



PATIENT PROCEDURE INFORMATION PACKET

Welcome

Thank you for choosing Greenbelt Endoscopy Center (GEC) for your gastrointestinal endoscopic services. Our Center offers “state of the art” equipment, “pain free” endoscopic procedures, and skilled staff who provide professional care in a warm and caring environment. GEC is dedicated to providing expert services that accommodate the needs of individual patients. We specialize in performing Upper Endoscopy (EGD), Colonoscopy, Capsule Endoscopy (video Camera pill), Hemorrhoid banding, Liver biopsy and abdominal paracentesis.

This booklet consists of forms and information that you must know before your procedure. Please review it in advance of the date of procedure.

All patients must complete the **Scheduling Form** at the time of scheduling the procedure appointment.

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Note:

Please bring this booklet on the day of
the procedure.



Greenbelt Endoscopy Center
9821 Greenbelt Road, Suite 104
Lanham, MD 20706
Tel: (301) 552 – 1801
Fax: (301) 552 – 2695

Scheduling Form

To Be Completed By Patient:

First Name: _____ Last Name: _____

Date of Birth: _____ Sex: M / F SS #: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

E-mail: _____ Preferred Method of Contact: Cell Home

Dear Patient,

Thank you for choosing Greenbelt Endoscopy Center for your upcoming Endoscopy Procedure. This booklet consists of important information regarding to your upcoming procedure at our center. This packet includes: Informed Consent, HIPAA Omnibus Privacy Notice, Patient’s Rights and Responsibilities, Advanced Directive Information, Disclosure of Ownership, as well as financial interests that you must review before your arrival at Greenbelt Endoscopy Center.

Please be sure to bring the attached packet with you on the date of your procedure.

By signing this form you acknowledge that we may leave any detailed medical related messages through your E-mail, text messages, voice mail / answering machine, or whoever answers the phone.

Check this box if you **DO NOT** wish for us to leave any detailed medical related messages to the person listed below:

Your signature below indicates that you have received this booklet titled ‘Patient Procedure Information Packet’ and you agree to review all of the included information prior to your procedure at Greenbelt Endoscopy Center.

Patient / Guardian Signature: _____ Date: _____

Description of relationship to patient: _____

For Office Staff Use Only:

Does the patient require anesthesia consult? Yes No

Is this a colonoscopy screening procedure? Yes No

Procedure: EGD Colonoscopy Hemorrhoid Banding Capsule Endoscopy

Date of Procedure: _____ Time: _____ GI Physician Name: _____

Patient Demographics and HIPAA Disclosure Form

The information below will remain confidential and will be a part of your patient record. Please complete and return this form to Greenbelt Endoscopy Center on the procedure day.

Name: _____ Sex: M F Date of birth: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Race: American Indian or Alaska Native

Asian Black or African American Native Hawaiian or Other Pacific Islander Caucasian

Mailing Address: _____ City: _____

State: _____ Zip code: _____ Email address: _____

Home phone: _____ Cell phone: _____

Emergency contact name: _____ Emergency contact phone: _____

Name of cardiologist: _____ Office phone: _____

Name of primary care physician: _____ Office phone: _____

Is there a responsible driver / escort available? Yes No

How would the driver like to be notified? Will wait in the main lobby Please call before discharge

Would you like the physician to disclose procedure findings to the accompanying individual? Yes No

Name of driver: _____ Relationship: _____ Phone number: _____

Please list any other parties who can have access to your health information.

Fill out the information below if you have a translator accompanying you for this visit:

I approve the person below to be my translator for this visit: Preferred language: _____

Translator's name: _____ Translator's signature: _____ Patient's signature _____

I Authorize contact from this office to confirm my Appointments, Treatments, Health Information, and

Billing Information via (Check all that apply):

Cell phone Text messages Home phone Work phone Email

I give permission to leave any medical related messages to my answering machine or to whoever answers the

phone. Yes No Name: _____

How do you want to be addressed when called from the reception area: First Name Last Name

Patient Demographics and HIPAA Disclosure Form

The information below will remain confidential and will be a part of your patient record. Please complete and return this form to Greenbelt Endoscopy Center on the procedure day.

List any other food or medication allergies you have below:

Please list all prescribed/over the counter medication below (Please include dosage and frequency):

Height: _____ Weight: _____ Bleeding tendencies Yes No

Do you take any blood thinner pills? Yes No N/A Last dose taken: _____

Do you have a Pacemaker or Automatic cardiac defibrillator? Yes No

If yes, please state the date the device was last checked: _____

Do you have history of heart attack / coronary artery disease / cardiac stent? Yes No

If yes, please state the date of last stress test: _____

Any history of Tuberculosis at the lung / other body parts? Yes No

If yes, please state: Active TB Latent TB Positive PPD

Was TB medication received? Yes No Date medication started: _____ Ended: _____

Were you ever diagnosed with MRSA (Resistant Staph Infection)? Yes No Date: _____

Have you experienced watery or bloody diarrhea within the past 7 days? Yes No

Has your physician ever ordered a stool tests? Yes No

Any Flu symptoms / persistent cough today? Yes No How have you been affected: _____

Any current skin problems? Yes No

If yes, please state: Eczema Itchy skin Bruises Scabies Herpes zoster Other: _____

Renal failure on dialysis? Yes No If yes, please state type: _____

Do you have a Living Will? Yes No Do Not Resuscitation orders? Yes No

I certify the information I have provided above is true and correct. I have also received and read the company brochure before arrival.

Patient Signature: _____ Date: _____

Physician ownership and financial interest

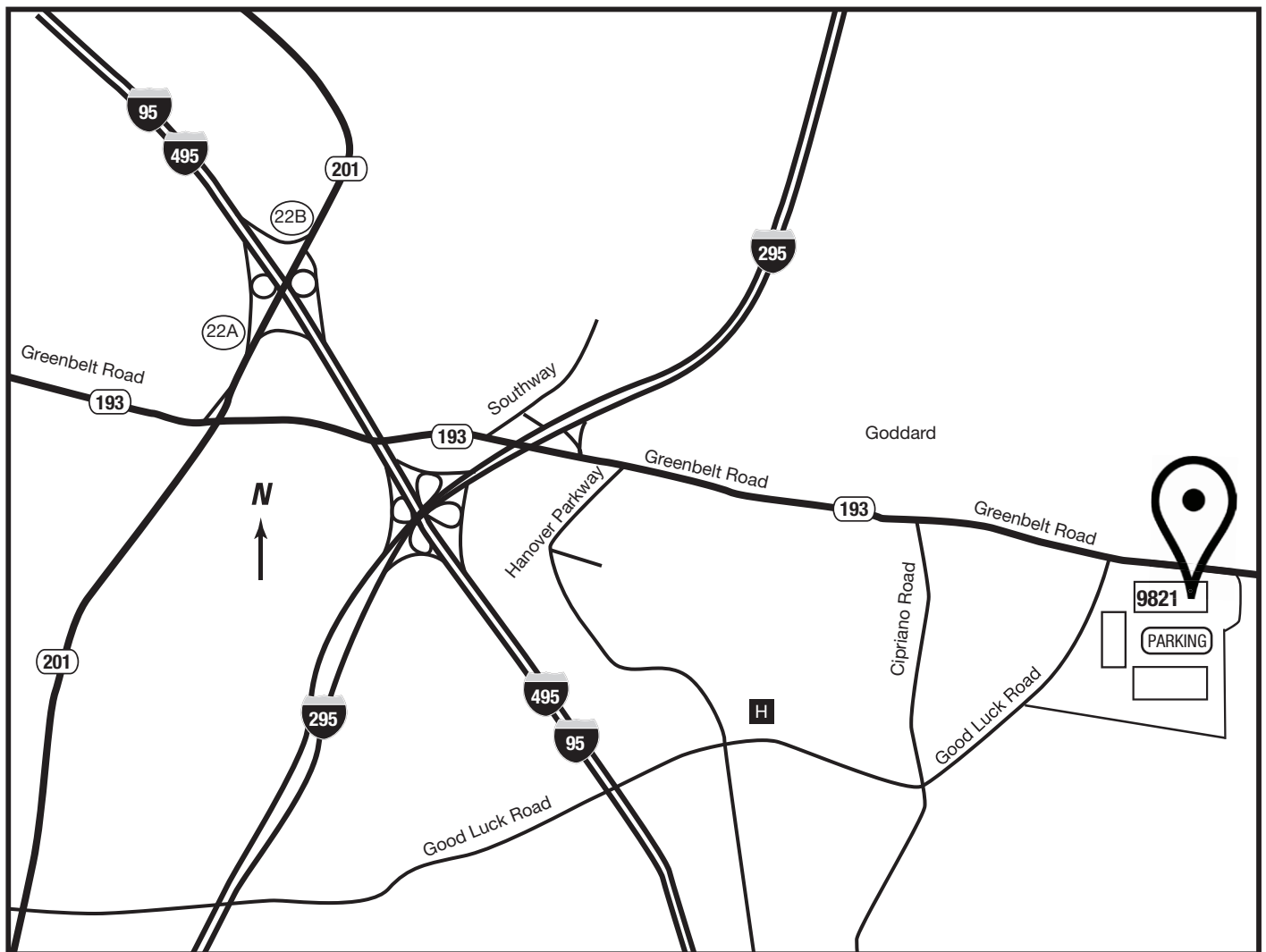
The physicians affiliated with this Center share a partner ownership and a financial interest in GEC as well as the anesthesia company, Greenbelt Anesthesia Associates, LLC. We respect the patient's rights to choose whether to have their procedure performed at GEC or another facility. You are encouraged to discuss your concerns with your attending physician.

