



ADVANCED ENDOSCOPY & SURGICAL CENTER, LLC

142 Route 35 Suite 101, Eatontown, N.J. 07724 (732) 935-0031 Fax (732) 935-0032

Dear Patient,

We look forward to the opportunity to provide you with the best possible care during your short stay at our ambulatory surgery center. Please take a moment to read the information contained in our Welcome Packet, which should answer some of your questions.

- Patient Registration Form- (Please complete & bring with you to your arrival at the Surgery Center)
- Patient Financial Responsibility
- Responsible Adult Companion (RAC)
- Notice of Privacy Practices
- Patient Bill of Rights & Responsibilities

Please make sure you have updated your physician's office staff with any changes in your current address, phone number (home/work/cell,) your primary care physician and insurance information.

Please visit our website at www.advancedendoscopy.com to view our facility, staff & physicians. All necessary forms can be downloaded and printed from our website. The Registration & Responsible Adult Companion (RAC) forms need to be filled out & signed, and all other forms will be signed electronically at the Center.

You **MUST** have a ride home after your procedure. Should your means of transportation be by taxi, you **MUST** still be accompanied by an adult companion to and from the Center. The Taxi driver is **NOT** considered to be your responsible adult companion.

You should receive a call 1 to 2 business days before your scheduled procedure from one of our pre-op call nurses to confirm the time of your arrival. **Please note that the time provided by your physician's office is TENTATIVE and may change.** If you need a specific time, please make sure to let the physician's office know, and/or call the surgery center at least 3 days prior to your appointment.

If you have not heard from the Center by **2PM the business day prior to your procedure** to confirm your appointment, please call us at the Center (732) 935-0031.

Federal law requires that a current insurance card and photo ID are provided on the day of your procedure. Your procedure may be cancelled if required identification isn't provided. Copies from your physician's office are not acceptable.

Please be sure to contact you insurance company to verify your benefits. Co-pays and deductibles are a required financial responsibility of the patient. You will receive a call from our billing department to verify your co-pay and deductible amounts to bring with you on the day of your procedure. A financial arrangement can be made during the phone call or by calling the billing department prior to your procedure.

Should your insurance plan require you to have a referral for the Center, you are responsible to bring one with you. Your insurance carrier may receive as many as four (4) bills for your stay with us. They will be billed for your physician's services, our services (facility fee,) anesthesia services and in some cases laboratory services.

You may be responsible for a portion of these charges, either a co-pay or deductible, as directed by your insurance carrier. If you have questions after you speak with them, please call our Center and we will assist you in understanding your bill.

Attached you'll find the names of participating insurance carriers, physicians including anesthesiologists and laboratories.

The goal of our staff is to provide you with quality care, and make sure your stay with us is convenient and pleasant.

Sincerely,


Ellen G. Donnell
Administrator

(Revised 08/27/2018)



ADVANCED ENDOSCOPY & SURGICAL CENTER, LLC

142 Route 35 Suite 101, Eatontown, N.J. 07724 (732) 935-0031 Fax (732) 935-0032

PATIENT INFORMATION

Name: SS#: Birth Date: Age: Sex: [] Male [] Female Marital Status: [] Single [] Married [] Widowed [] Divorced Phone: Work Phone: Cell: Address: Street City State Zip Patient's Employer: Occupation: Employer's Address: Street City State Zip Emergency Contact: Name Phone Relationship

PLEASE BRING YOUR INSURANCE CARDS TO THE CENTER ON THE DAY OF YOUR PROCEDURE

All professional services are charged to the patient. Necessary forms will be completed to help expedite insurance carrier payments. Please be advised that we will submit to your primary and secondary insurance. Any remaining balance after receipt of explanation of benefits from your primary and/or secondary insurance carrier will be billed to you.

INSURANCE AUTHORIZATION AND ASSIGNMENT

NAME OF POLICY HOLDER: DATE OF BIRTH:

I request that payment of authorized Medicare/other insurance company benefits be made either to me on my behalf, or to ADVANCED ENDOSCOPY & SURGICAL CENTER, LLC., for any services furnished to me by that third party who accepts assignment/Physician. Regulations pertaining to Medicare assignment of benefits apply.

