THE OREGON CLINIC

Pre-Procedure Forms and Information

Thank you for trusting The Oregon Clinic for your gastroenterology procedure. This packet includes important information to help you prepare for your procedure:

- Informed Consent for Anesthesia
- Informed Consent for Gastrointestinal Endoscopy
- Consent for Treatment and Financial Responsibility
- What to Expect and Frequently Asked Questions
- Additional Information for Lower Endoscopy
- Additional Information for Upper Endoscopy
- Advanced Directive Information
- Patient Rights and Responsibilities
- What to Expect: Paying for Your Colonoscopy
- Billing Information

If you have any questions, please reach out to your physician's office by phone or MyChart message.

THE OREGON CLINIC

INFORMED CONSENT FOR ANESTHESIA

I hereby authorize, consent and request [*anesthesia company name*] to perform the anesthesia deemed necessary for my procedure. I have been given an opportunity to have all my questions or concerns relating to my anesthesia care answered or addressed.

☐ **Deep Sedation (TIVA with Propofol):** Drug injected into the blood stream producing unconsciousness. Patient may respond purposefully following repeated or painful stimulation. Spontaneous breathing is usually maintained. Cardiovascular function is usually maintained. Airway intervention may be necessary.

☐ **MAC (Conscious Sedation:** Drug injected into the blood stream to produce sedation without loss of consciousness. Patient is able to respond purposefully to verbal commands. Spontaneous breathing is maintained. Cardiovascular function is usually maintained.

I have been informed and understand that there are occasionally side effects from anesthesia, including but not limited to some rare complications. I understand that in rare instances complications may require hospitalization to provide appropriate ongoing care.

Side Effects:	**Rare Complications:**
Sore throat	Adverse drug reaction
Neck/Jaw pain	Respiratory problems
Nausea and/or vomiting	Aspiration
IV site pain or injury	Low blood pressure and/or heart rate
Dental injury	Abnormal heart rhythm
Swelling	Paralysis
Nosebleed	Heart attack/stroke
	Death

I understand the importance of providing my healthcare providers with a complete medical history, including the need to disclose any medications that I am taking, both prescription and over the counter. I also understand that my use of herbal remedies, alcohol or any type of illegal drug may give rise to serious complications and must also be disclosed. I further understand that I should also disclose any complications that arose from past anesthetics.

I acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected results of the anesthesia service, and that I had ample time to ask questions and consider my decisions.

By signing this document, I hereby represent that I have been advised that certain anesthesia medications when administered in the first trimester or third trimester of pregnancy can be harmful to unborn children. I have been given an opportunity to clarify any questions relating to anesthesia and/or endoscopy during pregnancy, and all my questions have been answered to my satisfaction.

I further represent that **[ ] I am not pregnant** **[ ] I am pregnant** **[ ] Not applicable**

and I hereby give healthcare facility and [*anesthesia company name*] permission to perform colonoscopy/endoscopy in conjunction with anesthesia as deemed appropriate by my anesthesia provider.

THE OREGON CLINIC

INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

Explanation of Procedure

Direct visualization of the digestive tract with a lighted instrument is referred to as gastrointestinal endoscopy. Your physician has advised you to have this type of examination. The following information is presented to help you understand the reasons for and the possible risk of these procedures.

At the time of your examination, the lining of the digestive tract will be inspected thoroughly with a flexible endoscope (with or without biopsy, photography, removal of polyps or injection treatment). Tissue samples may be sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), if seen, may be removed.

Principal Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal endoscopy is generally a low risk procedure. However, all the below complications are possible and may result in hospitalization and additional associated financial costs for which you (the patient) would be responsible. Your physician will discuss the frequency of these complications with you, if you desire, giving particular reference to your own indications for gastrointestinal endoscopy.

YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE.

1. **PERFORATION:** Passage of the instrument may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs, surgery to close the leak and/or drain the region is usually required.
2. **BLEEDING:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Management of this complication may consist of observation, repeat of your procedure to control bleeding, transfusions, surgery, or a radiology procedure. If bleeding is noted during the procedure, methods to control bleeding may be used and include, but are not limited to coagulation by heat, placement of clips, injection of medications.
3. **SEDATION/MEDICATION REACTIONS:** There are risks involved with the administration of any medication. These risks may include mild inflammation of the vein at the injection site, nausea, and/or vomiting, allergic reactions to the medications being given, seizures or rarely, heart and/or breathing complications.
4. **MISSED LESIONS OR INCOMPLETE PROCEDURES:** Your doctor will do everything possible to identify all polyps, lesions and cancers. There is always a chance that one or more lesions may be missed by hiding under an intestinal fold or residual stool. Your doctor will make every effort to complete your exam, but occasionally that is not possible due to your anatomy or discomfort.
5. **OTHER:** Additional risks may include complications from other diseases you may already have or damage to teeth/dental work. Rarely, a splenic injury (abrasion or lacerations on the spleen) could occur as the scope passes through the bend of the colon next to the spleen and could result in hospitalization, the need for blood transfusion, and may even require surgery to treat. Instrument failure and death are extremely rare but remain remote possibilities. You must inform your physician of all your allergic tendencies and medical problems.

