CEC
CONCORD ENDOSCOPY CENTER
One Corporate Center at Horseshoe Pond
Suite 201 • 60 Commercial Street, Concord, NH 03301
Phone: (603) 415-9450 • Fax: (603) 415-9455

CONCORD ENDOSCOPY CENTER – ANESTHESIA (MAC)

We are located at the Horseshoe Pond Medical Office Building on the 2nd Floor
60 Commercial Street, Suite 201 Concord, New Hampshire 03301

The information included in this packet contains specific instructions to prepare for your ANESTHESIA procedure at the Concord Endoscopy Center.
Please read all of your instructions when you receive this packet.

Your Procedure: _____ is scheduled at the

Concord Endoscopy Center on _____ (Date) Please Arrive By: _____ (Time)

Pre- op Call: _____ (Date) **We will call you at:** _____ (Time) **Phone Number**_____

Your prep prescription was sent to _____ (Pharmacy) Pharmacy on _____ (Date).

If your pharmacy states they don't have the prescription, ask them to check prescriptions that are on hold.

Your procedure is scheduled with:

- ❑ Dr. Robert J. Chehade
- ❑ Dr. Samuel C. Somers
- ❑ Dr. Scott R. Oosterveen
- ❑ Dr. Robert D. Thomson
- ❑ Dr. Burr J. Loew
- ❑ Dr. Leyla J. Ghazi

- Call GI Associates at (603) 228-1763 if you have questions about the insurance or billing process, or to reschedule or cancel your appointment. If you need to change or cancel your appointment please give us 72 hours notice.
- For your pre-op call, a Concord Endoscopy Center nurse will review your medical history, discuss your medications, and answer any questions or concerns you may have. **You must be available for the pre-op call** as the information is required by the anesthesiologist. **Your procedure may be cancelled if we cannot complete the pre-op call**.
- Anesthesia is a medically controlled state of depressed consciousness or unconsciousness from which the patient is not easily aroused. It may be accompanied by a partial or complete loss of protective reflexes, and includes the inability to purposefully respond to physical stimulation or verbal commands. Anesthesia causes drowsiness, slows reflexes, and changes in judgment for several hours after the examination**. You may not drive for 24 hours after receiving anesthesia. For your safety and the safety of others - you must have an adult family member or friend accompany you and drive you home after the procedure. A taxi can only be used if you have an adult friend or family member accompanying you.**
- **Please bring your insurance cards and a government issued photo ID** (Driver's license, military ID, etc.). Starting in 2009, federal laws require us to photocopy your picture ID when you register for your procedure to prevent fraud for you and your insurance company.
- **Please check with your insurance company before your arrival to see where you need your biopsies, polyps and other specimens sent.** We contract with Concord Hospital and Quest Diagnostics Laboratories.
- Concord Endoscopy Center participates in the NH State Colon Registry program. Your participation is entirely voluntary; however the Concord Endoscopy Center physicians have chosen to participate in this very important program to learn more information about colon cancer prevention in our state.
- The Concord Endoscopy Center is not responsible for personal belongings and valuables. Please leave all valuables (including wallets, purses, and loose jewelry) at home or with your driver.
- **Please bring your glasses and hearing aids** and wear loose and comfortable clothes. You will be at the Concord Endoscopy Center for approximately 2 to 3 hours. Your ride may wait in our visitor lobby or he or she can leave us a number to call when you are ready to be taken home.

GI ASSOCIATES OF NEW HAMPSHIRE

MEDICATIONS BEFORE YOUR PROCEDURE

It is important that you continue your medications as prescribed by your provider.

****However, there are certain medications that need to be stopped or adjusted before your procedure.**

Over the Counter Medications

- **5 days before your procedure, stop taking:** Fish oil supplements, any vitamin supplements that contain vitamin E and/or iron, and NSAIDs (ibuprofen, Motrin®, Aleve®, Naprosyn®, and any pain or other medications that contain NSAIDs).
- **If you are having an Upper Endoscopy procedure, stop taking:** all aspirin and also all of the above medications 5 days before your procedure.
- **You may take acetaminophen (Tylenol®) products** as directed by the package labeling.

Arthritis Medication

- **3 days before your procedure, stop taking** certain arthritis medication. Call the GI Associates office (number below) to find out if your arthritis medication must be stopped.