Directions

GEC is located at the corner of Greenbelt Road and Good Luck Road across from Duvall High School.

From 495 S (Richmond): Take exit 22A (B/W Parkway) towards Baltimore. Take exit to 193, Goddard Road/NASA. Go East on 193 until you find Good Luck Road.

From 495 W (Baltimore/College Park) take exit 23 (193 East). Veer right and follow the signs for 193 E (Greenbelt Rd). At the light, turn left onto 193 E. Continue on 193 E until you find Good Luck Road.



Greenbelt Endoscopy Center, 9821 Greenbelt Road, Suite 104, Lanham, MD 20706 Tel: 301-552-1801

Preparing For Your Procedure

1. **Follow the pre-procedure instructions received at your physician's office.** Make sure to read these instructions a few days before the procedure.
2. **Prepare to disclose a detailed health history.** This information will assist the anesthesia team in providing quality care and in administering safe anesthesia.
3. **Medical conditions required pre-procedure Cardiac Stress test and cardiac clearance from the cardiologist prior to the procedure:** BMI greater than 43, internal pacemaker or defibrillator, renal problems or undergoing dialysis, coronary artery disease.
4. **Patients who have high risk medical conditions should schedule the procedure at the hospital.**
High risk medical conditions:
 - a. Recent heart attack within the last 6 months.
 - b. Pregnancy or suspect you may be pregnant.
 - c. Blood sugar > 300
 - d. Routine ongoing blood pressure greater than 180/100
 - e. BMI > 48 (This is an estimate of body fat based on height and weight).
5. **Arrange for transportation.** Anesthesia received during procedure may cause conditions that render driving unsafe. You must arrange a responsible adult to drive you home. Do not attempt to drive until the day following your procedure. Avoid making any critical decisions and do not operate any machinery until the next day. There is absolutely no walking from the facility after receiving sedation. Public transportation such as metro, bus, or subway is not acceptable. You may go home in taxi ONLY if an adult is present to accompany you, or if you obtain permission from your physician. The responsible driver must report to the reception area prior to administer anesthesia. The responsible driver is required to sign the discharge form for resuming the patient care responsibility after leaving the Center.
6. **Prepare a list of your current medications.**
7. **Payment, proof of ID and current address:** Ensure to bring the following listed items with you, including patient driver license / picture ID, proof of current address, valid insurance card and payment (co-payment, coinsurance, payment, deductible).
8. **Review the attached sample forms from this booklet before the procedure date** (informed consent, authorization form, Ownership and Financial interest disclosure form, advanced directive information, Patient's rights and responsibilities and HIPAA Omnibus privacy notice)
9. **Complete our 'Patient's demographic & HIPAA disclosure forms' in page 4 and 5 of this booklet.** Bring the completed forms to the Endoscopy Center on the day of the procedure.
10. **Advance Directive:** An Advanced Directive is a legal document that tells what a person wants or does not want if he/she cannot make his/her wishes known about medical treatment in the future. If you have an Advance Directive/Living Will, please submit a copy of the signed documents for our record. If an advance directive is not available, the patient will be cared for to the full extent of ACLS standards. **Information on Advance Directive can be obtained from the Maryland Attorney General's office** at 410-576-7000 or 1-888-743-0023 or visit www.oag.state.md.us
11. **Courtesy calls from our staff.** Unless requested by you in writing, our staff will call your home or work phone numbers within our hours of operation, to review the procedure instructions, and the fee schedule. If you are not available, a message will be left instructing you to call the Center as soon as possible. To protect your privacy right, we cannot disclose any other information including the reason of the call to any third party or answering machine.
12. **Update your contact information ASAP:** To ensure effective communication, be sure to update your contact information including your home address, your day time telephone number, and your health insurance information with your physician's office and the Endoscopy Center.
13. **Allow adequate time for your visit.** You are encouraged to arrive 1 hour earlier from your procedure time. The estimated total stay time should be around 2 to 3 hours. We work very hard to minimize your waiting time. Unless it is instructed by the staff of Greenbelt Endoscopy Center, you are encouraged to arrive at the time listed in front of this brochure. Please contact us at 301-552-1801, ext 100 in advance in case you are running late. We may not be able to keep your appointment for any late arrival.
14. **Cancellation:** If you are thinking of canceling your procedure, notify your physician's office at least 48 hours in advanced.
15. **Inclement weather:** Depending on the road condition and State recommendation, the Center will be opened with limited operation. You are recommended to utilize your own judgment. The road safety is the key concern. You and your responsible drive's safety come first. Our staff and /or the physician office will contact you ASAP if the Center is closed. Please ensure to update your emergency contact information. You may also log onto our web site www.greenbeltendoscopy.com or call the inclement weather Hot Line at 240-413-8943 for update.
16. **Infection control and transmission of contagious disease prevention.** Medical Conditions including infectious diarrhea, active tuberculosis (TB), MRSA infection, Ebola, infectious skin disease, scabies, acute Flu, acute upper respiratory infection could be contagious. Patients who have active infectious medical condition require special controlled environment and barrier care. Therefore, the procedure should be performed in the hospital. Please discuss or direct your questions and report your medical condition to our Infection Control Nurse at **301-552-1801 ext. 127 prior arrival to the Center.**

Monitored Anesthesia Care (MAC)

Sometimes referred to as "conscious sedation" or "twilight anesthesia," monitored anesthesia care encompasses the use of a variety of medications, usually given intravenously, to produce varying levels of sedation during surgical procedures. Because this is not considered true general anesthesia, patients may or may not experience awareness and memory of aspects of intra-operative events. An anesthesia provider will be with you at all times to monitor your well-being, and adjust the level of sedation as needed. In addition to the sedation you will receive, your surgeon will often use local anesthetics in the body region where you are being operated upon. The advantage of this type of anesthesia, as opposed to general anesthesia, is that there are typically fewer side-effects such as nausea, sore throat, and memory impairment, as well as the ability to avoid the use of a breathing tube. It is important to remember that the level of anesthesia you receive is tailored to your changing needs during your surgery, and at some point it may become necessary to institute full general anesthesia.

Prior to your procedure, the nurse anesthetist will evaluate your medical condition and will formulate an anesthetic plan taking in consideration your physical status.

PLEASE NOTIFY THE DOCTOR IMMEDIATELY, IF YOU HAVE EVER HAD ANY PROBLEMS WITH SEDATION OR SLEEP APNEA IN THE PAST, OR IF YOU HAVE ALLERGY TO **EGG YOLK & SOY PROTEIN. IF YOU HAVE HISTORY OR HEART DISEASE, UNCONTROLLED HIGH BLOOD PRESSURE, RECENT HEART ATTACK, KIDNEY PROBLEMS, ACTIVE BLEEDING OR SEVERE ANEMIA, NOTIFY YOUR ADMISSION NURSE AS SOON AS POSSIBLE SINCE PRE-PROCEDURE CARDIAC STRESS TEST OR CARDIAC WORK-UP **WILL BE REQUIRED**.**

WHAT HAPPENS DURING AND AFTER SEDATION?

As with any type of sedation, you will be monitored to ensure your safety. Your heart rate, respiration, blood pressure, oxygen level, and heart rhythm will be monitored throughout the procedure and during the post procedure recovery phase. After procedure is done, you will be transferred to the recovery room and within 10 to 25 minutes you will be fully awake. Your entire stay in the recovery area will be approximately 30 - 60 minutes. During this time, your physician will talk to you before you are discharged.

POSSIBLE RISKS AND SIDE EFFECTS:

The possible risks associated with anesthesia include but not limited to worsening of a pre-existing medical problem, airway difficulties and drug reactions. Drug reactions can include a rash, nausea, vomiting, muscle aches, headache, wheezing and very rarely, shock. Maintaining an airway may include placement of an oral or nasal airway, laryngeal mask airway, or an endotracheal tube. Reactions to artificial airways include laryngospasm which requires immediate corrective treatment. Manipulation of the airway may result in damage to caps, bridges or loose teeth and very rarely to tooth implant. Some individuals experience a sore lip, throat or hoarseness. IV catheters may cause inflammation, swelling, or bleeding.

You **MUST** have someone to drive you home and you may not drive until the following day. You should not make any decisions requiring critical thinking or operate dangerous equipment.

Anesthesia Consent

PATIENT NAME:

DATE OF BIRTH:

SEX:

IV sedation is administered through an intravenous catheter to minimize any discomfort that might be experienced during the endoscopic procedure.

The IV sedation agent (**Moderate / deep sedation**) that will be used for your endoscopic procedure may be a combination of Propofol, Fentanyl and Midazolam. Propofol is a very fast acting anesthetic that will be administered by an anesthesia provider. Propofol produces hypnosis rapidly, usually within 40 seconds after administration and will wear off very fast. The anesthesia provider will make the choice base of the patient medical and medication history and the type and length of the procedure.