Alternatives to Gastrointestinal Endoscopy**:** Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100 percent accurate in diagnosis. In a small percentage of cases a failure to diagnose or a misdiagnosis may result. Other diagnostic or therapeutic procedures such as, lab testing, medical treatment, x-ray and surgery are sometimes available. You may also choose no diagnostic studies and/or treatment. Your physician can discuss these options with you.

Brief Description of Endoscopic Procedures

1. **SEDATION AND ANALGESIA:** Administration of IV medications prior to and during the procedure to achieve a state of relaxation and comfort sufficient to improve tolerance for the procedure.
2. **EGD (esophagogastroduodenoscopy**): Examination of the esophagus, stomach and duodenum. Biopsies or polypectomy (removal of small growths called polyps) may be performed.
3. **ESOPHAGEAL DILATION:** Dilation (using dilating tubes or balloon dilators) may be performed to stretch narrow areas of the esophagus.
4. **ENTEROSCOPY:** Examination of the small intestine. Biopsies or polypectomy (removal of small growths called polyps) may be performed.
5. **FLEXIBLE SIGMOIDOSCOPY:** Examination of the anus, rectum and the left side of the colon. Occasionally the entire colon may be examined (colonoscopy). Biopsies or polypectomy (removal of small growths called polyps) may be performed.
6. **COLONOSCOPY:** Examination of all or a portion of the colon. Older patients and those with extensive diverticulitis are more prone to complications. Biopsies or polypectomy (removal of small growths called polyps) may be performed.
7. **COLON DILATION:** Dilation (using dilating tubes) may be performed to stretch narrow areas of the colon.
8. **ILEOSCOPY:** Examination of the lower portion of the small intestine (the ileum) through a person's ileostomy. Biopsies or polypectomy (removal of small growths called polyps) may be performed.
9. **POUCHOSCOPY:** Examination of the ileoanal pouch. Biopsies or polypectomy (removal of small growths called polyps) may be performed.

Nondiscrimination Policy: The Endoscopy Center [*GI Division Location*] does not discriminate against any person on the basis of race, gender, creed, color, national origin, handicap, age or sexual orientation in admission, treatment or participation in its programs, services or employment.

Disclosure of Ownership: The Endoscopy Center [*GI Division Location*] is owned entirely by the physicians who also perform the procedures. If you have any questions regarding this arrangement, please ask your physician or the administrator for further details.

Consent: I authorize the administration of medications as may be deemed advisable or necessary for my comfort, well-being, and safety. I consent to the taking and publication of any photographs made for the use in the advancement of medical education. I certify that I understand the information regarding gastrointestinal endoscopy. I have been fully informed of the risks and possible complications of my procedure, and I have been given the opportunity to ask my physician any questions. I certify that information given by me as a patient regarding my history, problems, medications, food and fluid intake is correct. I also understand that a responsible adult must accompany me home when I am discharged from the Endoscopy Center. I understand that disregarding such advice could place me at risk if problems develop and go unreported. I hereby authorize and permit:

Physician Name: _____

And whomever he/she may delegate as his/her assistant to perform upon me the following:

Procedure: _____

If any unforeseen conditions arise during this procedure that call for (in the physician's judgment) additional procedures, treatment or operations, I authorize him/her to do whatever he/she deems advisable, including cardiopulmonary resuscitation and transfer to local hospital. I understand my advanced directive, if supplied to the center, will be sent to the hospital if I am transferred. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the result of this procedure.

THE OREGON CLINIC

Consent for Treatment & Financial Responsibility

Treatment

I allow The Oregon Clinic (TOC) to provide necessary or recommended treatment including medication, tests, exams, or procedures to diagnose or care for me. I allow TOC to use communication technology-based services ("CTBS") to treat and bill for my care and / or consult with other professionals about my care I understand that my consent is valid and in effect until I withdraw it in writing or in person.

Assignment of Benefits and Payment Terms

Medicare, Medicaid, and other Government Programs

I allow my insurance to pay TOC for services provided to me while this consent is effective. I allow TOC to release any information needed for this claim or any related Medicare or Medicaid claim to the Social Security Administration or its associates. I understand I am responsible for paying deductible and/or co-insurance under such program(s), unless otherwise required by law.

All other Payors

I allow my insurance to pay TOC directly for services I receive. I understand I should check with my insurance to confirm my coverage and anticipated out-of-pocket costs. I am responsible for paying any co-payments and/or deductible required under my insurance plan(s), unless otherwise required by law. I understand I am responsible for any amount not paid or not covered by my insurance. If I cannot pay the total amount, I understand that a payment plan may be set up.

Payment

TOC accepts VISA, MasterCard, Discover and American Express. We also accept:

Private Insurance: We will bill your insurance for your healthcare services. Please bring all insurance information including your insurance card(s). You can help by providing us with complete and accurate information about your insurance. Please be prepared to pay your co-pay at the time of service. If we cannot confirm insurance coverage at time of your appointment, you may be billed for the services or rescheduled.

Motor Vehicle Insurance: We will bill your insurance for your healthcare services. Please bring all insurance information including your insurance card(s). You can help by providing us with complete and accurate information about your insurance. Please be prepared to pay your co-pay at the time of service. If we cannot confirm insurance coverage at time of your appointment, you may be billed for the services or rescheduled.