Diuretics (Water Pills)

- **The day before your procedure, stop** diuretics or "water pills" until after your procedure. These medications can make you dehydrated and affect your blood pressure during your colon preparation.

Diabetes Medication

- **The day before your procedure, take** ½ of your usual dose of diabetes medications (injections and/or pills).
- **Do not take these medications on the day of your procedure.**
- It is important to monitor your blood sugar while doing your bowel preparation. Be sure to check your blood sugar at home at all meals, bedtime, and the morning of your exam.
- If you use an insulin pump, please call your primary care provider or the diabetic educator for instructions.

Blood Thinning Medications

Certain blood thinning medications may be stopped by your provider. We will contact your provider, and let you know if you need to stop those 5 days before your procedure. If you take warfarin (Coumadin®), you will need to have a prothrombin time performed before 11:00 AM the day before your procedure.

If you have questions, or are unsure how to take your medications, call the GI Associates Office at (603) 228-1763 8:30 AM to 4:30 PM

LOW FIBER DIET – 2 days before procedure

A low fiber diet includes foods that are easy to digest and do not leave residue in your colon while you are preparing for your colonoscopy.

Low Fiber Foods Include:

- Enriched white bread (NO whole wheat, oat or multigrain)
- White rice or plain enriched pasta or noodles
- Cereals with NO MORE THAN 1 GM of dietary fiber per serving
- Canned fruits without skins, seeds or membranes (examples: canned peaches, pears, fruit cocktail)
- Canned soups without corn or peas (examples, tomato or chicken noodle soups)
- Eggs
- Well cooked turkey, chicken or fish
- Juices without pulp
- Condiments (plain yellow non-grainy mustard, mayonnaise, ketchup)
- Well-cooked white potatoes cooked without the skin
- Small amounts margarine, butter or oil for cooking

DO NOT USE:

- **Whole wheat, whole grain, oats or multigrain bread and other products containing these**
- **Brown or wild rice**
- **Raw or dried fruits and vegetables**
- **Dried beans, baked beans, peas or corn of any kind**
- **Flax or any food products containing flax, nuts or seeds**
- **Popcorn or any snack food containing corn, nuts or seeds**

CLEAR LIQUID DIET – Day before procedure

A clear liquid diet includes only liquids without pulp and particles and, when held up to light you can see through it. All red-colored liquids must be avoided as they may hide polyps and/or alter the natural color of the colon mucosa.

Clear liquid choices are:

- Water
- Juice that you can see through (examples: apple, white grape)
- Jell-O® (gelatin) any flavor **except** any with red coloring/dye
- Popsicles®, Italian ice, or ice pops without fruit (no sherbet or ice cream)
- Fat-free chicken or beef broth or bouillon
- Soda
- Sports drinks – **any flavor except red drinks**
- Powdered clear "juice" mixes such as Kool-Aid® or Crystal Light® – **any flavor except red flavors/dyes**
- Coffee or tea with sugar or artificial sweetener but **NO dairy** (milk, cream or non-dairy creamers)

DO NOT USE:

- **Dairy products (milk, cream, non-dairy creamers, half and half, ice cream, soy milk, etc.,)**
- **Juices with pulp (orange, grapefruit, pineapple, tomato, apricot, etc.)**
- **Soups such as chicken noodle or other soups that contain vegetables, noodles, pasta or tomato. Broths must be clear and "see-through" without particles.**

Principle risks and complications of colonoscopy

Colonoscopy is considered a very low risk procedure. Although complications are infrequent and uncommon, all of the following side effects or complications are possible

Be sure to ask your provider if you have any unanswered questions about your procedure.