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers and information needed for this or a related Medicare claim/other Insurance company claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. I understand it is mandatory to notify the health care provider of any party who may be responsible for paying for my treatment. (Section 1128B of the Social Security Act and 31 U.S.C. 3801-3812 provides penalties for withholding this information.)

Signature of Patient or Responsible Party Date

I authorize Advanced Endoscopy & Surgical Center, LLC, to have access to my medical records concerning this date of service, and all prior and post medical records relevant to this date of service.

Signature of Patient or Responsibility Party Date

LABORATORY TESTING

During the course of your procedure it may be necessary for your Physician to obtain and send tissue samples, blood samples, or request other laboratory testing. The State of New Jersey now requires clinical laboratories to directly bill patients for their testing services. In other words, they may not present a bill for its services to any person other than the person who is the recipient of the services, or that person's legal representative. Therefore, it is necessary for the Advanced Endoscopy & Surgical Center, to receive authorization from the patient in order for us to allow the laboratory to bill your insurance company for you. If you do not want the laboratory to bill your insurance company, then billing for the services will go directly to you as the patient.

Please complete and sign below so that we may direct this issue in the proper manner.

Thank you for your cooperation with this matter.

- [] Yes, I am giving the laboratory permission to bill my insurance company.
[] No, I do not give the laboratory permission to bill my insurance company. I am aware that I am responsible for the payment of services directly to the laboratory.

Signature of Responsible Party Date PATIENT LABEL



Preparing for Your Procedure Responsible Adult Companion Policy

Prior to your scheduled procedure your physician will provide you with specific instructions on how to prepare for your upcoming procedure. If you have any questions concerning this preparation, please call your doctor's office. Please arrive on time. Your procedure and subsequent recovery time takes approximately 2 to 3 hours from the time of your arrival to discharge. Our staff will do everything to make your stay as short as possible.

Due to the sedation you will receive prior to your procedure, **you will not be permitted to drive yourself home, and you must make plans for someone to accompany you home from the Surgery Center. You will be discharged by the center into the care of your responsible adult companion, (your adult companion must be 18 years or older,) who will have the responsibility to drive you to your home and be available to make sure you have no adverse effects from the anesthesia.**

INSTRUCTIONS FOR TRANSPORTATION

On the day of your procedure, **a responsible adult companion must be able to drive you home.** The responsible adult companion must agree to be with you, and be available to observe that you do not have any adverse effects from the anesthesia. It is **recommended that your responsible adult stay with you 12 to 24 hours post procedure.** If there is no responsible adult companion to accompany you from the Center, the procedure will be cancelled and must be rescheduled.

PATIENT

I acknowledge that I was informed at the time my procedure was scheduled that I must have a responsible adult companion accompany me from the Surgery Center, and be available to observe me for 6 to 8 hours after my procedure.

The name of my responsible adult is _____ and he/she will be available to bring me home immediately at the time of discharge. If he/she needs to leave the Center while I am undergoing my procedure, they must leave a contact phone number for the Nurse to call them when I am ready for discharge. Their cell number is: _____

I understand that if I do not have a responsible adult companion to take me home, my procedure will be cancelled.

Patient Signature

Date

Print Name



ADVANCED ENDOSCOPY & SURGICAL CENTER, LLC

142 Route 35 Suite 101, Eatontown, N.J. 07724 (732) 935-0031 Fax (732) 935-0032

OUT-OF-NETWORK COMMERCIAL INSURANCE AND SELF-PAY PATIENTS:

Advanced Endoscopy & Surgical Center, LLC. (AESC) will bill your primary and secondary insurance carrier for the services you receive at our Center, in accordance with all applicable laws, rules regarding patient privacy, and security to ensure the confidentiality and safety of our patient's medical records. If AESC is out of network with your carrier, and you do not have secondary coverage with any other carrier and/or Medicare or Medicaid you will be financial responsible for all balances after your insurance carrier(s) has paid.