Worker's Compensation: Please bring a copy of the "Claim Acceptance" letter sent to you by your worker's compensation carrier. If you have not yet received this letter, please provide us with the name of your employer at the time of the accident as well as the name of the worker's compensation company, their address, phone number, claim number, date of injury and the name of your claim examiner.

Deposits

Depending on your procedure and your insurance, we may need a deposit at the time of your appointment. If you do not know the amount of your deposit, please call the clinic. Remember, this is a deposit only and you will be billed for any additional amount you owe.

Uninsured patients: Your office visit will require a deposit of $200 for new visits and $125 for return visits. Any surgery or procedure will require payment in full before treatment unless other arrangements have been made. We offer a 40% discount off the price of services to our uninsured patients.

Gastroenterology Patients: If you are coming in for a non-preventative procedure such as a colonoscopy, flex sigmoidoscopy or EGD, you will owe a deposit of $500. For patients with private insurance, your deposit will be $500 or your unmet deductible, whichever is less. If we do not receive this payment a week before your procedure, we may have to reschedule your visit.

Imaging Patients: If your insurance charges a co-pay for imaging services, the co-pay is due before your exam. If your insurance has a deductible or co-insurance, the deposit is $200 for MRI and CT scans, $100 for Ultrasounds.

Past Due Balance

If you have a past-due or a collections balance on your account, it must be paid in full, or payment arrangements made before your visit.

Cancellations & Rescheduling

Many of our clinics have a long waiting list of patients trying to get an appointment. Please respect this by contacting the clinic at least 48 hours before your appointment. If you arrive late or if you cancel your appointment in less than 48 hours before your visit, you may be charged a fee of $50 for office visits, $100 for procedures, or $200 for colonoscopy, endoscopy, and surgery. If you have multiple late cancellations or no-shows, we may no longer be able to see you at our practice.

Billing by Third Party Entities

During the course of your medical care, it may be necessary to consult or use other medical services (for example, labs, hospital, pathologist). In these cases, we will provide them with your insurance and billing information to charge for the services they provide. You will receive a separate statement from that provider.

Insurance, Co-Pays, and Referrals

If your insurance requires you have a referral to see a specialist, our billing department will reach out to your insurance company and ask for a referral for you. However, our billing department cannot guarantee payment for service. If we cannot get a referral before your appointment, your appointment may be cancelled. It is your responsibility to review your insurance policy and benefits before your appointment. If you are not sure if a service or procedure is covered, call your insurance company before your visit to find out your coverage limits and benefits. If your insurance plan requires a co-pay, it will be collected at your appointment.

THE OREGON CLINIC

Right to Cancel Authorization

I understand I have the right to cancel my assignment or my authorization for TOC to release information about me and my health to government programs and insurance company(s). My cancellation must be in writing and will be effective when it is received by TOC.

I have read and understood the contents of this Consent Form. I agree to the terms explained.

WHAT TO EXPECT AND FREQUENTLY ASKED QUESTIONS:

*****PLEASE READ BEFORE CALLING THE ON-CALL DOCTOR*****

BEFORE YOUR PREP:

1. **I have a cold. Can I come in for my procedure**?
   MAYBE. Please call if you have a fever, a productive cough, difficulty breathing, chest pain, confusion, new loss of taste or smell, runny nose, congestion, nausea, or vomiting (not caused by your prep). It is safest to proceed when your symptoms have resolved completely.

2. **I accidentally forgot I was not supposed to eat seeds or nuts, or I ate one of the things on the list that I was not supposed to. Can I still do my colonoscopy the next day**?
   YES, usually. One or two dietary indiscretions will not ruin the preparation or the ability of your physician to see what needs to be seen at the time of colonoscopy.

3. **I take Xanax/Valium/Ativan for anxiety. Can I take it before I come in for my procedure**?
   YES. Take your usual dose of the prescribed medication 4 hours or more before your procedure. However, be aware that you will be receiving additional sedation and you need to make sure your physician and the nurse are aware you took the medication.

4. **Pregnancy testing** is required for all patients capable of bearing children aged 18-50, except those who have undergone a hysterectomy, have not had a menstrual cycle within the past year, who are currently pregnant, or those who have delivered a baby within the past 7 days.

DURING YOU PREP:

1. **I am nauseous. What can I do**?
   Some people do get nauseous or may throw up the prep solution. If that happens, stop drinking the prep for 1 hour and restart prep at a slower rate, such as one 8-ounce glass every 30 minutes, to complete remaining portion of prep. Make sure to finish the prep by the time you are instructed to take "nothing by mouth" (NPO).

   It is important to stay well hydrated while preparing for your procedure. Good hydration helps prevent nausea and vomiting.

   Drinking the prep through a straw placed at the back of your mouth, putting a lid on your cup, and sucking on a hard candy or cough drop can also help while you take your prep.

   If you have persistent nausea/vomiting and cannot complete the prep, please **CALL THE OFFICE LISTED ON THE FIRST PAGE OF YOUR PREP INSTRUCTIONS DURING BUSINESS HOURS** to reschedule your procedure.