POSSIBLE RISKS AND SIDE EFFECTS:

The possible risks associated with anesthesia include but not limited to worsening of a pre-existing medical problem, airway difficulties and drug reactions. Drug reactions can include a rash, nausea, vomiting, muscle aches, headache, wheezing and very rarely, shock. Maintaining an airway may include placement of an oral or nasal airway, laryngeal mask airway, or an endotracheal tube. Reactions to artificial airways include laryngospasm which requires immediate corrective treatment. Manipulation of the airway may result in damage to caps, bridges or damaged teeth and very rarely to sound teeth. Some individuals experience a sore lip, throat or hoarseness. IV catheters may cause inflammation, swelling, or bleeding.

The proposed anesthetic plan has been discussed with me from the anesthesia team member. I understand the potential risk including respiratory distress, respiratory arrest, aspiration, cardiac dysrhythmias, cardiac arrest, and dental destruction. I hereby consent (Name of anesthesia provider):

_____ to perform upon me the proposed anesthetic plan. I also understand that in the course of the Endoscopic procedures, the anesthetic plan may need to be changed.

Signature of patient/guardian

Date/ Time

Signature of CRNA / Anesthesiologist

Signature of GI physician

Witness

Arrange for a responsible adult driver to be present at the Endoscopy Center before the procedure and to drive you back home after the procedure.

YOU WILL RECEIVE SEDATION FOR YOUR PROCEDURE:

- **The sedation may cause conditions that render driving unsafe. The sedation works like alcohol. It impairs your judgment for several hours. Until your body completely metabolizes the medication and depending on the individual body response, you may not respond as ‘sharp’ as your normal being. It can usually take up to 24 hours.**
- **Since you will be fasting for the procedure, your energy level may be lower on the procedure day. You may be slightly dehydrated from the bowel preparation that you will be taking on the day before the procedure. Your body will need several hours to rebuild its energy level.**
- **Most patients tend to drop their blood pressure to the borderline of their usual range after they receive sedation. Standing too long may cause dizziness, nausea, or discomfort.**

We recommend you to follow the instruction listed below:

- **Do Not Drive** or attempt to operate machinery until tomorrow.
- **Have someone drive you to the Endoscopy Center. Do not drive yourself to the Center.**
- **Our pre-procedure staff is required to validate your responsible ‘ride’ at the time of admission.**
- **If your responsible ‘ride’ person is absent at the time of validation, he / she must come back to the Center before anesthesia is administered to you. Failure of your responsible “ride” to appear in person will cause an unexpected delay or cancelation of your procedure.**
- Your responsible ride is required to sign the discharge release form for you prior to leaving the Center.
- Sedated patients will be discharged only in the care of a responsible adult - cab drivers or any other public transportation system including bus or subway is unacceptable.
- If you choose to take the cab home. You will need to ride with a responsible adult other than the cab driver.
- If you live within walking distance from the Center, you will be discharged only in the care of a responsible adult and you still need to arrange the ride home. Walking home is not recommended.
- If you have any known or unknown transportation problems, please notify the Greenbelt Endoscopy Center in advanced before the procedure. The Center will try to assist you in making alternative transportation arrangements if possible. You will be responsible for the cost incurred from the alternative arrangement.
- Avoid making critical decisions or signing legal documents until the next day.
- Do not attempt to leave your vehicle at the parking lot of the building complex. Greenbelt Endoscopy center will **not** be responsible for any loss or damage to the vehicle.
- DO NOT smoke on the day of your procedure
 - Including recreational drugs such as Marijuana
- DO NOT chew gum on the day of your procedure
- If you are having EGD procedure, NO eating after midnight on the day before your procedure
- If you are having Colonoscopy or both EGD and Colonoscopy procedure, NO eating or drinking after • finishing your last prep
- Be sure to inform your physician if you are on any weight loss medication such as Phentermine

PATIENT PAYMENT NOTICE

Fees for the procedure(s) will be collected by the health care providers. Greenbelt Endoscopy Center, anesthesia services, and pathology and lab services will bill separately.

Fees are broken down as follow:

- Physician Fee from your physician practice;
- Facility Fee from Greenbelt Endoscopy Center;
- Anesthesia Fee, if any, from Greenbelt Anesthesia Associates;
- Pathology Fee from the laboratory, if tissue samples are obtained from the procedure; and
- Any outstanding balance from your previous visits.

Health Insurance Plan Coverage

Today's health insurance plans are complicated and confusing. There are so many different calculations and methodologies used to determine the monthly premiums. Generally speaking, the lower the monthly premiums; the higher the 'out-of-pocket' expense will be for the patients. To prevent unnecessary unpleasant events, patients should understand their selected health plan coverage before making their choice of health care.

Most insurance policies have a co-insurance, deductible and co-payment. Your portion of the cost depends on your insurance benefits.

“Deductible” in an insurance policy, is the amount of expenses that must be paid out of pocket by the insured/patient before the insurance company will pay for any expenses. For example, if you have a \$5,000 deductible and you have not spent up to \$5,000, you will be responsible for any medical expenses up to \$5,000 out-of-pocket. Thereafter, your insurance company will start to pickup all or portion of any medical expense depending on your insurance benefits.

“Co-insurance” is when the insurance company and the insured (patient) share costs incurred after the deductible is met. Co-insurance is usually based on the percentage set within your benefits. For example, if you have a 90-10 insurer-insured co-insurance after your deductible is met, and you incurred an additional \$500 in medical expenses, you will be responsible for a co-insurance payment of \$50, and your insurance company will be responsible for \$450.

“Co-Payment” or “Co-pay” is a fixed dollar amount that the insured (patient) is to pay each time a medical service is accessed. It must be paid before the policy benefit is paid by the insurance company. For example, if you have a co-payment of \$25 per visit to see your physician, whether or not your deductible is met, you will require to pay \$25 each time you have an appointment with your physician.

Self- pay patients:

GEC offers discounted facility and anesthesia service fees for patients without health insurance. Full payment by cash or credit card is required prior to the procedure.

We ask that all co-insurance, deductible and co-payments to the facility and anesthesia, if any, to be paid at the time of service. We accept payments by cash, VISA, MasterCard, Discover and American Express.

Please call your insurance company to confirm your insurance benefits immediately after you schedule your appointment. Call the number listed on the back of your insurance card, ask for Member Service Department. Check your plan coverage benefits for the planned procedures “screening colonoscopy benefits and/or medical benefits” and any remaining deductible balance.

A staff from our billing department will contact you for your payment information before the scheduled procedure date. You are encouraged to discuss any payment questions with our billing team as early as possible. They can be reached at 301-552-1801, Ext 120 or Ext 121.

Thank you for your understanding and support as we strive to provide the best healthcare possible.

Greenbelt Endoscopy Center, 9821 Greenbelt Road, Suite 104, Lanham, MD 20706 Tel: 301-552-1801

Greenbelt Anesthesia Associates – Assignment of Benefits for Non-Preferred Provider
IMPORTANT NOTICE REGARDING YOUR HEALTH INSURANCE

United Health Care / UMR / Shared Services / Multi Plan / United Integrated / EWTF / All Savers / Golden Rule / Oxford Health Plans

Your doctor is not a part of your health insurer’s network. You may pay more for the services provided by your doctor because:

- Your doctor’s charge may be higher than the amount your health insurer will pay and, if so, you may be required to pay the difference.
- Your coinsurance, deductible and out-of-pocket maximum may be higher because your doctor is not in your health insurer’s network.
- Your doctor may charge you for services not covered under your health insurance contract.
- Your doctor may charge you the balance bill for covered services.
- Payment terms and interest may apply for reimbursement checks sent to you by your insurance.

* Depending on your health plan, certain scenarios such as screening colonoscopy may be considered in network. Our facility’s billing department will attempt to negotiate with your insurance provider to obtain in network benefit.

* In the event your plan does not allow for in network benefit, our billing department will also attempt to negotiate to reduce your balance.

* Insurance company may choose to cover your medical costs by mailing you a check. You are liable to forward the check to the Greenbelt Anesthesia Associates within 7 days of receiving the check to avoid any penalties (A 5% monthly interest rate will incur for each month delinquent).

Greenbelt Anesthesia Associate is an out of network facility. Based on the insurance information provided and the procedure _____ you are having today; you may be responsible for out of network charges.

* The estimated charges will be based on anesthesia time of your procedure which includes pre-op, intra-op, and PACU transfer time. **A single standard diagnostic procedure will take approximately 20 minutes to complete.** However, your actual procedure times may vary in the event of a complicated procedure.

- The estimate charges billed to your insurance is: _____
- The estimate payment your insurance may cover is: _____
- Estimate patient responsibility up to (Based on your EOB): _____

Disclaimer: The estimations outlined above do not guarantee insurance payment amount nor patient responsibility. Actual patient responsibility may differ according to insurance allowable, procedure time, etc...

I, [patient’s name] _____ received the information above and authorize my health insurer to reimburse Greenbelt Anesthesia Associates directly for the services provided [today’s date] _____.

Signature of Patient: _____ Date: _____

Greenbelt Anesthesia Associates – Assignment of Benefits for Non-Preferred Provider
IMPORTANT NOTICE REGARDING YOUR HEALTH INSURANCE

Cigna / Great West / Cigna Teamsters / Samba/Aetna / Innovation / Meritain Health / Aetna

International / Other Commercial Insurance

Your doctor is not a part of your health insurer’s network. You may pay more for the services provided by your doctor because:

- Your doctor’s charge may be higher than the amount your health insurer will pay and, if so, you may be required to pay the difference.
- Your coinsurance, deductible and out-of-pocket maximum may be higher because your doctor is not in your health insurer’s network.
- Your doctor may charge you for services not covered under your health insurance contract.
- Your doctor may charge you the balance bill for covered services.
- Payment terms and interest may apply for reimbursement checks sent to you by your insurance.