- Medications: The sedation medications used are very well-tolerated by most people. Side effects and reactions are infrequent. Like all medications, sedative medications used during the procedure can cause allergic reactions in some individuals. Sedation may also slow down your breathing, which is treated with oxygen. If needed, we can administer medications to counteract the sedatives. The most common side effect of sedation medications are nausea and vomiting, which is treated with intravenous fluids and medications. Reactions to medications may require additional observation before you can be discharged to home. Although you may feel quite awake when you leave the center, the sedation medications can cause drowsiness and decreased coordination for several hours. The effects of the medications usually subside within 24 hours. Though infrequent, medications may cause some irritation and the intravenous site may be tender for 24-48 hours.
- Perforation: Passage of the colonoscope can result in an injury to the wall of the digestive tract with possible leakage into the body cavity. This complication is extremely rare when performed by gastrointestinal specialist. If a perforation does occur, it is usually related to existing trauma or weakened mucosal walls in the intestinal tract such as from the effects of radiation therapy. Treating this type of injury may include observation in the hospital and sometimes results in surgery to drain the abdominal cavity and close the leak.
- Bleeding: If bleeding occurs it is usually a complication biopsy or removing a polyp. Treatment for bleeding is usually managed during the examination with cautery, placing a tiny metal clip on the bleeding site, or injection of a medication directly into the bleeding area.
    - We may advise that you not take any blood thinning medications, aspirin or aspirin-like products for one week after having biopsies or a polyp removed to prevent bleeding while the biopsy/polyp site heal. This will be written on your discharge instructions. Although extremely rare, severe bleeding may require careful observation and admission to the hospital, possible blood transfusions at the hospital and/or possible surgery.
- Infection: The risks of infection following a colonoscopy are extremely low when national standards and manufacturer's guidelines are followed.

Alternatives to colonoscopy

Colonoscopy is considered a safe and effective way of examining your lower digestive tract, however, there is a rare occurrence of polyps being missed during the examination and/or misdiagnosis or failure to diagnosis. Not all lower gastrointestinal conditions can be diagnosed and/or treated with colonoscopy. The gastrointestinal specialist may recommend other tests or treatments after your procedure.

Colonoscopy Prep – Suprep®
With Anesthesia (MAC)

If you need to cancel or reschedule your procedure, please call us at 603-228-1763 at least 2 weeks in advance so we may accommodate other patients who are waiting to be seen.

Your prescription for Suprep® has been faxed to your pharmacy.

5-7 Day Prior	2 Days Prior	1 Day Prior	Procedure Day
From your Pharmacist: • Suprep® kit Over-the-counter Items (no prescription required): • Simethicone (Gas-X®, Mylanta®, or generic) tablets – You will need 4 tablets of either 80mg or 125mg (red or chewable are OK). • If you have a tendency to be constipated or take medications that cause constipation, also purchase Milk of Magnesia to take 2 days before your procedure. Recommend Supplies: • Zinc oxide or Desitin® ointment may be used to protect your skin during the bowel preparation. Apply it before starting the bowel prep to prevent irritation to the rectal area.	**FOLLOW THESE INSTRUCTIONS DO NOT FOLLOW THE INSTRUCTIONS ON THE BOX**: **Start a Low-Fiber Diet**: • No beans, corn, peas, tomatoes, cucumbers, nuts or any food containing seeds such as poppy, sesame or sunflower. • No foods containing flax or fish oil For more details on Low-Fiber Diet see the guidelines included with this packet. If you tend to be constipated – take one ounce of Milk of Magnesia at 4:00pm.	**Drink only clear liquids – No Dairy. NO SOLID FOODS** • See the Clear-Liquid Guidelines included in the packet. • No colored red liquids or Jell-O®. **5:00pm –** Dilute one bottle of Suprep® with water to the total volume of 16 ounces. The cup in your Suprep® kit is labeled to 16 ounces. Drink all 16 ounces. **Over the next hour, drink 32 ounces (one quart) of plain water. This is very important for the Suprep® to work effectively.** Immediately after completing the solution – Take 2 simethicone tablets. **Your provider requests that you drink half of the solution the next morning to give you the best results.**	**Starting 6 hours prior to your procedure** – Dilute the second bottle of Suprep® with water to the total volume of 16 ounces using your Suprep® cup and drink all 16 ounces. **Over the next hour drink 32 ounces (one quart) of plain water. This is very important for the Suprep® to work effectively.** Immediately after completing the solution – Take 2 simethicone tablets. **Be sure to drink all the prep.** Not completing the bowel prep or eating solid food may result in rescheduling your procedure. • Results should be watery and without solid particles; however, there may be a few flecks in the morning. • If you have questions about your results, call the GI Associates office at 603-228-1763. **You must stop everything by mouth 4 hours before your procedure – NO FOOD, NO LIQUIDS, AND NO WATER.**