2. **When will I begin having bowel movements and what should I do if I do not have a bowel movement**?
   Everyone is different. Many patients begin to have bowel movements between 30 minutes to 3 hours after starting the prep. However, you may start having bowel movements before finishing the entire prep or you may not have results until after you have completed the entire prep. It may start suddenly.

Once it starts you will have frequent bowel movements and each time it should get clearer until your output is a clear and yellow fluid with little or no particulate matter; it should look like urine.

YOU MUST FINISH THE ENTIRE PREP, *even if your output is clear.* Failure to do so may result in a poor preparation which may make it difficult for the physician to see adequately during your colonoscopy.

If your prep is not satisfactory, your physician may need to cancel your procedure and/or bring you back sooner for another colonoscopy. If you have finished your prep and your output is still brown/cloudy, please call the clinic in the morning.

3. **My stool still has particulate matter, or my output is not clear and/or yellow the morning of my procedure. What should I do?**
   Call the clinic number listed on your prep instructions after 6 am. We may recommend additional prep and/or reschedule your procedure for later that day. Alternatively, you may be rescheduled for a different day.

AT YOUR PROCEDURE:

1. Your colonoscopy will take 30-45 minutes. If your colonoscopy is in the Ambulatory Surgery Center, expect total time from check-in to discharge to be roughly 1-2 hours. If your colonoscopy is at the hospital, expect time from check-in to discharge to be up to 3 hours.

2. After you arrive at the clinic and check in, your nurse will greet you, show you to your bay and have you change into a gown. A nurse will complete a physical assessment and prepare you for your procedure. Your anesthesia provider will discuss sedation and have you sign a consent form.

3. Once in the procedure room, your team will make sure you are comfortable. Your physician will answer any questions you may have and have you sign a consent form. The anesthesia provider will induce sedation and you will fall asleep. Your anesthesia provider, physician and endoscopy technician/nurse will be with you the entire time you are sedated.

AFTER YOUR PROCEDURE:

1. Your physician will speak with you briefly after your procedure to discuss findings. You will be given discharge instructions and photographs. If you have further questions about your care, please make a clinic appointment to discuss next steps.

2. Once you are ready, you will be allowed to go home. You may bring an extra pair of underwear/pants and a towel with you to use after your procedure. We recommend you keep water and a snack in your car to have after your procedure.

3. Following your procedure, you may use over the counter hemorrhoid cream/wipes and/or a barrier cream such as zinc oxide to treat hemorrhoids or perianal soreness.

Additional Information for Lower Endoscopy
(Colonoscopy, Flexible Sigmoidoscopy, & Endoscopic Ultrasound)

- If there are any changes to your medical history or medications, or you have recently been in the hospital or emergency department, please contact the clinic prior to coming in for your procedure.
- Your colonoscopy will take approximately 30-45 minutes. Expect to be at the Ambulatory Surgery Center for 2-3 hours. If your procedure is at the hospital, expect about 3 hours from check-in to discharge.
- Please call the clinic if you are having any illness symptoms such as fever, cough, shortness of breath, chest pain, confusion, new loss of taste or smell, runny nose, congestion, nausea, or vomiting. We may need to reschedule your procedure until after your symptoms have resolved.
- Pregnancy testing is required for all patients capable of bearing children aged 18-50 and will be completed on the day of your procedure after your arrival. This requirement excludes patients who have undergone a hysterectomy, have not had a menstrual cycle within the past year, are currently pregnant, or have delivered a baby within 7 days.
- Your bowel prep medication will begin to work approximately 30 minutes to 3 hours after you take it. If using SuTab, do not cut or crush the tablets. You need to take the entire prep solution, even if your output is clear. This will ensure your physician will be able to clearly see your colon. If your prep is not satisfactory, your physician may need to cancel your procedure and/or bring you back sooner for another colonoscopy. If you have finished your prep and your output is still brown/cloudy, please call the clinic after 6 am.
- It is important to stay well hydrated while preparing for your procedure. Good hydration helps facilitate IV access and prevent nausea and vomiting. However, make sure you do not drink anything after the cut off time on your instructions.
- Drinking the prep through a straw placed at the back of your mouth, putting a lid on your cup, and sucking on a hard candy or cough drop can also help while you take your prep.
- If you become nauseous or vomit, take a break. You may restart the prep at a slower pace. If you have persistent nausea and / or vomiting and cannot complete the prep, please call the office after 6 am to reschedule your procedure.
- After you arrive at the clinic and check in, your nurse will greet you, show you to your bay and have you change into a gown. The nurse will complete a physical assessment and prepare you for your procedure. Your anesthesia provider will discuss sedation and have you sign a consent.
- Once in the procedure room, your team will make sure you are comfortable. Your physician will answer any questions you may have and have you sign a consent. The anesthesia provider will give you medication to help you fall asleep.
- Your physician will speak with you briefly after your procedure to discuss findings. You will be given discharge instructions. If you have further questions about your care, please make a clinic appointment to discuss next steps.
- When ready, you will be allowed to go home. Your physician will inform you of any dietary restrictions at the time of your discharge. You may bring an extra pair of underwear/pants and a towel with you to use after your procedure if necessary. We recommend you keep water and a snack in your car to have after your procedure.
- Following your procedure, you may use over the counter hemorrhoid cream/wipes and/or a barrier cream such as zinc oxide to treat hemorrhoids or perianal soreness.

