without any financial penalty.
5. You have the right to know your treatment options and take part in decisions about your care. Parents, guardians, family members, or surrogates that you select can represent you if you cannot make your own decisions according the law to act on your behalf.
6. You have a right to considerate, respectful care from your doctors, health plan representatives, and other health care providers that does not discriminate against you
7. You have the right to talk privately with health care providers and to have your health care information protected. You also have the right to read and ask for a copy of your own medical record. You have the right to ask that your doctor change your record if it is not correct, relevant, or complete. Unless authorized by law, you have the right to approve or refuse record release.
8. You have the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals or other health care personnel without fear of reprisal. This includes complaints about waiting times, operating hours, the actions of health care personnel, and the adequacy (or lack of) of treatment of care.
9. Contact information if you feel as if any Rights were violated are as follows:  
Office of Medicare Beneficiary Ombudsman:  
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>  
MA Department of Health, 99 Chauncy St., Boston, MA 02111 (800) 462-5540  
MA Medical Society (781) 893-4610 Medicare (800) 633 4227
10. You have the right to submit a grievance either verbally or in writing to:  
Judy Iodice RN, Nurse Manager-Cape and Islands Endoscopy Center LLC  
Phone: (508)-568-1801 or [jiodice@capescope.com](mailto:jiodice@capescope.com)  
You will receive a written notice of decision within 14 days describing the steps taken to investigate, the results, and the completion date.

11. You have the right to external appeals. You have the right to contact the Accreditation Association for Ambulatory Health Care (AAAHC) at (847) 853-6060.

**Patient Responsibilities:**

1. You have the responsibility to provide to the best of your knowledge, accurate and complete health information.
2. You are responsible to participate in your plan of care and provide an Advance Directive if you have one.
3. You are responsible for following the treatment plan recommended.
4. You are responsible for making known whether or not you clearly understand the medical treatment plan.
5. You must have a responsible adult to provide you transportation and assist with your care for the first 24 hours post op.
6. You are expected to be considerate of other patients, their family members and the property of others as well as healthcare professionals and staff.

**Advanced Directives and Release of Medical Records to Transfer Site:**

Advance Directives are specific instructions, prepared in advance, which are intended to direct a person's medical care if he or she becomes unable to do so in the future. These could include Living Will, Power of Attorney, Do Not Resuscitate (DNR), and/or Health Care Proxy. Advance directives and/or DNR, orders will not be honored at our surgery center. We will do everything to stabilize you, the patient, and arrange for immediate transfer to a nearby hospital. If indeed a need did arise, we will try any life saving measure to stabilize you for transport. If you do not have an Advanced Directive and would be interested in obtaining or completing one, we are happy to supply you with information.

**Financial Interest/Ownership:**

The following are the names of all owners and administrative parties:

Paul Siegel, M.D. (President/CEO) – Owner  
700 Attucks Lane, Suite 1B, Hyannis, MA 02601

Alexandre K. Nader, M.D. (Medical Director) – Owner  
700 Attucks Lane, Suite 1D, Hyannis, MA 02601

Cape Cod Healthcare – (Treasurer) – Owner  
27 Park Street, Hyannis, MA 02601

Judy Iodice RN, Nurse Manager