FREQUENTLY ASKED QUESTIONS ABOUT COLONOSCOPY PROCEDURES

Dr. Robert J. Chehade **Dr. Samuel C. Sommers** **Dr. Scott R. Oosterveen**
Dr. Robert D. Thompson **Dr. Burr J. Loew** **Dr. Leyla Ghazi**

This information will help you to understand your colonoscopy procedure. You will be asked to sign an informed consent based on the following information. If you have any questions after reading this information, please call GI Associates of NH at (603) 228-1763. Your questions are important to us and we want you to feel good about taking this important step to improving your health. While colonoscopy procedures and sedation are effective and safe, we want you to be informed about all of the possible side effects and complications. The nurses will explain the procedure to you during the admission process when you arrive for your procedure and you will also have the opportunity to ask the provider any questions you may have before your procedure and before you receive any sedation.

What is a colonoscopy?

Colonoscopy is the direct visualization of the digestive tract with a narrow, flexible and lighted instrument, called a colonoscope. A camera system in the colonoscope allows the provider to take pictures of your digestive tract. The lining of the digestive tract will be inspected thoroughly and possibly photographed. Following the diet instructions and completing the bowel preparation in this packet allows the gastroenterologist a clear view of the gastrointestinal tract. Abnormalities can be hidden from view if food debris or stool is still present in the gastrointestinal tract. On the rare occasion that the preparation is not sufficient, we may have to reschedule your procedure with an additional prep in order to visualize the entire gastrointestinal tract clearly.

What if I have polyps?

If the gastrointestinal specialist who is performing your procedure identifies or suspects an abnormality, a small portion of the tissue may be removed (biopsy) or the lining may be brushed for cells. Small growths (polyps) may also be removed using a snare (a thin wire device that looks like a small lasso) and cautery. Polyps vary in size from the size of small dots to several inches. Any tissue samples removed from your digestive tract are sent to the laboratory for analysis. It takes approximately 7 to 10 working days for the results to reach your provider. The provider's office will then notify you by mail or telephone about your results and any follow-up care that may be needed.

Will I have pain?

There are no painful sensations when biopsies are taken or polyps removed. You may experience a sensation of fullness, temporary bloating in your abdomen or mild abdominal cramps from the air used during your procedure. It is necessary to use some air to expand the bowel for the provider to see the bowel lining. The provider will take out most of the air at the end of your procedure; however, you can pass the air at any time during and after the procedure. We will start an intravenous line using a very small flexible catheter to give you fluids and medications for sedation and/or pain during your procedure. Giving medications through the intravenous catheter works very quickly to help you relax and may cause you to feel sleepy during your examination. We will work with you to manage the optimal level of sedation you prefer. Your comfort is very important to us and we will ask you frequently about your comfort level while you are here.

GI Associates of NH

60 Commercial Street, Suite 404
Concord, NH 03301
Phone: 603-228-1763
Fax: 603-227-7539

454 Old Street Road
Peterborough, NH 03458
Phone: 603-924-1759
Fax: 603-924-4687

Patients Responsibility Prior to Procedure

Procedure:_____

We recommend that you contact your insurance company to determine whether you are covered for the procedure above. On the back of your insurance card, look for the Customer Service telephone number you should use. Please call to confirm that the procedure is covered and to understand what, if any, out-of-pocket expenses for which you may be held responsible.

In addition to your provider bill and the hospital or facility bill, you may receive separate bills from pathology, radiology, laboratory and anesthesia depending on the procedure.

If you have any questions regarding the insurance coverage of your procedure, GI Associates is happy to assist you. Please call 603-228-1763, and select the option for Billing. GI Associates will work directly with you and your insurance company to ensure that you understand your coverage.

If you do not have health insurance, you may qualify for Financial Assistance or you may be able to set up a payment plan. Please call the following numbers depending on your place of procedure.

- ❒ Concord Endoscopy Center – 603-228-1763 (payment plan)
- ❒ Concord Hospital – 603-225-2711 ask for Patient Accounts (financial assistance)
- ❒ Dartmouth-Hitchcock – 603-229-5080 (financial assistance)
- ❒ Monadnock Community Hospital – 603-924-4699, ext 4281 (financial assistance or a payment plan)

Be sure to ask your insurance company the following questions:

- ❒ What are my policy benefits for this procedure?
- ❒ What is my deductible and co-insurance?
- ❒ What portion of the charges will I be responsible to pay?
- ❒ If your procedure is a colonoscopy, what is the difference between a screening and diagnostic colonoscopy and how does that affect how my insurance covers costs?
- ❒ Which lab facilities am I allowed to have specimens sent to?