Additional Information for Upper Endoscopy

(Esophagogastroduodenoscopy, Endoscopic Ultrasound, & Endoscopic Retrograde Cholangiopancreatography)

- If there are any changes to your medical history or medications, or you have recently been in the hospital or emergency department, please contact the clinic prior to coming in for your procedure.
- Your upper endoscopy will take approximately 10-15 minutes. Expect to be at the Ambulatory Surgery Center for 1 ½ -2 hours. If your procedure is at the hospital, expect about 3 hours from check-in to discharge.
- Please call the clinic if you are having any symptoms of illness such as fever, cough, shortness of breath, chest pain, confusion, new loss of taste or smell, runny nose, congestion, nausea, or vomiting. We may need to reschedule your procedure until after your symptoms have resolved.
- It is important to stay well hydrated while preparing for your procedure. Good hydration helps facilitate IV access and prevent nausea and vomiting. However, make sure you do not drink anything after the cut off time on your instructions.
- Pregnancy testing is required for all patients capable of bearing children aged 18-50 and will be completed on the day of your procedure after your arrival. This requirement excludes patients who have undergone a hysterectomy, have not had a menstrual cycle within the past year, are currently pregnant, or have delivered a baby within 7 days.
- After you arrive at the clinic and check in, your nurse will greet you, show you to your bay and have you change into a gown. For upper endoscopies you will only be asked to remove the top half of your clothing; pants and shoes may remain on. The nurse will complete a physical assessment and prepare you for your procedure. Your anesthesia provider will discuss sedation and have you sign a consent.
- Once in the procedure room, your team will make sure you are comfortable. Your physician will answer any questions you may have and have you sign a consent. The anesthesia provider will give you medication to help you fall asleep.
- Your physician will speak with you briefly after your procedure to discuss findings. You will be given discharge instructions. If you have further questions about your care, please make a clinic appointment to discuss next steps.
- When ready, you will be allowed to go home. Your physician will inform you of any dietary restrictions at the time of your discharge. We recommend you keep water and a snack in your car to have after your procedure.

THE OREGON CLINIC

ADVANCE DIRECTIVE INFORMATION

The advance directive is a simple way to put your wishes about health care decisions in writing. It is a document in which you give instructions about your health care and what you want done or not done if you cannot speak for yourself. This document helps guide families and medical personnel in deciding the course of medical treatment to delay death. It usually spells out how aggressive medical treatment should be administered.

In Oregon, the Health Care Decision Act (ORS 127.505-127.995) allows an individual to name a person to direct your health care when you cannot do so. This person is called your "health care representative". Your representative must agree to serve in this role and must sign the necessary forms.

The following are included within the advance directive:

- Living will
- Medical power of attorney
- Pre-hospital medical care directive

For further information on Advance Directives or downloadable forms:

- http://www.oregon.gov/oha/PH/ABOUT/Pages/AdvancedDirectiveAdoptionCommittee.aspx
- https://www.oregon.gov/oha/ph/about/pages/adac-forms.aspx

Oregon Health Decisions at 1-800-422-4805

Completing an advance directive is completely voluntary. If you do not want an advance directive you do not need to complete the forms.

THE OREGON CLINIC ADVANCE DIRECTIVE POLICY

Life-sustaining efforts will be initiated and maintained on all patients who may have a cardiac/respiratory event while at the Endoscopy Center. Patients will be given the opportunity to be referred to another facility for their care if not in agreement with this statement of limitation. If available, copies of any advanced directives will accompany the patient being transferred to another facility.

PHYSICIAN DISCLOSURE

As required by Federal Medicare regulations we are required to disclose that our physicians have a financial interest in The Oregon Clinic's Gastroenterology Endoscopy Centers.

NOTICE IF YOUR RIGHT TO DECLINE PARTICIPATION IN FUTURE ANONYMOUS AND/OR CODED GENETIC RESEARCH

The State of Oregon has laws to protect the genetic privacy of individuals. These laws give you the right to decline to have your health information or biological samples used for research. A biological sample may include a blood sample, urine sample, or other materials collected from your body. You can decide whether to allow your health information or biological samples to be available for genetic research. For additional information, visit Notice of Privacy Practices | The Oregon Clinic.

THE OREGON CLINIC

PATIENT RIGHTS AND RESPONSIBILITIES

The "patient" refers to the patient, patient's representative, or surrogate, if applicable.

As a patient of The Oregon Clinic, you have the Right to:

- Receive all communications in a language and/or manner you understand. Interpreters will be provided when necessary. The Oregon Clinic provides aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters and language interpreters.
  - Information written in several of the common languages in this city.