* Depending on your health plan, certain scenarios such as screening colonoscopy and surveillance colonoscopy (if you had history of polyps or colon cancer) may be considered in network. Our facility’s billing department will attempt to negotiate with your insurance provider to obtain in network benefits on your behalf.

* In the event your plan does not allow for in network benefit, our billing department will also attempt to negotiate to reduce your balance on your behalf.

* Insurance company may choose to cover your medical costs by mailing you a check. You are liable to forward the check to the Greenbelt Anesthesia Associates within 7 days of receiving the check to avoid any penalties (A 5% monthly interest rate will incur for each month delinquent).

Greenbelt Anesthesia Associate is an out of network facility. Based on the insurance information provided and the procedure _____ you are having today; you may be responsible for out of network charges.

* The estimated charges will be based on anesthesia time of your procedure which includes pre-op, intra-op, and PACU transfer time. **A single standard diagnostic procedure will take approximately 20 minutes to complete.** However, your actual procedure times may vary in the event of a complicated procedure.

- The estimate charges billed to your insurance is: _____
- The estimate payment your insurance may cover is: _____
- Estimate patient responsibility up to (Based on your EOB): _____

Disclaimer: The estimations outlined above do not guarantee insurance payment amount nor patient responsibility. Actual patient responsibility may differ according to insurance allowable, procedure time, etc...

I, [patient’s name] _____ received the information above and authorize my health insurer to reimburse Greenbelt Anesthesia Associates directly for the services provided [today’s date] _____.

Signature of Patient: _____ Date: _____

Greenbelt Endoscopy Center, 9821 Greenbelt Road, Suite 104, Lanham, MD 20706 Tel: 301-552-1801

Screening vs. Diagnostic vs. Surveillance Colonoscopy

Colonoscopy Categories:

The Affordable Care Act allows for several preventive services, such as colonoscopies, to be covered at no cost to the patient. However, there are strict guidelines used to determine which category of colonoscopy can be defined as a preventive service (screening vs. diagnostic). These guidelines may exclude those patients with a history of gastrointestinal issues from taking advantage of the procedure at no cost. In cases like these, patients may be required to pay co-insurance, deductibles and/or co-payments.

Although your primary care provider may refer you for a “screening” colonoscopy, you may not qualify for the “preventive colonoscopy screening” category.

- **Diagnostic/Therapeutic Colonoscopy** – Patient has present gastrointestinal symptoms, colon polyps or gastrointestinal disease, such as abdominal pain, constipation, diarrhea, blood in stool, anemia, bleeding, requiring evaluation or treatment by colonoscopy.
- **Surveillance/High Risk Colonoscopy** – Patient is asymptomatic (no present gastrointestinal symptoms) and has a **personal history of gastrointestinal disease (such as diverticulitis, Crohn’s disease or ulcerative colitis), colon polyps and/or cancer**. Patient in this category are required to undergo colonoscopy surveillance at shortened intervals.
- **Preventive Colonoscopy Screening** – Patient is asymptomatic (no present gastrointestinal symptoms), is 50+ years old, has a family history of colon cancer from a blood related first degree family member, and has no personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category have not undergone a colonoscopy within the last 10 years. Some experts suggest that African-Americans should begin their screening at age 45, since they are at a higher risk for developing cancer than other populations.

Screening colonoscopy – if the health plan offers screening benefits, it will be covered at no cost to the patient.

Diagnostic or surveillance colonoscopy - patients may be required to pay co-insurance, deductibles and/or co-payments.

Your primary care physician may refer you for a “screening” colonoscopy but there may be a misunderstanding of the word screening. This will be determined in the pre-operative process. Before your procedure, you should know your colonoscopy category. After establishing which procedure you are having. You can do some research.

To determine the category of your colonoscopy and approximate insurance benefits, please do the following steps:

1. Self evaluation question:

- Did you report to the physician any of the GI related issues such as abdominal pain, bleeding, diarrhea, constipation, history of colon polyps or colitis or colon cancer? If yes , this is **diagnostic colonoscopy**. If No , this is **screening colonoscopy**

2. Call your insurance company and verify your benefits and coverage by asking the following questions:

- Is a (apply the answer from step 1) **colonoscopy** covered under my policy? Yes No
- If my procedure will be a preventive (screening) procedure, are there age or frequency limitations for my colonoscopy? (e.g., one every ten years over the age of 50, one every five years for a family history of colon cancer beginning at age 45, etc.) Yes No
- If the provider removes a polyp or takes a biopsy, will this change my out-of-pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical benefit, which means more out-of-pocket expenses. Carriers vary on this policy.) Yes No

SAMPLE FORMS

The following forms are to be signed on the date of procedure. Please review them before arrival to Greenbelt Endoscopy Center.

PATIENT AUTHORIZATION FORM & INFORMED CONSENT

**(For preview
only)**

**ASSIGNMENT OF BENEFIT/ PATIENT ACKNOWLEDGEMENT OF RECEIPT OF HIPAA OMNIBUS
RULE NOTICE OF PRIVACY PRACTICES/ PATIENT AUTHORIZATION FOR RELEASE OF
INFORMATION FOR TREATMENT AND PAYMENT/ 03/2018**

PART A: ASSIGNMENT OF BENEFIT

I, PatName, hereby authorize and request that payment of any benefits by my insurance carrier(s) including Medicare, if I am a Medicare beneficiary, be made to Greenbelt Endoscopy Center, LLC (GEC), and to Greenbelt Anesthesia Associates, LLC (GAA) for services furnished to me or my dependent under this policy and to be paid in accordance with this assignment of benefits in consideration of medical, and or anesthesia services rendered to my dependent or me on this visit. I understand that my insurance company(s) may only cover a portion of the total bill. I further understand that I am financially responsible for all charges not paid by my insurance company, including any deductibles, co-payment, co-insurance, and that payment is due at the time services are rendered.

I have been informed of my insurance company benefits not limited to deductibles, co-pay, co-insurance, and out-of-network charges. I understand that verification of benefits is not a guarantee of payment or coverage. All charges are subject to medical review and approval by my health insurance plan.

I have been provided with an estimate of my charges for today's procedure for both facility and anesthesia services. In the event a payment has been pre-collected from me for this visit, I authorize GEC to transfer funds to GAA or vice versa for any patient balance due this visit. If the estimate provided to me is insufficient to cover the balance after the claim is submitted to my insurance company, I understand that I will be receiving a bill.

These charges are for the use of the Endoscopy Center and Anesthesia services received. It includes the procedure room. Pre procedure and recovery room care where a Registered Nurse (RN) is in attendance. All supplies are included. We do not itemize each cost as we wish to keep the expense to a minimum.

THERE WILL BE A PHYSICIAN'S FEE, ANESTHESIA SERVICES, AND OUTSIDE LABORATORY FEE IN ADDITION TO THE FACILITY CHARGE THAT YOU MAY BE RESPONSIBLE FOR. THESE PARTIES MENTIONED ABOVE WILL SUBMIT THEIR OWN CLAIMS FOR THEIR PROVIDED SERVICES. GEC IS NOT RESPONSIBLE FOR THE PHYSICIAN'S FEE AND LABATORY FEE.

I understand and agree that in the event that I fail to make payments for services rendered, my name and account may be turned over to a collection agency.

A photo static copy of this assignment shall be considered effective and valid as the original.

Service Center Benefits to: Greenbelt Endoscopy Center, 9821 Greenbelt Road, Suite 103, Lanham, MD 20706. Tax ID # 52-1950078. Greenbelt Anesthesia Associates, LLC, 9821 Greenbelt Road, Suite 104, Lanham, MD 20706. Tax ID # 73-1629802

I have verified that my personal information and health insurance information are correct and current. I understand that GEC and or GAA are required to provide my information to the insurance company at the time of the claim is submitted. The insurance company may reject the claim due to incomplete or incorrect personal information. If the claim is rejected as a result of invalid or missing personal information, I will be responsible to pay the full amount of the visit.

Greenbelt Endoscopy Center, 9821 Greenbelt Road, Suite 104, Lanham, MD 20706 Tel: 301-552-1801

PART B: PATIENT ACKNOWLEDGEMENT OF RECEIPT OF “HIPAA OMNIBUS RULE NOTICE OF PRIVACY PRACTICES” AND CONSENT FOR RELEASE OF INFORMATION FOR TREATMENT/ PAYMENT

I hereby authorize Greenbelt Endoscopy Center and Greenbelt Anesthesia Associates to use and/or disclose my health information that specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and health care operations. I understand that while this consent is voluntary, if I refuse to sign this consent, Greenbelt Endoscopy Center can refuse to treat me.

I understand that in the event that it becomes necessary for these medical records to be released to other health care practitioners, I will have to grant permission in advance for each type of “non-routine” use or disclosure.

I understand that I may revoke this consent at any time by notifying Greenbelt Endoscopy Center, in writing, but if I revoke my consent, such revocation will not affect any actions that Greenbelt Endoscopy Center took before receiving my revocation.

I have received a “HIPAA Omnibus Rule Notice of Privacy Practices” version 0913 that Greenbelt Endoscopy Center has prepared for me. This notice fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations. I have reviewed such Notice prior to signing this consent. A copy of this signed, dated document shall be as effective as the original.