If your insurance company requests diagnostic codes or procedure codes, GI Associates will not know which code will apply until the provider makes the determination during the procedure. Please ask your insurance company to review all scenarios of coverage.

WELCOME TO CONCORD ENDOSCOPY CENTER

One Corporate Center at Horseshoe Pond
Suite 201 • 60 Commercial Street, Concord, NH 03301
Phone: (603) 415-9450 • Fax: (603) 415-9455

From the moment you enter Concord Endoscopy Center (CEC), your health and well-being are our first consideration. This booklet includes important information that we are required to provide you. We encourage you to review its content and discuss any questions or concerns you may have with the staff caring for you. When you arrive for your appointment, you will be asked to sign a document that you have received this information. Do not hesitate to call us if you have any questions or concerns.

Directions to the Medical Offices at Horseshoe Pond

From the north:
I-93 south to exit 15W. Turn right at stop sign and proceed to flashing yellow light. Turn right at flashing yellow light onto Commercial Street. Proceed to stop sign and turn right, continuing on Commercial Street, and turn right into Corporate Center at Horseshoe Pond.
From the south:
I-93 north to exit 15W (393/202 west). Turn right at flashing yellow light onto Commercial Street. Proceed to stop sign and turn right, continuing on Commercial Street, and turn right into Corporate Center at Horseshoe Pond.
From the west:
I-89 south to I-93 north to exit 15W (393/202 west). Turn right at stop sign and proceed to flashing yellow light. Turn right at flashing yellow light onto Commercial Street. Proceed to stop sign and turn right, continuing on Commercial Street, and turn right into Corporate Center at Horseshoe Pond.
From the east:
393/202 west (cross over I-93) to right at flashing yellow light onto Commercial Street. Proceed to stop sign and turn right, continuing on Commercial Street, and turn right into Corporate Center at Horseshoe Pond.

Concord Endoscopy Center, LLC is a combined venture between Mary Hitchcock Memorial Hospital and Concord Hospital.

Financial Concerns

We are committed to providing medically necessary care to patients who cannot pay for all or part of their care, as well as helping patients to access their healthcare benefits. A financial assistance program allows qualified applicants to receive care on a sliding-fee basis.

CEC routinely bills all primary and secondary insurance plans for patients. Patients with large deductibles or co-payments can meet with financial counselors who will help establish payment plans. For more information or to receive an Application for Financial Assistance, call GI Associates of NH at (603) 228-1763.

Your Responsibility

Many healthcare plans have tried to contain costs by limiting coverage; increasing referral, pre-certification or prior authorization requirements; or transferring more of the cost to patients. Below is a list of tasks that are part of our healthcare language as a result of these changes.

- **Referral:** Managed care authorization from your primary care provider (PCP) allowing you to seek specialty services from another provider. Failure to get a referral can result in a higher out-of-pocket expense.

- **Insurance verification:** The process of confirming coverage, deductible, co-pay and PCP information from your insurance carrier.

- **Pre-certification and prior authorization:** Medical necessity screening by insurance plans or a utilization review partner prior to the provision of service.

- **Co-payment:** The managed care member participation cost for services in various locations such as a physician's office, emergency department, specialist's office or locations out of network.

- **Advance beneficiary notice (ABN):** Required from Medicare beneficiaries when specific outpatient diagnostic services do not meet medical necessity screening as defined by Medicare.

- **Waiver of liability:** A signed statement by you accepting financial responsibility if your insurance denies any portion of the claim by failing to adhere to plan requirements.

- **Medicare as a secondary payer questionnaire:** A set of prescribed federally regulated questions that must be answered at a Medicare patient visit to ensure proper coordination of benefits so that Medicare does not pay the cost of service if another party is liable.

- **Claims:** Billing forms submitted to insurance companies allowing them to pay for services provided.

- **Explanation of medical benefits (EOMB or EOB):** Statements provided by your insurance company that explain what it paid and the amount you are responsible to pay.