  If you believe that The Oregon Clinic has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, sex (including gender identity and sexual orientation), or any combination of these:
  - You can file a grievance with the Civil Rights Coordinator/Compliance Officer for The Oregon Clinic by mail at 541 NE 20th Avenue, Suite 225, Portland, OR 97232; (fax) 503-935-8911; or email to compliance@orclinic.com.
  - You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at **bit.ly/3QH0DhK** or by phone at 1-800- 368-1019, (TDD) 800-537-7697. Complaint forms are available at **bit.ly/4ehTwHg**, (fax) 202 619-3818.
  - For concerns about The Oregon Clinic's ambulatory surgical centers, contact the Oregon Health Authority, Health Care Regulation and Quality improvement Program: 800 NE Oregon Street, Suite 465, Portland, OR 97232; 971-673-0540. Complaint forms are available at **bit.ly/454L1et**.
- Considerate, respectful, and compassionate care in a safe and secure environment that is free of all forms of discrimination, abuse, or harassment. The Oregon Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- Exercise your rights without being subjected to discrimination or reprisal.
- Personal privacy and confidentiality concerning your medical care. Information can only be released with your consent, except as provided by law. You have the right to be advised as to the reason for the presence of any individual. HIPAA regulations will be observed.
- Receive information about your diagnosis, treatment, and expected result from your provider or designated staff in terms you can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Receive the necessary information and participate in decisions regarding a procedure or proposed treatment in order to give informed consent or to refuse this course of treatment.
- Reasonable continuity of care and to know, in advance, the time and location of appointment(s), as well as the practitioner providing the care.
- Consult with another physician or change providers if other qualified providers are available.
- Agree to or refuse to participate in research projects.
- Know the name and the professional status of the provider who has primary responsibility for coordination of your care and the names, professional relationships, and credentials of other practitioners and health care workers you may see.
- Within the confines of the law, review your medical records. All communications and records pertaining to your care will be treated as confidential.
- Receive information, in advance of a procedure, including a description of applicable State Health and Safety Laws, and if requested, official State advance directive forms. These are available upon request.
- Have in effect and documented on your medical record the presence of any Advance Directives concerning Living Wills, medical powers of attorney, or other documents that limit your care, and you have the right to be referred to an alternate facility if you wish to have your Advance Directives honored during your procedure. For further information, visit **bit.ly/3x1fMnN**. To access forms, visit **bit.ly/3RbdVDW**.
- Provide appropriate feedback, including suggestions and complaints.
- Voice grievances, verbally or written, regarding treatment or care that is, or fails to be, furnished. For assistance in expressing grievances or complaints verbally or in writing visit Ombudsman Center at **bit.ly/3yKZCj3** or 1-800-MEDICARE, Oregon DHS: **bit.ly/3x4KiNJ**.
- Examine and receive an explanation of your bill and our payment policies, regardless of the source of payment.
- After-hours access to physician owners via phone. Emergency measures are available as needed.

THE OREGON CLINIC

To view this document in English or other languages online, please visit: oregonclinic.com/patient-rights

As a patient of The Oregon Clinic, you have the Responsibility to:

- Provide complete and accurate information about your health, including present condition, past illnesses, hospitalizations, medications, including over-the-counter products and supplements, allergies and sensitivities, and any other information that pertains to your health.
- Be an active participant in your care.
- Make it known whether you clearly comprehend a contemplated course of action and what is expected of you, including if you anticipate not following the prescribed treatment or are considering alternative therapies. Ask questions when you do not understand.
- Follow the treatment plan recommended by your practitioner, which may include the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable rules and regulations.
- Report unexpected changes in your condition to the responsible practitioner.
- Accept the responsibility for your actions if you refuse treatment or do not follow the practitioner's instructions.
- Provide complete and accurate billing information for claim processing and to pay bills in a timely manner.
- Keep appointments, be on time for your appointments, and notify your physician as soon as possible if you cannot keep your appointments.
- Depending on the care you receive, provide a responsible adult to provide transportation home and to remain with him/her/them as directed by the provider or as indicated on discharge instructions.
- Behave respectfully toward others and respect their property while in The Oregon Clinic facilities. Failure to comply with this may lead to termination from the practice.
- Review our Privacy Policy at **oregonclinic.com/notice-of-privacy-practices**.

Notice of Referral Rights

THIS NOTICE DESCRIBES YOUR RIGHTS WHEN YOUR HEALTH CARE PROVIDER REFERS YOU TO ANOTHER PROVIDER OR FACILITY FOR ADDITIONAL TESTING OR HEALTH CARE SERVICES.

In accordance with Oregon law, when you are referred for care outside of our clinic, we, The Oregon Clinic, are required to notify you that you may have the test or service done at a facility other than the one recommended by your physician or health care provider.

Oregon law says (ORS 441.098):

- A referral for a diagnostic test or health care treatment or service shall be based on the patient's clinical needs and personal health choices.
- If a patient is referred for a diagnostic test or health care treatment or service to a facility in which the referring provider (or an immediate family member of that provider) has a financial interest, the patient must be notified orally and in writing of that interest at the time of the referral.
- A health practitioner or the practitioner's designee shall inform the patient at the time of the referral, that:
  - **a.** A patient has a choice about where to receive the test, treatment, or services; and
  - **b.** If the patient chooses a different facility from the one recommended by a practitioner, the patient is responsible to contact their insurer to determine the extent of coverage or the limitation on coverage for the test, treatment, or service at the facility chosen by the patient.
- A health practitioner may not deny, limit or withdraw a referral solely because the patient chooses to have the test, treatment, or service from a different facility.

To listen to a recording of this Patient Rights and Responsibilities document, please call 503-935-8334. Translations in Chinese, Korean, Russian, Spanish, and Vietnamese are available at oregonclinic.com/patient-rights.

