

# North Country Endoscopy and Gastroenterology

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Gastroenterology  
ASC Center  
Infusion Therapy

## Patient Rights

- The right to receive respectful and compassionate care in a safe setting regardless of age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
- The right to care in an environment free of abuse, neglect or mistreatment.
- The right to be called by proper name and be treated with dignity.
- The right to be told the names of all members of your health care team directing or providing your care. All members of the care team will wear identification badge.
- The right to be told by your health care provider about your diagnosis and possible prognosis, risks, benefits and alternatives to procedures or treatments and the expected and possible unexpected outcomes
- The right to clear and understandable communication and information.
- The right to give written informed consent before the start of non emergency treatments and the right to be informed of the medical consequences of refusing treatment.
- The right to be involved in decisions about your care and treatment.
- The right to respectful care with concern for your comfort and dignity including assessment and management of pain
- The right to privacy and confidentiality with regard to care discussions, treatment and exams. Those not directly involved with your care must have your permission to be present.
- The right to personal privacy.
- The right to receive care in a safe setting.
- The right to refuse treatment
- All communications and records regarding your care are confidential unless disclosure is permitted by law. You have the right to see or get a copy of your medical records.
- The right to make and advance directive.
- The right to receive information about charges.
- The right to be involved in any discussions regarding ethical issues related to your care
- The right to give or refuse consent for photographs or recordings.
- The right to voice concerns regarding your care or service.

## Patient Responsibilities

- To provide complete and accurate information including your full name, telephone number, address, date of birth, social security number, insurance provider and employer when it is required
- Provide complete and accurate information regarding your health history to include present and past illnesses, hospital stays, procedures, medications including vitamins and herbals and any other matters related to your health including perceived threats to safety
- To ask questions if instructions or information is not understood. Inform your provider if you do not feel you will be able to follow the treatment plan. You are responsible for outcomes if care, treatment and service plans are not followed.
- To participate in your health plan and keep provider updated on the effectiveness
- To treat all staff and other patients with respect and courtesy. Maintain privacy.
- To keep appointments and be on time. Notify provider if unable to make appointment.
- To provide accurate insurance information and provide updates as necessary To complete required authorizations and release of medical information forms. To pay required co-payments at time of service and to pay subsequent charges with timeliness.