I understand that Greenbelt Endoscopy Center reserves the right to change his/her privacy practices and that I can obtain such notice upon request.

I fully understand and accept the terms of this consent

I hereby assign and transfer any benefits under the above-described contract as follows insofar as they are necessary to cover the expense:

Procedure type: _____ ProcType

Payment received: _____

FOR CAPSULE ENDOSCOPY PATIENT ONLY

Because this procedure requires the patient to carry part of the instrument for a period of time, a **\$200.00 retaining fee** must be submitted. You can choose to pay this retaining fee by credit card, check, or cash. This retaining fee will be reimbursed once the equipment is returned to the Center.

In the event there is a delay in returning the equipment or the equipment is lost, Greenbelt Endoscopy Center reserves the right to withhold the equipment retaining fee and collect from the patient for the lost of equipment as per current market value.

Retaining fee collected from patient: _____ (please specify payment method e.g cash, check, credit card, or waived)

PatSig
Signature of the patient / legal guardian

WitSig
Witness

SDate
Date

INFORMED CONSENT

PATIENT NAME: _____ DATE OF BIRTH: _____ SEX: _____

Explanation of Procedure:

Visualization of the digestive tract with flexible lighted instrument is referred to as gastrointestinal Endoscopy. Your physician has advised you of your need to have this type of examination. The following information is presented to help you understand the reasons for, and the possible risk of, these procedures.

At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. If any abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed for microscopic study, or the lining may be brushed and washed with solution, which can be sent for special study of abnormal cells (cytology). Small growths may be removed (polypectomy) for microscopic examination. Dilatation is the method used, which includes dilating tubes or balloons, to stretch narrow areas. Cauterization with electrocautery unit or injection of medication is the method used to control bleeding.

Principle Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal Endoscopy is generally a low risk procedure. However, all of the below complications are possible. Your physician will discuss their frequency with you, if you desire, with particular reference to your own indications for gastrointestinal Endoscopy. YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE.

Perforation: Passage of the instrument may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs hospital admission and surgery may be required.

Bleeding: Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilation. Management of this complication may consist only of careful observation but may require transfusions, endoscopic cautery or possible surgery.

Risks of IV Conscious Sedation: Cardiac arrhythmia may occur. For your safety your heart rate will be monitored and a slightly longer recovery may be necessary. Possible complications of IV conscious sedation include, but are not limited to: respiratory depression and cardiac arrhythmia.

Medication Phlebitis: Medication used for sedation may irritate the vein in which they are injected. This causes a red, painful, swelling of the vein and surrounding tissue. Discomforting the area may persist for several weeks.

Other risks: Include but are not limited to: drug reactions and complications from other diseases you may already have. Manipulation of the airway may result in damage to caps, bridges or loose teeth and very rarely to tooth implant, Instrument failure and death are extremely rare, but remain remote possibilities.

YOU MUST INFORM YOUR PHYSICIAN OF ALL YOUR ALLERGIC TENDENCIES AND MEDICAL PROBLEMS.

Alternatives to Gastrointestinal Endoscopy

Although gastrointestinal Endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, no test is 100% accurate in diagnosis. In a small percentage of cases, a failure of diagnosis or a mis-diagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

Diagnostic / Therapeutic Procedures

UPPER ENDOSCOPY (EGD) An examination of the esophagus, stomach and duodenum and possible biopsy/polypectomy.

COLONOSCOPY: Examination of all or the major portion of the colon and possible biopsy/polypectomy.

FLEXIBLE SIGMOIDOSCOPY (FS): Examination of the anus, rectum, and last part of the colon and possible biopsy/polypectomy.

CAUTERIZATION / INJECTION THERAPY / Banding ligation: Use of heat or chemical agents / material applied to a bleeding source / vessel.

DILATION: dilating tubes or balloons are used to stretch narrow areas of the esophagus, stomach, and intestine.

PEG/PEJ/ replacement/removal gastrostomy tube (Percutaneous Endoscopic Gastrostomy or Jujunostomy) Placement or removal of a feeding tube in the stomach/intestine.

PARACENTESIS: Removal of intra-abdominal fluid via a needle or catheter.

PERCUTANEOUS LIVER BIOPSY: Needle aspiration of liver tissue.

Note: This is a Sample form for preview only. The official procedure consent must be signed in front of an authorized official witness

Risk for Pregnancy

I certify that I am not pregnant and that I do understand the risks associated with receiving any IV sedation including Midazolam, Versed, Valium and Demerol during pregnancy (such as spontaneous abortion or fetal malformation), and that these risks have been explained to me. I will not hold Greenbelt Endoscopy Center or my physician responsible or liable for any such risks associated with having sedation while pregnant or any unexpected or unknown pregnancy. I state that this is my decision to have this procedure and receiving the IV sedation without taking a pregnancy blood test.

Driving Risk

I understand the procedure I will receive today may cause conditions that render driving unsafe. The staff of Greenbelt Endoscopy Center has informed me that I should not drive until the next day after receiving the procedure and that I should not attempt to drive until my symptoms have resolved. I have signed this form prior for the acknowledgment of driving risk and I have arranged a responsible adult to drive myself home after the procedure.

VALUABLE RELEASE: I agree that GEC is not responsible for any valuables that I have elected to bring.

I certify that I understand the information regarding these procedures, and I am not pregnant, that I have been fully informed of the risks and possible complications thereof. I consent to the taking of biopsies and reproduction of any photographs taken in the course of this procedure for professional purposes. I also understand the risk of driving under the influence of sedation and I have arranged a responsible adult to drive myself home after the procedure.

I hereby authorize and permit the following physicians or his partner / assistant (s) to perform the procedure as listed from below. I also agree to receive the anesthesia as necessary during my procedure (s). If any unforeseen condition arises during the procedure (s) calling for additional procedures or medications (including anesthesia and blood transfusions), admission to the hospital, or surgery, I further request and authorize him/her to do whatever he/she deems advisable in my interest. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the procedure.

Procedure (s)

M.D and his associated partner to perform the procedure

Date

Signature of patient or legal guardian

Print name

Driver's License# _____

State: _____ S/S# _____

Relationship to patient: _____

Reason for patient unable to give consent: _____

Witness signature (1)

Witness Signature (2)

Signature of physician (MD)

Note: This is a Sample form for preview only. The official procedure consent must be signed in front of an authorized official witness

HIPAA NOTICE OF PRIVACY PRACTICE OMNIBUS RULE 2013

Version 0913

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

These privacy practices are in accordance with the original HIPAA enforcement effective April 14, 2003, and updated to The Federal Health Insurance Portability & Accountability Act of 2013, HIPAA Omnibus Rule. The HIPAA Omnibus Rule requires us to maintain the confidentiality of all your healthcare records and other identifiable patient health information (PHI) used by or disclosed to us in any form, whether electronic, on paper, or spoken.

1. Starting April 14, 2003, HIPAA requires us to provide you with the Notice of our legal duties and the privacy practices we are required to follow when you first come for healthcare services. Greenbelt Endoscopy Center is required to abide by the terms of the Notice of Privacy Practice currently in effect.

Our Legal Duty: Law requires us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information and to obtain your signature as an Acknowledgement that you have received this Notice.
3. Follow the terms of the current notice.

We have the Right to:

2. Change our privacy practice and the terms of this notice at any time, provided that the changes are permitted by law.
3. Make changes to our notice of privacy practice and the new terms of our notice to be made effective for all medical information that we keep, including information previously created or received before the changes. We will post the changed notice, along with its effective date, in our office and on our website.

OUR RULES ON HOW WE MAY USE/DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

Documentation:

- You will be asked to sign an Acknowledgement form when you receive this Notice of Privacy Practices (NOPP). We will use or disclose your PHI for certain purposes as detailed below. You may revoke your consent at any time by submitting a "Revocation form" in writing to Greenbelt Endoscopy Center 9821 Greenbelt Rd. Ste. 103 Lanham, MD 20706. Your revocation will take effect when we receive it. We cannot give it retroactive effect, so it will not affect any use or disclosure that occurred in our reliance on your authorization prior to revocation. (i.e. if after we provide services to you, you revoke your acknowledgment in order to prevent us from billing or collecting for those services, your revocation will have no effect because we relied on your acknowledgment to provide services before you revoked it)

General Rule

If you do not sign our Acknowledgement form or if you revoke it, we cannot in any manner use or disclose to anyone (excluding you) your PHI or any other information in your medical record. By law, we are unable to submit claims to payers under assignment of benefits without your signature on our acknowledgement form. You will however, be able to restrict disclosures to your insurance carrier for services for which you wish to pay "out of pocket" under the new Omnibus Rule. We will not condition treatment on your signing an acknowledgement form, but we may be forced to decline you as a new patient or discontinue you as an active patient if you choose not to sign the authorization acknowledgement form or revoke it.