What to Expect: Paying for Your Colonoscopy

SCREENING

No GI symptoms, age 45 and older, may have a positive FIT or Cologuard test result, **has no** personal history of colon polyps, colon cancer and/or IBD.

This service will likely be covered as preventive care with no out-of-pocket cost to the patient. Medicare patients may have additional co-insurance.

CPT codes to provide to your insurance company: 45378, 45380 and 45385

Diagnosis codes: Z12.11 (screening colonoscopy)

Anesthesia (sedation) CPT codes: 00811 and 00812

Pathology CPT codes: 88305, 88312, 88341 and 88342

SURVEILLANCE

No GI symptoms, **has** a history of colon polyps and/or colon cancer and/or IBD.

This service will likely be covered as preventive care with no out-of-pocket cost to the patient. Medicare patients may have additional co-insurance.

CPT codes to provide to your insurance company: 45378, 45380 and 45385

Diagnosis codes: Z12.11 (screening colonoscopy) is the primary code **plus** Z86.0100 (personal history of polyps) and/or Z80.0 (family history of polyps)

Call our office if you have Inflammatory Bowel Disease to obtain your diagnosis code.

Anesthesia (sedation) CPT codes: 00811 and 00812

Pathology CPT codes: 88305, 88312, 88341 and 88342

DIAGNOSTIC

Currently has gastrointestinal (GI) symptoms.

This service is **NOT** considered preventive and will be applied toward your deductible and co-insurance.

CPT codes to provide to your insurance company: 45378, 45380 and 45385

Diagnosis codes: These vary, so please call our office for your diagnosis code.

Anesthesia (sedation) CPT codes: 00811 and 00812

Pathology CPT codes: 88305, 88312, 88341 and 88342

- We will bill for professional, facility and pathology fees. Anesthesia (sedation) fees are billed separately. See additional handout here: **www.oregonclinic.com/gi-preps/billing-information**
- **Unless we have made a coding error, we cannot change a diagnosis code from Diagnostic to a Screening or Surveillance to avoid charges.** Your medical record is a binding legal document that cannot be changed, per governmental, insurance, and compliance guidelines. Changing, adding, or deleting a diagnosis code is considered insurance fraud and is punishable by law.
- **Note:** A small number of insurance plans do not include preventive services and will not cover screening or surveillance colonoscopies.
- Because each situation is different, we strongly encourage all patients to check with your insurance carrier about your coverage before your procedure. **This can help you avoid surprise costs.**

THE OREGON CLINIC

Billing Information

You will receive statements from separate entities associated with your procedure, such as the physician, facility (Oregon Clinic Endoscopy Center or hospital), anesthesia provider, pathologist, and/or (histology) laboratory. The Oregon Clinic Business Office (503-963-2900) can only provide you information associated with our fees. If you require assistance, or have any questions regarding your billing, please use the table below to determine who is best able to answer your questions.

Thank you for allowing us to provide your gastroenterology care.

SERVICES PROVIDED	**Gastroenterology – East** Locations: Gateway	**Gastroenterology – West** Location: Peterkort Building	**Gastroenterology – South** Locations: Tualatin, Oregon City, and Newberg
Professional Fees: Covers the GI physician professional services. Office Visits and Procedures	The Oregon Clinic Business Office Phone (503) 963-2900 Hours: M-F; 8:00am to 4:30pm		
Endoscopy Center Fees: Covers facility usage, equipment, nursing care and medical supplies.			
Histology Fees: Covers the cost of processing the specimen after a procedure.			
Pathology Fees: Covers the cost of the pathologist who reads and interprets the specimen slide.	**The Oregon Clinic, GI Pathology Lab** Phone: (503) 963-2900 Hours: M-F; 8:00am to 4:30pm **Providence Laboratory Services (Billing Information)** Phone: (866) 747-2455 Hours: M-F 8:00am to 5:00pm; Saturday 9:00am to 2:00pm Contact Resources | Billing Support | Providence		
Anesthesia Fees: Covers the professional fees from the MD or CRNA providing sedation.	**Metropolitan Anesthesia** (Coronis Health – Billing Company) Phone: (800) 242-1131 Extension 5319 Hours: M-F; 8:00am to 5:00pm EST	**Metropolitan Anesthesia** (Coronis Health – Billing Company) Phone: (800) 242-1131 Extension 5319 Hours: M-F; 8:00am to 5:00pm EST	**Anesthesia Associates NW** (Anesthesia Business Consultants-Billing Company) Phone: (877) 222-4217 or (925) 949-2302 Hours: M-F; 7:00am to 3:00pm PST
If your procedure was performed at a hospital, charges may be billed separately.			
Any Providence Hospital	Providence Health and Services Business Office Phone: (503) 215-4300 Hours: M-F; 8:00am to 8:00pm, Saturday 9:00am to 2:00pm		
Any Legacy Hospital Hospital facility charges only	Legacy Health System Business Office Phone: (503) 413-4048 Hours: M-F; 8:00am to 6:45pm Estimate You Hospital Cost I Legacy		
Oregon Anesthesiology Group Anesthesia charges only for Legacy Hospitals	Cost Estimates | OAG Pre-Procedure: (503) 372-8112 Bill Received: (503) 972-7103		

PHYSICIAN DISCLOSURE

As required by Federal Medicare regulations, we are required to disclose that our physicians, as listed below, have a financial interest in The Oregon Clinic's Gastroenterology Endoscopy Centers.