IN-NETWORK COMMERCIAL INSURANCE:

Please be advised that we participate with Aetna, Amerigroup, Amerihealth, ALL Blue Cross Blue Shield Plans, Cigna, Clover Health, CHN, Magnacare/Brighton Health Plan Solutions, Multiplan, New Jersey Carpenters, NJ Horizon Health, Qualcare, Tri-Care (Humana), Medicaid, Medicare, Railroad Medicare, United/Oxford, US Family Plan and Well Care. You will be billed according to your plan's benefit allowances, i.e. co-insurance/co-pay and or deductible applied. If your insurance policy is a Medicare replacement plan, it is subjected to Medicare guidelines and allowable rates. You will be responsible, and billed for any and all co-insurance/co-pay or deductible applied.

You may also receive a bill from **AESC** for the **FACILITY FEE** if:

- 1) The coverage is not actually current or payment is denied by your carrier due to pre-existing conditions.
- 2) You do not provide information requested by your insurance carrier after they receive our bill.
- 3) Your policy benefits have been exhausted (i.e. you've reached your benefit maximum.
- 4) Your insurance carrier mailed payment to you rather than AESC, and you did not forward the payment as instructed below.
- 5) We've had no response from your insurance carrier with no resolution.

IN-NETWORK PATIENT RESPONSIBILITY FINANCIAL POLICY:

Please be advised that upon receipt of payment from all of your insurance plans, you will be balanced billed for any additional patient responsibility, co-insurance/co-pay and/ or deductible that was not received at the time the service was rendered. Thirty (30) days after the initial bill has been sent to you, we will make one collection phone call to you, the patient. Next a collection letter will be sent advising that we need a response/contact to discuss the bill for payment arrangements. If we have no response to our attempt in contacting you within 14 days from the date of the letter your account balance will be sent out for OUTSIDE COLLECTION ACTIVITY, and you will be responsible for the balance, along with 30% collection fees added to the bill. You will also be responsible for any and all additional collection fees including court costs, and attorney fees incurred as a result of this debt.

AESC does not participate with all commercial insurance carriers. Payment may be made directly to the patient for the facility fee. **PLEASE DO NOT DEPOSIT THE CHECK.** Endorse the check and forward it with the accompanying explanation of benefits to the address listed above, to the attention of the Billing Office. We will receive confirmation from your insurance that they have forwarded the payment to you. If you do not turn over the check and the explanation of benefits to AESC you will be responsible for the bill IN FULL, plus any additional court fees or attorney's fees incurred in the collection of your account.

ANESTHESIA CHARGES: When procedures are performed at AESC, anesthesia services are provided, and will be billed to your insurance carrier. In the event you receive the payment from the insurance carrier, **DO NOT DEPOSIT THE CHECK.** Please endorse the check on the back & forward the check with the explanation of benefits to the Physician who performed your procedure at their office.

LABORATORY CHARGES: Laboratory services are billed separately through ADH-Lab, Dianon, ENDO-CDX and Genesis Laboratory.

I have read and understand the above information. I agree to the terms and conditions as noted above:

Patient Signature

Date

PHYSICIAN OFFICE LIST

GASTRO	PHYSICIAN OFFICE ADDRESS & PHONE NUMBERS	ANESTHESIOLOGISTS USED
<p>William Basri, MD Mark Cerefice, MD Kenny Hui, MD Steven Schneiderman, MD Sandhya Shukla, MD Matthew Tangorra, DO</p>	<p>Atlantic Coast Gastroenterology & Associates <i>A Division Of Allied Digestive Health</i> 1640 Route 88 West, Suite 202 1944 Cortlies Avenue Brick, New Jersey 08724 Neptune, New Jersey 07753 Tel: (732) 458-8300 Tel: (732) 776-9300 Fax: (732) 458-8529 Fax: (732) 776-8059</p>	<p>Michael Vassallo, DO Joseph Gaudio, MD Kalpana Nandiwada, MD Anne Connors, MD Ramesh Shah, MD Pallavi Parikh, MD Gail Auster, MD Babatunji Omotoso, MD Sora Yoon, MD Mohammad Safdar, MD Michael Amoroso, MD Ryan Fields, DO Anesthesia Billing Office: (732) 222-3805 187 Route 36, Suite 230 West Long Branch, New Jersey 07764</p>
<p>Nadeem Baig, MD Kenneth Belitsis, MD Thomas Fiest, DO Steven Gorcey, MD Laleh Merikhi, MD Rajiv Uppal, MD</p>	<p>Monmouth Gastroenterology <i>A Division of Allied Digestive Health</i> 1912 Highway 35, South, Suite 201, 2nd Floor Oakhurst, New Jersey 07755 Tel: (732) 389-5004 Fax: (732) 508-9721</p>	<p>Michael Vassallo, DO Joseph Gaudio, MD Kalpana Nandiwada, MD Anne Connors, MD Ramesh Shah, MD Pallavi Parikh, MD Gail Auster, MD Babatunji Omotoso, MD Sora Yoon, MD Mohammad Safdar, MD Michael Amoroso, MD Ryan Fields, DO Anesthesia Billing Office: (732) 222-3805 187 Route 36, Suite 230 West Long Branch, New Jersey 07764</p>
<p>Gagan Beri, MD Howard Guss, DO</p>	<p>Coastal Healthcare 3200 Sunset Avenue, Suite 208 Ocean, New Jersey 07712 Tel: (732) 775-9000 Fax: (732) 775-6660</p>	<p>Ramesh Shah, MD Gail Auster, MD Sora Yoon, MD Anne Connors, MD Anesthesia Billing Office: (732) 458-1211 1659 Route 88, Suite 2B Brick, New Jersey 08724</p>
<p>Thaddeus Grabow, MD</p>	<p>Riverview Medical Associates 4 Hartford Drive, Suite 1 Tinton Falls, New Jersey 07701 Tel: (732) 741-3600 Fax: (732) 741-5268</p>	<p>Gail Auster, MD Michael Amoroso, MD Anesthesia Billing Office: (732) 741-3600 4 Hartford Drive, Suite 1 Tinton Falls, New Jersey 07701</p>
<p>Scott Schlachter, DO</p>	<p>Coastal Gastroenterology Associates, P.C. 525 Jack Martin Blvd., Suite 300 Brick, New Jersey 08724 Tel: (732) 840-0067 Fax: (732) 840-3169</p>	<p>Jun Li, MD Kalpana Dalal, MD Zhaomin Yang, MD Anesthesia Associated PC Billing Office: (848) 863-6051 15 South Main Street, Suite 2 Marlboro, New Jersey 07766</p>
PODIATRY		
<p>Eric Abrams, DPM</p>	<p>Foot & Ankle Affiliates of Central NJ 142 Route 35, Suite 104 1868 Hooper Avenue Eatontown, New Jersey 07724 Toms River, New Jersey 08753 Tel: (732) 542-0777 Tel: (732) 255-2373 Fax: (732) 542-4796 Fax: (732) 864-1252</p>	<p>Gail Auster, MD Anesthesia Billing Office: (732) 542-0777 142 Route 35, Suite 104 Eatontown, New Jersey 07724</p>
<p>Lawrence Menditto, DPM</p>	<p>3200 Sunset Avenue, Suite 201 Ocean, New Jersey 07712 Tel: (732) 531-4545 Fax: (732) 869-1246</p>	<p>Gail Auster, MD Anesthesia Billing Office: (732) 531-4545 3200 Sunset Avenue, Suite 201 Ocean, New Jersey 07712</p>

LABORATORIES USED:

GENESIS LABORATORY: 1912 HIGHWAY 35 OAKHURST, NJ 07755 Tel: (732) 389-1530
DIANON SYSTEMS, INC. (LAB CORP: One Forest Parkway Shelton, CT 06484 Tel: (800) 328-2666,
ADH Lab: 365 Broad Street, 1 West Red Bank, NJ 07701 Tel: (732) 936-8301,
ENDO CDx: 2 Executive Blvd., Suite 102 Suffern, NY 10901 Tel: (845) 369-7096