Healthcare Treatment, Payment and Operations Rule

The following section describes different ways that we use and disclose medical information. With your signed Acknowledgement form, we may use/disclose your PHI in order:

- To provide you with or coordinate healthcare treatment and services. For example, we may disclose medical information about you to doctors, nurses, technicians, or other people who are taking care of you. We may also provide your medical information with other health care providers to assist them in treating you.
- To bill or collect payment from you, insurance company, a managed-care organization, a health benefit plan or another third party. For example, we may need to verify your insurance coverage, submit claim, and obtain pre-treatment estimates or pre-authorization. Remember, you will be able to restrict disclosures to your insurance carrier for services for which you wish to pay "out of pocket".
- To run our office, assess the quality of care our patients receive and provide you with customer service. For example, we may contact you by phone, mail, or email to remind you of scheduled appointments. We may leave a message with whoever answers your phone or email you to contact us (but we will not give out detailed PHI). We may call you by name from the waiting room. We may ask you to put your name on a sign-in sheet. We may tell you about or recommend health-related products and services and complementary or alternative treatments that may interest you. We may review your PHI to evaluate staff's performance, or to assist you with complaints. If you prefer that we do not contact you with appointment reminders or information about treatment alternatives or health-related products and services, please notify us in writing.

- HIPAA Omnibus rule does not require that we provide the above notice regarding appointment reminders, treatment information or Health Benefits, but we are including these as a courtesy so that you understand our business practices with regards to your PHI.

Additionally you should be made aware of these protection laws on your behalf, under the new HIPAA Omnibus Rule:

- Health Insurance Plans that underwrite cannot use or disclose genetic information for underwriting purposes (this excludes certain long-term care plans).
- Psychotherapy Notes maintained by a healthcare provider, must state in their NOPPs that they can allow “use and disclosure” of such notes only with your written authorization.

We will not use or disclose your medical information for any purpose not listed above, without your specific written authorization.

Special Rules

In accordance with applicable HIPAA Omnibus Rule, and under strictly limited circumstances, we may use or disclose your PHI without your permission, consent or authorization for the following purposes:

- When required under federal, state or local law.
- When necessary in emergencies to prevent a serious threat to your health/safety or the health/safety of others.
- When necessary for public health reasons (i.e. prevention /control of disease, injury or disability, reporting adverse reaction to medications or products, suspected abuse, neglect or exploitation of children, disabled adults or elderly, or domestic violence.
- For federal or state government health-care oversight activities (i.e. civil rights laws, fraud and abuse investigations, audits, investigations, inspections, licensure or permitting, government programs, etc)
- For judicial and administrative proceedings and law enforcement purpose (i.e. in response to a warrant, subpoena or court order, by providing PHI to coroners, medial examiners and funeral directors to locate missing persons, identify deceased persons or determine cause of death)
- For Worker’s Compensation purposes (i.e. if you have claimed health benefits for a work-related injury or illness)
- For group Health Plans, or health insurance issuer or HMO with respect to a group health plan, may disclose PHI to the sponsor of the plan.
- For intelligence, counterintelligence or other national security purposes (i.e. Veterans Affairs, U.S. Military command, or other governmental authorities or foreign military authorities may require us to release)
- For organ and tissue donation
- For research projects approved by an Institutional Review Board or a privacy board to ensure confidentiality (i.e. if the researcher will have access to your PHI because involved in your clinical care, we will ask you to sign an authorization)
- To create a collection of information that is “de-identified” (i.e. it does not personally identify you by name, distinguishing marks or otherwise and no longer can be connected to you)
- To family members, friends and others, but only if you are present and verbally give permission.

Other uses and disclosures will be made only with your written authorization and you may revoke such authorization in writing unless the covered entity has taken action in reliance upon the authorization.

Minimum Necessary Rule

Our staff will not use or access your PHI unless it is necessary to do their jobs (i.e. doctors, clinical staff, billing staff). All our team members are trained in HIPAA Privacy rules and sign strict confidentiality contracts with regards to protecting and keeping private PHI. Know that your PHI is protected several layers deep with regards to our business relations. We may disclose to others outside our staff, only as much of your PHI as necessary to accomplish the recipient’s lawful purpose. Still in certain cases, we may use and disclose the entire contents of your medical records:

- To you (and your legal representative) and anyone else you list on a consent or authorization form to receive a copy of your records.
- To healthcare providers for treatment purposes
- To the U.S. Department of Health and Human Services (HHS) (in connection to a HIPAA complaint)
- To others as required under federal or state law
- To our privacy officer and others as necessary to resolve your complaint or accomplish your request under HIPAA

Business Associate Rule

Business associates are an entity (non-employee) that in their course of their work will directly or indirectly use, transmit, view, transport, hear, interpret, process or offer PHI for this facility. Business Associates will sign a strict confidentiality agreement binding them to keep your PHI protected and report any compromise information to us, you, and the US Department of HHS, as well as other required entities. Our Business Associates will also follow Omnibus rule and have any of their subcontractors that may directly or indirectly have contact with your PHI sign a confidentiality agreement to federal Omnibus Standard.

Super-confidential Information rule

If we have information about you regarding communicable diseases, disease testing, alcohol or substance abuse diagnosis and treatment, or psychotherapy and mental health records, we will not disclose it under the General or Healthcare treatment, payment and Operations rules without you first signing and properly completing our consent form.

MARKETING AND FUND RAISING RULE

Limitations on the disclosure of PHI regarding Remuneration

The disclosure or sale of your PHI without authorization is prohibited. Under HIPAA Omnibus rule, this would exclude disclosures for public health purposes, treatment/payment for healthcare, for the sale, transfer, merger, or consolidation of all or part of this facility and for related due diligence, to any or our Business Associates, to a patient or beneficiary upon request, and as required by law. The disclosure of PHI for research purpose or for any other purpose permitted by HIPAA will not be considered a prohibited disclosure if the only reimbursement received is “a reasonable, cost-based fee” to cover the cost to prepare and transmit your PHI which would be expressly permitted by law. Under Omnibus Rule, an authorization to disclose PHI must state that the disclosure will result in remuneration to the Covered Entity. Notwithstanding the changes in the Omnibus Rule, the disclosure of limited data sets (a form of PHI with a number of identifiers removed in accordance with specific HIPAA requirements) for remuneration pursuant to existing agreement is permissible until Sept. 22, 2014, so long as the agreement is not modified within one year before that date.

Limitation of the use of PHI for paid marketing

We will obtain written authorization to use or disclose your PHI for marketing purposes, but not for activities that constitute treatment or healthcare operations. **Marketing** is defined, as “a communication about a product or service that encourages recipients...to purchase or use the product or service.” Under Omnibus Rule we will obtain your written authorization prior to using your PHI or making any treatment or healthcare recommendation, should financial remuneration for making the communication be involved from a third party whose product or service we might promote. We must clarify that financial remuneration does not include “as in-kind payments” and payments for a purpose to implement a disease management program. Face-to-face marketing, such as sharing a product brochure/pamphlet, is permissible under current HIPAA Law.

Flexibility on the use of PHI for fundraising

Under the HIPAA Omnibus Rule use of PHI does not require authorization should we choose to include you in any fund raising effort. However, we will offer the opportunity to “opt out” of receiving future fundraising communications. There will be a statement on your Patient Demographics and HIPAA Disclosure Form where you can choose to “opt out”.

Improvements to requirements for authorizations related to research: We may seek authorizations from you for the use of your PHI for future research. We would have to make clear what those uses are in detail. When a compound authorization is used, and research related treatment is conditioned upon your authorization, the compound authorization will differentiate between the conditioned and unconditioned components.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- You have the right to get, at any time, a paper copy of this notice by asking our receptionist.
- **To inspect and copy:** You have the right to see and get a copy of your PHI including, but not limited to medical and billing records by submitting a written request. Original records will not leave the premises, will be available for inspection only during our regular business hours, and only if our Privacy Officer is present at all times. You may ask us to give you the copies in a format other than photocopies or ask us to prepare a summary in lieu of the copies. We may charge you a fee to recover our cost. We will comply with Federal Law to provide your PHI in an electronic format within 30 days of your written request.
- **To Request Amendment/correction:** If you think your PHI we have about you is incorrect, or that something important is missing from your records, you may ask us to amend/correct it by submitting a “**Request for Amendment/Correction**” form. We will act on your request within 30 days from receipt. We may extend our response time no more than once and by no more than 30 days. If we grant the request, we will notify you within 5 business days, make the changes by noting (not deleting) what is incorrect or incomplete and adding to it the changed language. We may deny your request under certain circumstances. If we deny your request you may file a complaint to us if you disagree.
- **To an Accounting of Disclosures:** You may ask us for a list of those who got your PHI from us by submitting a “**Request for Accounting of Disclosures**”. Your request must state the time period you want us to cover, which may no more than the last 6 years. (Exclude dates before 04/14/2003). If you ask for a list more than once in a 12 month period, a fee may apply.
- **To request Restrictions:** You may ask us to limit how your PHI is used and disclosed by submitting a written “**Request for Restriction on Use, Disclosure**” form. We are not required to agree, but if we do, we will abide by our agreement except in the event of an emergency.
- **To Request Alternative Communications:** You may ask us to communicate with you in a different way or at a different place by submitting a written “**Request for Alternative Communication**” form. You must tell us the alternative means or location you want us to use and explain to our satisfaction how payment to us will be made if we communicate with you as you request.

QUESTIONS AND COMPLAINTS

- If you have any further questions about this notice, please ask the receptionist to speak to our Privacy Officer. You may also contact the privacy officer at (301) 823-8085 or email patientrelations@greenbeltendoscopy.com.
- If you believe your privacy rights have been violated, you may file a written complaint to the Privacy Officer at the address listed above, or with the Secretary of the **Department of Health and Human Services Office of Civil Rights**, 200 Independence Ave. SW, Washington, DC 20201
- We will not retaliate in any way if you choose to file a complaint.