Gastroenterology – East Location: Gateway	**Gastroenterology – West** Location: Peterkort Building	**Gastroenterology – South** Locations: Tualatin, Oregon City, and Newberg
Gennadiy Bakis, MD	Deron Amador, MD	Paul Anderson, MD
Sidharth Bhardwaj, MD	Sergio Crespo, MD	Brian Applebaum, MD
Rebecca Fausel, MD	Brintha Enestvedt, MD	Michelle Beilstein, MD
Jeremy Holden, MD	David Grunkemeier, MD	Mark Cahill, MD
Ian Holmes, MD	Margot Herman, MD	C.Y. Michael Chang, MD
Betty Kim, MD	Susan Johnson, MD	Stephen Chen, MD
Tiffany Lambrou, MD	Elliot Joo, MD	Ryan Childers, MD
T. Domi Le, MD	Brent Lee, MD	Jeffrey Douglass, MD
Donald Lum, MD	Shannon “Shanee” Lewis, MD	Jeffrey Duman, MD
James Regan, MD	Sarah “Betsy” Rodriguez, MD	Jessica Haraga, MD
Alan Savoy, MD	Karen Saks, MD	Justine Hum, MD
Ajay Singhvi, MD	Cristian Vallejos, MD	Karl Kim, MD
Hong Shen, MD	Ross Vhymeister, MD	Sarah Lee, MD
Lehel Somogyi, MD	Stephen Vindigni, MD	Ronald Lew, MD, FASGE
Branden Tarlow, MD	Amy Wang, MD	Nima Motamedi, MD
Viju Deenadayalu, MD	Jeffrey Weprin, MD	Monina Pascua, MD, PharmD
Anne Wang, MD		Swapna Reddy, MD
Jennifer Yeh, MD		Erik Van Kleek, MD
Amy Zhu, MD		Wei Wang, MD
		Zibing Woodward, MD

Notice of Availability

If you speak another language, free language assistance services and appropriate auxiliary aids and services are available to you. Let us know how we can help.

Spanish

Si usted habla español, hay disponibles para usted servicios gratuitos de asistencia de idiomas y dispositivos y servicios auxiliares adecuados. Infórmenos cómo podemos ayudarlo.

Vietnamese

Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các phương tiện và dịch vụ hỗ trợ phù hợp dành cho quý vị. Xin hãy cho chúng tôi biết cách chúng tôi có thể trợ giúp cho quý vị.

Chinese

如果您说 中文，我们可提供免费的语言帮助，以及适当的辅助援助和服务。 请告知我们，您需要什么样的帮助。

Russian

Если вы говорите на русском, мы можем предоставить бесплатно помощь на вашем языке, а также и соответствующие вспомогательные средства и услуги. Сообщите нам, как мы можем помочь.

Korean

한국어 를 구사하시는 경우 무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 이용할 수 있습니다. 어떻게 도와드릴 수 있는 지 알려주세요.

Ukrainian

Якщо ви розмовляєте цією мовою: українська, то можете отримати безкоштовну допомогу й послуги, зокрема мовні. Повідомте нам, чим ми можемо допомогти.

Japanese

日本語を話される方は、無料の言語支援サービスや適切な補 助器具やサービスをご利用いただけます。 私たちがどのようにお手伝いできるかお知らせください。

Arabic

إذا كنت تتحدث [العربية]، فستتوفر لك الخدمات المجانية بشأن المساعدة اللغوية مع المعونات الملائمة والخدمات المساعدة. دعنا نعرف كيف يمكننا مساعدتك.

Romanian

Dacă vorbiți română, serviciile gratuite de asistență lingvistică și ajutoarele auxiliare adecvate sunt disponibile pentru dumneavoastră. Informați-ne cum vă putem fi de ajutor.

Thai

ถ้าคุณพูดภาษาไทย มีบริการช่วยเหลือด้านภาษาฟรี รวมถึงความช่วยเหลือและบริการเสริมที่เหมาะสมแก่คุณ แจ้งให้เราทราบว่าเราสามารถช่วยได้อย่างไร

German

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Teilen Sie uns mit, wie wir helfen können.

Persian

اگر به زبان فارسی صحبت می‌کنید، خدمات رایگان زبانی و وسایل و خدمات کمکی مناسب در دسترس شما هستند. به ما اطلاع دهید که چگونه می‌توانیم کمکتان کنیم.

Somali

Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah iyo kaalmooyinka iyo adeegyada ku habboon ayaa diyaar kuu ah. Nala soo socodsii sida aan u caawin karno.

French

Si vous parlez français, des services d'assistance linguistique gratuits et des aides et services auxiliaires appropriés sont à votre disposition. Dites-nous comment nous pouvons vous aider.

Khmer

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាខ្មែរដោយឥតគិតថ្លៃ និងឧបករណ៍ជំនួយនិងសេវាជំនួយសមស្របមានសម្រាប់អ្នក។ សូមអនុញ្ញាតឱ្យយើងដឹងថាតើយើងអាចជួយអ្នកបានដោយរបៀបណា។