- **Deductible:** The out-of-pocket amount you elect to pay before health insurance coverage is available. Deductibles are the patient responsibility through the contract you have with your medical insurance company.

- **Coinsurance:** The portion of the allowed amount that must be paid by the member out-of-pocket.

- **Patient statement or bill:** The statement from your provider that lists the amount covered by insurance and your remaining balance. The patient statement and EOB should always agree.

- **Laboratory and Pathology Restrictions**: Some insurance companies restrict where the patient can have lab tests done or where specimens can be processed. **Please call your insurance company before arriving at Concord Endoscopy Center to determine if your insurance company applies laboratory restrictions**. **The patient is responsible for knowing his or her own particular insurance plan.** Concord Endoscopy Center routinely sends specimens to Concord Hospital Laboratory but also contracts with Quest Laboratories.

If you have any questions, please contact billing services at GI Associates of NH at (603) 228-1763.

Patient's Bill of Rights

1. The patient shall be treated with consideration, respect and full recognition of the patient's personal dignity and individuality, including privacy in treatment and personal care, and including being informed of the name, licensure status and staff position of all those with whom the patient has contact, pursuant RSA 151:3-b.

2. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admission. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments, the signing must be by the person legally responsible for the patient.
3. The patient shall be fully informed in writing, in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and those services included and not included in the basic per

diem rate. A statement of services that are not normally covered by Medicare or Medicaid shall also be included in this disclosure.

4. The patient shall be fully informed by a healthcare provider of his or her medical condition, healthcare needs and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatments, to refuse treatment and to be involved in experimental research upon the patient's written consent only. For the purpose of this paragraph, "healthcare provider" means any person, corporation, facility or institution either licensed by this state or otherwise lawfully providing healthcare services including, but not limited to, a physician, hospital or other healthcare facility, dentist, nurse, optometrist, podiatrist, physical therapist or psychologist, and any other officer, employee or agent of such provider acting in the course and scope of employment or agency related to or supportive of healthcare services.

5. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for Medicaid as a source of payment.

6. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination or reprisal.

7. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in the management and the facility consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.

8. The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.

9. The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient and others from injury. The staff member must promptly report such action to the physician and document same in the medical records.

10. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records shall not exceed $15 for

the first 30 pages or $.50 per page, whichever is greater, provided that copies of filmed records such as radiograms, X-rays and sonograms shall be copied at a reasonable cost.

11. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversion purposes and agreed to by the patient, such services may be included in a plan of care and treatment.

12. The patient shall be free to communicate with, associate with and meet privately with anyone, including family and residential groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.

13. The patient shall be free to participate in activities of any social, religious and community groups, unless to do so would infringe upon the rights of other patients.

14. The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe upon the rights of other patients.

15. The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician

16. The patient shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.

17. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.

18. The patient shall be entitled to have the patient's parents, if a minor, or spouse or next of kin or personal representative, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.

19. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.

20. The patient shall not be denied admission to the facility based on Medicaid as a source of payment when there is an available space in the facility.

21. Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.

ADVANCE DIRECTIVES

Living Will& Durable Powers of Attorney for Healthcare

In New Hampshire, you have the right to let others know your wishes regarding medical care—in advance through the Living Will and Durable Powers of Attorney for Health Care. You have the right to accept or refuse medical care.
A federal law known as the Patient Self-Determination Act requires that upon admission to the hospital you be asked if you have a Living Will and/or Durable Power of Attorney for Health Care. If you have one or both documents, we want to be sure we have them on file and respect your wishes. Please mail a copy to CEC, 60 Commercial Street, Concord, NH 03301 or bring a copy with you on the day of your procedure.

If you have not already completed one or both, the law requires that CEC provides you with information about your right to complete these documents if you choose.

If you have any questions, please discuss them with your primary care physician.

JOINT NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

GI Associates of New Hampshire

Joint Notice of Privacy Practices
Effective August 1, 2021

This Joint Notice of Privacy Practices (Notice) is issued by Mary Hitchcock Memorial Hospital, for itself and on behalf of Dartmouth-Hitchcock Clinic (operating jointly as "Dartmouth-Hitchcock") and Concord Hospital, and relates to our joint operation of GI Associates of New Hampshire and Concord Endoscopy Center, LLC. If you have any questions about this Notice, please contact Concord Hospital Patient Relations at (603) 230-1902.