Patient's Rights and Responsibilities

It is the policy of GEC staff members to treat each and every patient with dignity and respect. We can provide better healthcare services when the patients and their family work together as partners with the staff and physicians. The GEC staff members have the responsibility to advise the patients of their rights, and the patients also have responsibilities in their treatment and care.

While the patients are receiving care in GEC, they have certain rights as patients. They have the right to:

- Patient records are confidential. Patients are given the opportunity to approve or refuse certain uses and disclosures of their protected health information to carry out treatment, payment or health care operations and on certain disclosures to family members, other relatives or close personal friends, in writing, except when such request is done by a third party for payment contract or when the release is required by law. Greenbelt Endoscopy Center is not required to agree to a requested restriction.
- The attending physician or his designee will discuss test results with the patient at the time of their visit or during their follow up visit. If the patient cannot be reached by phone, a notification will be sent by mail.
- Diagnosis and treatment plans will be discussed in terms that can be understood by the patient. Alternative plans of treatment will be discussed, but the physician cannot be responsible for noncompliance of recommended therapy.
- To expect to be treated with respect, consideration, and dignity. Treatment is to be provided without regard to race, color, creed, religion, sex, national origin or source of payment, except for fiscal capability thereof. When there is a language or handicap barrier that interferes with patient understanding and communication, all efforts will be made to overcome these barriers.
- A physician will be available 24 hours a day, seven days a week, for urgent care.
- In case of financial difficulty, all reasonable efforts will be made to assist the patient with a payment plan that is manageable.
- To have the opportunity to participate in decisions involving their health care. If the patient requests a second opinion, this will be respected and encouraged.
- Patients will be made aware of any financial interest or ownership in advance of the day of the procedure.
- Patients are to disclose the information of their advanced directive, if any, before the procedure. If an advance directive is not available, the patient will be cared for to the full extent of ACLS standards. Information on Advance Directive can be obtained from the Maryland Attorney General's office at 410-576-7000 or 1-888-743-0023 or www.oag.state.md.us.
- To know the name and function of any person, professional relationships of other physician's names providing health care services to the patient and the information of the physician's credentialing and liability insurance information upon request.
- To be provided, to the degree known, information concerning their diagnosis, treatment, and prognosis. When it is not medically advisable to give such information to the patient, the information will be made available to an appropriate person in his behalf.
- To expect reasonable response to any reasonable requests he may make for service.
- To leave the Center even against the advice of his physician or to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.
- To know services available, such as provisions for after hours or emergency care, educational material available, and policies concerning payment of fees. Educational material will be made available relevant to the patient's diagnosis. Patients will also be assisted in contacting community services that might prove beneficial to them.
- To examine and receive an explanation of his bill, regardless of the source of payment.
- To expect reasonable continuity of care and to know in advance the time and location of appointments.
- To designate any area of where he is cared for or treated as a non-smoking area.
- To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- All GEC staff and physicians must consistently strive to maintain the highest possible degree of patient satisfaction. Patients are encouraged to express their feelings, advice and suggestions. All information will be treated confidentially. To file a complaint to the Center, call the HIPAA and Compliance officer at 301-552-1801 or write to the Nursing Director at 9821 Greenbelt Rd Suite 103, Lanham, MD 20706 or via email: Jsin@greenbeltendoscopy.com. **To file a complaint with Delmarva Foundation for Medical Care call:**
1-800-492-5811, TTY users, call: 1-877-486-2048 or visit their website at: www.mdqio.org.
To file a complaint with Medicare Beneficiary Ombudsman, call 1-800-633-4227 or visit their website at: www.medicare.gov. **To file complaint with the Office of Health Care Quality, Ambulatory Care unit**, Spring Grove Hospital Center, 55 Wade Ave, Catonsville, MD 21228, Toll free 1-800-492-6005 or 410-402-8040
Or visit web site: www.dhmf@maryland.gov/ohcq
- Detail explanation including benefits, risks and alternatives to any experimental research that may be conducted at GEC must be discussed with the patient before the procedure.
- Informed consent of the research activities must be obtained from the patient. The patient will reserve their right to refuse participation in any research study.
- File a complaint and not be subject to discrimination, force, punishment or unreasonable interruption of care, treatment or services.
- Be free from restraints of any form that are not medically necessary.

Greenbelt Endoscopy Center, 9821 Greenbelt Road, Suite 104, Lanham, MD 20706 Tel: 301-552-1801

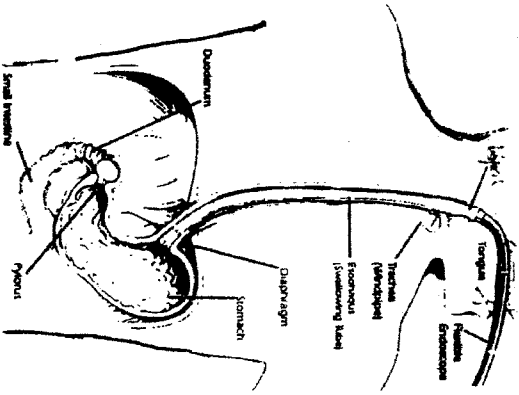
- Receive care in a safe setting, free of all forms of abuse or harassment.
- Contact protective and advocacy services.
- Give permission to the recording or filming made for purpose other than identification, diagnosis or treatment. You also have the right to cancel this agreement.
- Be informed and involved in making healthcare decision.
- Be informed about possible result of cares, treatment and services, including unexpected results.
- Appropriate evaluation and management of pain.
- Courteous and respectful care.
- Respect for your cultural and personal values, beliefs, and preferences, as well as an opportunity to take part in religious and other spiritual services.
- Expect that the Center will protect the patient confidentiality and respect patient's privacy.
- The right of access to inspect and copy his/her protected health information; request amendments to the medical record; and request a list of persons or organizations to who the patient's health information was disclosed as determined by federal or state law.

PATIENT RESPONSIBILITIES

As patient, you are responsible:

- To provide accurate and complete information regarding your health care status including past illnesses, hospital stays, use of medications and other matters relating to your health.
- To follow your physician's plan of care as provided by your nurse or other medical professionals to the best of your ability.
- To tell your physician if you believe you cannot follow through with your treatment plan and to understand the possible results if you decide not to follow the recommended treatment plan.
- To act in a socially acceptable manner consistent with the well being of other patients and all Greenbelt Endoscopy Center's staff. Verbal and physical threat to GEC staff and physicians are prohibited.
- To be considerate of other patients, staff and hospital property and follow the Center's rules, regulations and property. This applies to the visitors as well.
- To provide a valid photo ID and health insurance card, updated personal demographic information at the time of registration for each visit.
- To provide the facility with any current or suspicious acute medical conditions requiring immediate infection control measures. Use face mask and practice hand hygiene whenever necessary or requested by GEC staff members.
- To ask questions when you do not understand what you have been told about your care or what you are expected to do.
- To provide necessary information for insurance claims and to pay your bills or make arrangements for financial obligations in a timely manner.
- To understand your own health insurance plan coverage, such as co-payment, co-insurance percentage and deductible balances for the procedure at GEC.
- To have a designated adult for receiving discharge instruction and to drive you home after receiving sedation.
- To disclose any chance or expectation of pregnancy before the procedure.
- To recognize that the Center cannot accept responsibility for any personal property. Please leave any carry on personal items such as jewelry, mobile electronic devices and/or cash with your designated responsible adult during the visit. Greenbelt Endoscopy Center encourages patients to leave their valuables at home and to bring only the necessary items to your visit.
- To respect the Center and others privacy rights by not recording or filming from your personal mobile electronic devices without obtaining permission from the administration.
- To provide the facility with a copy of your advanced directive if you have one.

Understanding Upper GI Endoscopy



Your physician has determined that upper endoscopy is necessary for further evaluation or treatment of your condition. This brochure has been prepared to help you understand the procedure. It includes answers to questions frequently asked by patients. Please read it carefully. If you have any additional questions please feel free to discuss them with the endoscopy nurse before your examination begins.

What is upper endoscopy?

Upper endoscopy (also known as upper GI endoscopy, Esophagogastroduodenoscopy [EGD], or panendoscopy) is a procedure that enables your physician to examine the lining of the upper part of your gastrointestinal tract, i.e., the esophagus (swallowing tube), stomach, and duodenum (first portion of the small intestine) using a thin flexible tube with its own lens and light source.

Why is upper endoscopy done?

Upper endoscopy is usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, or difficulty swallowing. It is also the best test for finding the cause of bleeding from the upper gastrointestinal tract.

Upper endoscopy is more accurate than x-ray films for detecting inflammation, ulcers, or tumors of the esophagus, stomach, and duodenum. Upper endoscopy can detect early cancer and can distinguish between benign and malignant (cancerous) conditions when biopsies (small samples of tissue) of suspicious areas are obtained. Biopsies are

taken for many reasons and do not necessarily mean that cancer is suspected. A cytology test (introduction of a small brush to collect cells) may also be performed.

Upper endoscopy is also used to treat conditions present in upper gastrointestinal tract. A variety of instruments can be passed through the endoscope that allow many abnormalities to be treated directly with little or no discomfort, for example, stretching narrowed areas, removing polyps (usually benign growths) or swallowed objects, or treating upper gastrointestinal bleeding. Safe and effective endoscopic control of bleeding has reduced the need for transfusions and surgery in many patients.

