

AS A PATIENT OF THE **MOUNTAIN WEST  
ENDOSCOPY CENTER** YOU HAVE THE RIGHT TO  
RECEIVE THE FOLLOWING INFORMATION IN  
ADVANCE OF THE DATE OF THE PROCEDURE.

**PATIENT'S BILL OF RIGHTS:**

EVERY PATIENT HAS THE RIGHT TO BE  
TREATED AS AN INDIVIDUAL WITH HIS/HER  
RIGHTS RESPECTED. THE FACILITY AND  
MEDICAL STAFF HAVE ADOPTED THE  
FOLLOWING LIST OF PATIENT'S RIGHTS:

**PATIENT RIGHTS:**

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To be treated with respect, consideration, and dignity in receiving care, treatment, procedures, surgery, and/or services.
- To be provided privacy and security of self and belongings during the delivery of patient care service.
- To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.

- 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.
- To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
- To be free from mental and physical abuse, free from exploitation, & free from use of restraints. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
- Leave the facility even against the advice of his/her physician.
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.

- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge for the facility.
- To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his or her patient record.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- To appropriate assessment and management of pain.

**If you need a translator:**

If you will need a translator, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

## **Rights and Respect for Property and Person**

### ***The patient has the right to:***

Exercise his or her rights without being subjected to discrimination or reprisal

Voice grievance regarding treatment or care that is or fails to be furnished

Be fully informed about a treatment or procedure and the expected outcome before it is performed

Confidentiality of personal medical information

## **Privacy and Safety**

### ***The patient has the right to:***

Personal privacy

Receive care in a safe setting

Be free from all forms of abuse or harassment

## **Advance Directives**

### ***You have the right to information on the Center's policy regarding Advance Directives.***

Advance Directives will not be honored within the Center. In the event of a life-threatening event emergency medical procedures will be implemented. Patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family.

If the patient or patient's representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with their wishes.

If you request, an official state Advance Directive Form will be provided to you.

**Submission and Investigation of Grievances:** You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of

the Center's decision.

The following are the names and/or agencies you may contact:

**Caroline Newman Center Director**  
**6360 S. 3000 E. Suite 320**  
**S.L.C., Utah 84121**  
**801-944-3166**

You may contact your state representative to report a complaint;

[http://www.utah.gov/](http://www.utah.gov) Click on "Government" and then click on "Legislative" to find your representative.

You may contact:

**State of Utah Department of Health**  
**Bureau of Health Facility Licensing**  
**Certification and Resident Assessment**  
**288 North 1460 West**  
**P.O. Box 144103**  
**Salt Lake City, Utah 84114-4103**  
**1-800-662-4157**

State website: [http://www.utah.gov/](http://www.utah.gov)

Sites for address and phone numbers of regulatory agencies: **Medicare Ombudsman website**  
[www.medicare.gov/Ombudsman/resources.asp](http://www.medicare.gov/Ombudsman/resources.asp)

**Medicare:** [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227)

**Office of the Inspector General:** <http://oig.hhs.gov>

**Physician Financial Interest and Ownership:** The Center is owned, in part, by the physicians. The physician(s) who referred you to this Center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with Federal regulations.

# Patient Rights and Notification of Physician Ownership

**Mountain West Endoscopy Center**  
**6360 S. 3000 E. Suite # 320**  
**S.L.C., Utah 84121**  
**801-944-3166**

Notification of

# Physician Ownership

## DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

Name of Entity: Mountain West Endoscopy Center  
Name of LLC: The Mountain West Gastroenterology ASC LLC  
Name of AMSURG Member of LLC: AMSURG Holdings LLC  
Name of Physician Member of LLC: Mountain West Gastroenterology Partners, LLC  
Name of Entity: Mountain West Endoscopy Center  
Name of LLC: The Mountain West Gastroenterology ASC LLC  
Name of AMSURG Member of LLC: AMSURG Holdings LLC  
Name of Physician Member of LLC: Mountain West Gastroenterology Partners, LLC

### Names of Physician Owners:

Oscar A. Batista, M.D. 6360 S. 3000 E. Suite 320, Salt Lake City, Utah 84121  
Mark E. Boschert, M.D. 6360 S. 3000 E. Suite 320, Salt Lake City, UT 84121  
James W. Bown, M.D. 368 E. Riverside Drive Suite A, St George, UT 84790  
Christopher C. Canale, M.D. 520 E. Medical Dr. Suite 200, Bountiful, UT 84010  
Brett W. Doxey M.D. 20 E. Medical Dr. Suite 200, Bountiful, Utah 84010

Peter C. Fenton, M.D. 6360 S. 3000 E. Suite 320, Salt Lake City, UT 84121  
Gordon E. Harmston, M.D. 6360 S. 3000 E. Suite 320, Salt Lake City, UT 84121  
Clarke A. Hilbig, M.D. 520 E. Medical Dr. Suite 200, Bountiful, UT 84010  
Lee J. Hixson, M.D. 368 E. Riverside Drive Suite A, St George, UT 84790  
Robert G. Jones, M.D. 5770 S. 250 E. Suite 445, Salt Lake City, UT 84107  
Randall J. Ryser, M.D. 5770 S. 250 E. Suite 445, Salt Lake City, UT 84107  
I Raymond Thomason, M.D. 520 E. Medical Dr. Suite 200, Bountiful, UT 84010  
Michael J. Sossenheimer, M.D. 6360 S. 3000 E. Suite 320, Salt Lake City, UT 84121  
**The name of Parent Company of AMSURG Member of LLC:**

AMSURG Corp.  
Twenty Burton Hills Boulevard  
Fifth Floor  
Nashville, Tennessee 37215  
EIN #72-1342565