Protected Health Information (PHI) is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice describes how we may use and disclose your PHI. It also describes your rights to access and control your PHI.

As a provider of health care, we are required by Federal law to maintain the privacy of PHI and to provide you with this Notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. We will provide you with any revised Notice, upon your request by calling the GI

Associates at (603) 228-1763 and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. We will also promptly post the revised Notice in the office reception area.

Permitted uses and disclosures

General Rules

Federal law allows a health care provider to use or disclose PHI as follows:

- **You.** We will disclose your PHI to you, as the covered individual, at your request.

- **Authorization**. We will disclose your PHI pursuant to the terms of an authorization signed by you. Circumstances where we would seek your authorization include, but are not limited to, the release of any psychotherapy notes in our possession, or if we use your PHI for marketing or before we would ever sell your PHI. Additionally, we will seek your authorization prior to the disclosure of your PHI in any circumstance not otherwise covered by this Notice. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

- **Personal representative**. We will disclose your PHI to a personal representative designated by you to receive PHI, or a personal representative designated by law such as the parent or legal guardian of a child, your agent under an advanced directive, your guardian, a surviving spouse where there is no administration of a deceased individual, or the executor or administrator of a deceased individual.

- **Treatment.** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. Treatment refers to the provision and coordination or management of healthcare and related services by one or more health care providers, including consultation or referral. For example, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist, laboratory or pharmacy) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. (State statutes require us to ask for your written consent with respect to disclosure of certain kinds of clinical information, such as medical records relating to HIV/AIDS, mental health, drug or alcohol treatment, and genetic testing). In the interest of providing you with comprehensive health services, the Concord Endoscopy Center and GI Associates of New Hampshire will share your PHI as necessary to provide for your health care.

- **Payment**. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. Payment refers to the collection of premiums, reimbursements, coverage, determinations, billing, claims

management, medical necessity determinations, utilization review, and pre-authorization services. For example, we may provide portions of your PHI to our billing company and your health plan to get paid for the health care services we provided to you. We may also disclose your PHI to another health care provider for its payment activities if it received your PHI for treatment purposes.

- **Health care operations**. We may disclose your PHI in order to operate our practice. Health care operations refer to specified administrative support activities by or for a health care provider, including quality assessment and improvement, peer review, training and credentialing of providers, and legal and auditing functions. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you.

- **Appointments and follow-up.** We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment, or to call you before and/or after your visit to see how you are feeling and to answer any questions you may have. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- **Business associates**. We will share your PHI with third party "business associates" that perform various activities (for example, billing or transcription services) for GI Associates of New Hampshire and for the Concord Endoscopy Center. Whenever an arrangement between the GI Associates of New Hampshire office or the Concord Endoscopy Center and a business associate involves the use or disclosure of your PHI, we have a written contract that contains terms that will protect the privacy of your PHI.

- **Other uses and disclosures**. We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see you.

Uses and Disclosures Allowed Without Authorization or Opportunity to Agree or Object

Federal law also allows a health care provider to use and disclose PHI, without your consent or authorization, or opportunity to agree or object, in the following ways:

- **When a disclosure is required by federal or state law**. For example, the law requires that we report information to the Department of Health and Human Services about victims of abuse, neglect, or domestic violence. We may also disclose PHI when ordered in a judicial or administrative proceeding.

- **For public health activities**. For example, we are required to report information about deaths, and communicable diseases to government officials in charge of

collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

- **For health oversight activities**. For example, we may provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

- **For purposes of organ donation**. We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

- **For research purposes**. In certain limited circumstances, we may provide PHI in order to allow researchers to conduct medical research. In most such circumstances, we would be required to get your written authorization before doing so.

- **To avoid harm**. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm. We may also use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

- **For specific government functions**. We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United State or conducting intelligence operations.

- **For workers' compensation purposes**. We may provide PHI in order to comply with workers' compensation laws.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

- **Others Involved in Your Healthcare**. If you agree or do not object, we may disclose to a member of your family, a relative, a close, personal friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care or payment for your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as

necessary if we determine that it is in your best interest based on our professional judgment.