**RWJBarnabas
Insurance Participation List
Status as of 8/17/18**

Advanced Endoscopy & Surgical Center, LLC

Payer	Participating Products	Excluded Products	Applicable Affiliates/Networks
Aetna	All managed and non-managed products, all Medicare Advantage products*	Aetna Better Health Medicaid HMO *Excludes Aetna Medicare Prime	Coventry/First Health, Meritain
AmeriGroup	Yes		
AmeriHealth	All managed and non-managed products, all Medicare Advantage products, all ACA Exchange products		Independence BC
Cigna	All managed and non-managed products		
Clover Health	None	All products	
Consumer Health Network (CHN) Empire BCBS of New York	None See Horizon BCBS of New Jersey	All products	
Horizon BCBS of New Jersey	All managed and non-managed products, all Medicare Advantage products, all ACA Exchange products, Horizon Casualty Worker's Compensation & No Fault products, out-of-state BC plans (If suitcase logo is on card)		
Horizon NJ Health	Medicaid Including Total Care		
Magnacare/Brighton Health Plan Solutions MultiPlan/PHCS/Beechstreet	None All managed and non-managed products	All products	
QualCare	None	All managed and non-managed products, all Worker's Compensation products	Emblem/GHI (If QualCare logo is on card), OSCAR
Tricare (Humana)	Limited Products**		
United Healthcare & Oxford Health Plans	All managed and non-managed products, all Medicare Advantage products, United Community Plan Medicaid HMO and Medicare HMO products (Including Dual Complete SNP)		UMR, Sierra Health and Life
US Family Health Plan	All products		
WellCare	Medicaid HMO and Medicare HMO products		
World Trade Center Health Program	None	All products	
**ACCEPT AS LONG AS THAT TRICARE BENEFIT PLAN PROVIDES THE MEMBER BENEFIT FOR OUR PROVIDERS SERVICE(LIMITED PLANS)			

Advanced Endoscopy & Surgical Center, LLC.

142 Route 35, Suite 101 Eatontown, New Jersey 07724

Tel: (732) 935-0031 Fax: (732) 935-0032

HIPPA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. **Uses and Disclosures of Protected Health Information:**

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your healthcare and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your healthcare services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required by Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosure to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures, will be made only with your consent, authorization or opportunity to object, unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: The following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your case or for notification purposed as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e., electronically.

You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints:

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of Ellen Donnell, Administrator and/or Tara Delnero, Director of Nursing at (732) 935-0031. We will not retaliate against you for filing a complaint.

A PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Each patient receiving care in an ambulatory care facility shall have the following rights and responsibilities.

1. Each patient has the right to be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a verbal explanation of these rights, in terms the patient can understand. The facility shall have a means to notify the patient of any rules and regulations it has adopted governing patient conduct in the facility.
2. Each patient has the right to be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including payment fee, deposit and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate.
3. Each patient has the right to be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient shall also have a right to know the identity and function of these institutions, and refuse to allow their participation in the patient's treatment.
4. Each patient has the right to receive from the patient's physician(s) or clinical practitioner(s), in terms the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment and unexpected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the next of kin or guardian, along with the reason for not informing the patient directly, and shall be documented in the patient's medical record.
5. Each patient has the right to participate in the planning of the patient's care and treatment and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record.
6. Each patient has the right to be included in experimental research only when the patient gives an informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with the law, rule and regulation. The patient may refuse to participate in experimental research including the investigation of new drugs and medical devices.
7. Each patient has the right to voice grievances or recommend changes in policy and services to facility personnel, the facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group and free from restraints, interference, coercion, discrimination or reprisal.
8. Each patient has the right to be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or Patient's Rights or others from injury. Drugs and other medications shall not be used for discipline of patients or of convenience of faculty personnel.
9. Each patient has the right to confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of such information is required and permitted by law, a third party payment contract, or a peer review, or unless the information is needed by New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.
10. Each patient has the right to be treated with courtesy, consideration, respect and recognition of the patient's dignity, individuality and right to privacy, included but not limited to auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient.
11. Each patient has the right not to be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with the local, State and Federal laws and rules.
12. Each patient has the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices or any attendance at religious service shall be imposed upon any patient.
13. Each patient has the right not to be discriminated against because of age, race, religion, sex, nationality or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.
14. It is the responsibility of the Center to know and understand the Patient's Bill of Rights and Responsibilities.
15. Patient will receive a signed copy of the "Patient's Bill of Rights and Responsibilities" and the original document will be maintained in Medical Records.
16. Since effective treatment depends in part on patient's history, the Center expects the patient or patient's family to provide information about past illnesses, hospitalizations, medications and other pertinent matters.
17. The Center expects the patient will ask questions about directions or procedures they do not understand.
18. The Center expects the patient to be considerate of other patients and staff in regard to making noise, smoking and number of visitors in the patient areas. The patient is also expected to respect the property of the Center and of other persons.