Your rights in relation to PHI

You have the following rights with respect to your PHI:

- **The right to request limits on uses and disclosures of your PHI**. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to use.

- **The right to choose how we send PHI to you**. You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, email instead of regular mail). We must agree to your request so long as we can easily provide it in the format that you requested.

- **The right to see and obtain copies of your PHI**. In most cases, you have the right to look at or obtain copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to request it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

- **The right to an accounting of disclosures of your PHI**. You have the right to obtain a list of the disclosures we have made (except disclosures made for treatment, payment or health care operations, disclosures authorized by you, and other disclosures excepted by federal regulation).

- You have the right to obtain a list of instances in which we have disclosed your PHI for a period of up to six years prior to the date of the request.

- We will respond within 60 days of receiving your request. The list will include the date of disclosure to whom PHI was disclosed (including the address if known), a description of the information disclosed, and the reason for disclosure.

- **The right to correct or update your PHI**. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete in the judgment of your treating healthcare provider, (ii) not created by us, (iii) not allowed to be disclosed, or (iv)

not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

- **The right to get this notice by email**. You have the right to get a copy of this Notice by email. Even if you have agreed to receive N via email, you also have the right to request a paper copy of this notice.

- **The right to opt out of Fundraising Communications**. You have the right to opt out of receiving any fundraising communications from us.

- **The right to restrict communications with your Health Plan**. You have the right to request that we not disclose to your Health Plan your PHI related to any health care item or service if you paid out-of-pocket in full for it.

- **Breach notification**. We will notify you if there has been a breach in the privacy of your unsecured PHI.

Complaints

You may complain to us or to the Secretary of Health and Human Services, Office of Civil Rights (http://www.hhs.gov/ocr/privacy/) if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy office of your complaint. We will not retaliate against you for filing a complaint. You may contact Concord Hospital Patient Relations at (603) 230-1902 for further information about the complaint process.

Effective Date
This Notice first published and effective on April 14, 2013, has been revised and is effective in its current form as of August 1, 2021.

CEC
CONCORD ENDOSCOPY CENTER
One Corporate Center at Horseshoe Pond
Suite 201 • 60 Commercial Street, Concord, NH 03301
Phone: (603) 415-9450 • Fax: (603) 415-9455

CONCORD ENDOSCOPY CENTER

FINANCIAL DISCLOSURE AND BILLING INFORMATION

- Concord Endoscopy Center is a joint venture between Mary Hitchcock Memorial Hospital and Concord Hospital.

- Concord Endoscopy Center is licensed by the State of New Hampshire, accredited by the Accreditation Association for Ambulatory Healthcare (AAAHC) and certified by Medicare.

- Concord Hospital is the billing agent for the Concord Endoscopy Center and will bill your insurance company for any facility fees. Professional physician fees are billed separately.

- You are responsible for co-pays and insurance deductibles by your contract with your insurance company. You will receive a bill for the facility, which includes medications, nursing care, and use of equipment and facility services. You will receive a separate bill for the physician's services. In addition, if there are any specimens taken for laboratory analysis, you will receive separate billing for outside lab services and lab analysis.

- Please bring your current insurance cards and a government issued photo ID (Driver's license, military ID, etc) with you at the time of your appointment. Starting in 2009, federal laws now require us to photocopy your ID when you register for your procedure to prevent fraud for you and your insurance company. If you have any questions about your insurance co-pays, insurance deductibles, or questions about the billing process, please call CH Gastroenterology at (603) 228-1763.

- Credit card payments and/or payment plans for deductibles and co-pays for the Concord Endoscopy Center are managed by CH Gastroenterology. Financial assistance is available for qualifying individuals according to NH state guidelines. Concord Endoscopy Center honors NH Health Access cards and financial aid previously approved by Concord Hospital.

Concord Endoscopy Center is open Monday through Friday and is closed on most major holidays. Appointments are scheduled by GI Associates of New Hampshire (Phone 603-228-1763).

Should you have any questions or concerns about the care you will be receiving at Concord Endoscopy Center, please feel free to contact GI Associates of NH (603-228-1763) or call one of the Concord Endoscopy Center Registered Nurses at 603-415-9450.

CEC 12/16, 10/17, 7/18

Revised 5/21