19. To help the patient's physicians and the Center's staff care for the patient, the patient are expected to follow instructions and medical orders and report unexpected changes in their condition to their physician and Center staff.
20. The patient assumes financial responsibility for all services either through their insurance or by paying at the time of service.
21. The patient is expected to follow all safety regulations that they are told or read about.
22. If the patient fails to follow their healthcare provider's instructions, or if the patient refuses care, they are responsible for their own actions.
23. Except for emergencies, the practitioner shall obtain the necessary informed, written consent prior to the start of specified non-emergency procedures or treatments only after a physician has explained in terms the patient understands – specific details about the recommended procedure r treatment, the risks involved, the possible duration if incapacitation, and any reasonable medical alternatives for care and treatment (NJ.AC. 8:43G-4 .1(a)7.) Informed consent is required by the State of New Jersey. (NJ.AC. 8:43A-13.3(a)16.
24. A patient or, if the patient is unable to give informed consent, a responsible person, has the right to be advised when a practitioner is considering the patient as part of a medical care research program or donor program, and the patient, or responsible person, may refuse to continue in a program to which he has previously given consent.
25. The patient who does not speak English shall have access, where possible, to an interpreter.
26. The patient can choose to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
27. As a Person with Pain, You Have:
 - a. The right to have your report of pain taken seriously and to be treated with dignity and respect by doctors, nurses or pharmacists and other healthcare professionals.
 - b. The right to have your pain thoroughly assessed and promptly treated.
 - c. The right to be informed by your doctor about what may be causing your pain, possible treatments, and the benefits, risks and costs of each.
 - d. The right to participate in decisions about how to manage your pain.
 - e. The right to have your pain reassessed regularly and your treatment adjusted if your pain has not been eased.
 - f. The right to be referred to a pain specialist if your pain persists.
 - g. The right to get clear and prompt answers to your questions, to take time to make decisions, and to refuse a particular type of treatment if you choose.
28. Each patient has the right to restrict the use of their patient information. Any use or disclosure of PHI (Protected Health Information) requires authorization for psychotherapy notes and or marketing, fund raising, etc.
29. The patient may request restrictions on certain uses and disclosures of PHI, including the right to pay "out of pocket" for treatment and not have the bill for services be submitted to patient's health plan.
30. The patient has the right to "opt out" of receiving fund raising communications.
31. The patient has the right to be informed if there is a breach of the patient's PHI.
32. Each patient has a right to a copy of their electronic medical record if requested.
33. Release of PHI uses and disclosures will only be made pursuant to an authorization from the patient.

The Administrator shall provide all patients and/or their families upon request with the name, address and telephone number of the following offices where complaints may be logged

Division of Health Facilities Evaluation and Licensing
 New Jersey Department of Health
 CN 367 Trenton, New Jersey 08625-0367
 Telephone: (800) 792-9770
 State of New Jersey
 Office of Ombudsman for the Institutionalized Elderly
 CN 808 Trenton, New Jersey 08625-0808
 Telephone: (877) 582-6995
 CMS
 1-800-MEDICARE
 AAAHC
 847-853-6060
 Advanced Endoscopy & Surgical Center LLC 142
 Route 35, Suite 101, Eatontown New Jersey 07724
 Telephone: (732) 935-0031
 Administrator: Ellen G. Donnell
 Director of Nursing: Tara Delnero, BSN, RN