What preparation is required?

For the best (and safest) examination, the stomach must be completely empty. You should have nothing to eat or drink, including water, for approximately 6 hours before the examination. Your doctor will be more specific about the time to begin fasting, depending on the time of day that your test is scheduled.

It is best to inform your doctor of your medications as well as any allergies several days prior to the examination. You should alert your doctor if you require antibiotics prior to undergoing dental procedures, since you may need antibiotics prior to upper endoscopy as well.

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Understanding Upper GI Endoscopy (continued)

Possible medication adjustments

Before the test, be sure to discuss with the doctor whether you should adjust any of your usual medications before the procedure, any drug allergies you may have, and whether you have any other major diseases such as heart or lung condition that may require special attention during the procedure.

Arrangements to get home after the test?

If you are sedated, you will need to have someone accompany you home from the examination because sedatives may affect your judgment and reflexes the rest of the day. If you received sedation, you will not be allowed to drive after the procedure even though you may not feel tired.

What can be expected during the upper endoscopy?

Your doctor will review with you why upper endoscopy is being performed, whether any alternative test are available, and possible complications from the procedure. Practices may vary among doctors, but you may have your throat sprayed with a local anesthetic before the test begins and may be given medication through a vein to help you relax during the test. While you are in a comfortable position on your side, the endoscope is passed through the mouth and then in turn through the esophagus, stomach, and duodenum. The endoscope does not interfere with your breathing during the test. Most patients

consider the test to be slightly uncomfortable and many patients fall asleep during the procedure.

What happens after upper endoscopy?

After the test, you will be monitored in the endoscopy area until most of the effects of the medication have worn off. Your throat may be a little sore for a while, and you may feel bloated right after the procedure because of the air introduced into your stomach during the test. You will be able to resume your diet after you leave the procedure area unless you are instructed otherwise.

In most circumstances, your doctor can inform you of your test results on the day of your procedure; however, the results of any biopsies or cytology samples taken will take several days.

What are possible complications of the upper endoscopy?

Endoscopy is generally safe. Complications can occur but are rare when the test is performed by the physicians with specialized training and experience in this procedure. Bleeding can occur from a biopsy site or where a polyp was removed. It is usually minimal and rarely requires a blood transfusion or surgery. Localized irritation of the vein where the medication was injected may rarely cause a tender lump lasting several weeks, but this will go away eventually. Applying heat packs or moist hot towels may help relieve discomfort.

Other potential risks include a reaction to the sedatives used, and complications from the heart or lung diseases including respiratory or cardiac arrest, which may lead to a life long irreversible conditions. Major complications including perforation or death are very uncommon but still possible.

It is important for you to recognize early signs of any possible complication. If you begin to run a fever after the test, begin to have trouble swallowing, or have increasing throat, chest, or abdominal pain, let your doctor know about it promptly.

To the patient

Because education is an important part of the comprehensive medical care, you have been provided with this information to prepare you or this procedure. If you have questions about your need for the endoscopy, alternative tests, the cost of the procedure, methods of billing, or insurance coverage, do not hesitate to speak to your doctor or your doctor's office staff. Most endoscopists are highly trained specialist and welcome your questions regarding their credentials and training. If you have any questions that have not been answered, please discuss them with the endoscopic nurse or your physician before the examination begins.

Understanding Colonoscopy

Your physician has determined that colonoscopy is necessary for further evaluation or treatment of your condition. This brochure will help you understand the procedure. It answers a few most frequently asked questions. Please read it carefully. If you have additional questions, please feel free to discuss them with the Endoscopy nurse or your physician before the examination begins.

What is a colonoscopy?

Colonoscopy is a procedure in which your physician examines the colon lining, (large bowel), for abnormalities. This is done by inserting a flexible tube approximately as thick as your finger into the anus and advancing it slowly into the rectum and colon.

What preparation is required?

The colon must be completely clean for the procedure to be accurate and complete. Your physician will give you detailed dietary instructions and restrictions, and address the cleansing routine to be used. During the preparation, you generally consume a large volume of a special cleansing solution or several days of clear liquids, laxatives, and enemas prior to the examination. Follow your doctor's instructions carefully. If you do not, the procedure may have to be rescheduled.

What about my current medications?

Most medications may be continued as usual, but some can interfere with the preparation or the examination. Inform your physician of you current medications, and any allergies to medications several days prior to your visit. Aspirin products, arthritis medicines, anticoagulants (blood

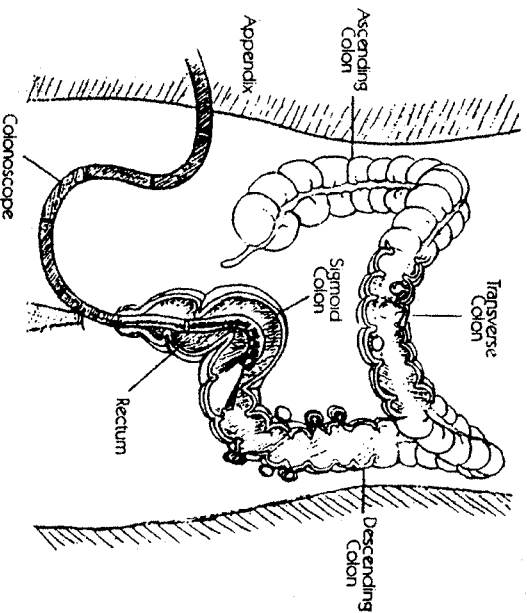
thinners), insulin, and iron products are examples. Inform your doctor if you require antibiotics prior to undergoing dental procedures, because you may need antibiotics prior to colonoscopy as well.

What can be expected during colonoscopy?

Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating, or cramping at times during the procedure. Your doctor may medicate you through a vein to help you relax and tolerate procedural discomfort. You will be lying on your side or back while the colonoscope is advanced slowly through the large intestine. As the colonoscope is slowly withdrawn, the lining is again carefully examined. The procedure takes 15 to 60 minutes. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine can not be achieved. The physician will decide if the limited exam is sufficient or if others are necessary.

What if the colonoscopy shows something abnormal?

If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope in order to obtain a biopsy (sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If colonoscopy is used to identify bleeding sites, these are controlled through certain medications or a coagulation (sealing off bleeding vessels with heat treatment). If polyps are found, they are generally removed. None of these additional procedures typically produces pain. Remember, the biopsies are taken for many reasons and do not indicate that cancer is suspected.



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Understanding Colonoscopy (continued)

What are polyps and why are they removed?

Polyps are abnormal growths from the lining of the colon that vary in size from a tiny dot too several inches. The majority of polyps are benign (non-cancerous) but the doctor cannot always tell a benign polyp from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer.

How are polyps removed?

Tiny polyps may be totally destroyed by fulguration (burning), but rather larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, which could require emergency surgery.

What happens after a colonoscopy?

After a colonoscopy, your physician will explain the results to you. If you have been given medications during the procedure, someone must accompany you home from the procedure because of the sedation used during the examination. Even if you feel alert after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate any machinery. You may have some cramping or bloating because of the air that is introduced into the colon during the examination.

This should disappear quickly with the passage of flatus (gas). Generally, you should be able to eat after leaving the endoscopy, but your doctor may restrict your diet and activities, especially after a polypectomy.

What are the possible implications of a colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures.

One possible complication is perforation or tears through the bowel wall that could require surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Rarely, blood transfusions or surgery is required.

Other potential risks include a reaction to the sedatives used, and complications from the heart or lung diseases including respiratory or cardiac arrest, which may lead to a life long irreversible conditions. Major complications including perforation or death are very uncommon but still possible.

Localized irritation of the vein where medications were injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying hot packs or hot moist towels may help relieve the discomfort.

Although complications after a colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact your physician who performed the colonoscopy if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding of more than one-half cup. Bleeding can occur several days after the polypectomy.

To the patient

Because education is an important part of the comprehensive medical care, you have been provided with this information to prepare you for this procedure. If you have questions about your need for the colonoscopy, alternative tests, the cost of the procedure, methods of billing, or insurance coverage, do not hesitate to speak to your doctor or your doctor's office staff. Most endoscopists are highly trained specialist and welcome your questions regarding their credentials and training. If you have any questions that have not been answered, please discuss them with the endoscopic nurse or your physician before the examination begins.

Excellent Colonoscopy bowel preparation- The success of colonoscopy

The success of colonoscopy as a screening modality for colorectal cancer is highly dependent upon the ability to purge the colon of fecal material in order to provide an un-obscured view of the bowel wall.

Inadequate cleansing of the colon, reported to occur in about 27% of all examinations, results in missed adenomas (adenomas polyp). Furthermore, suboptimal bowel preparation leads to prolonged procedure times, lower rates of cecal intubation, reduced screening intervals, higher screening costs, and possibly, an increased risk for procedure related complications. Consequently, the adoption of more effective methods of bowel cleansing and a greater emphasis on patient compliance with preparation instructions will improve the effectiveness and efficiency of colonoscopy, as well as minimize the risk for procedural complications.

To have a successful colonoscopy, your bowel must be empty so that your physician can clearly view the colon. To do this, it is very important to read and follow all of the instructions given to you **at least 2 weeks BEFORE your exam**. If your bowel is not empty, your colonoscopy will not be successful and may have to be repeated. Inadequate bowel preparation for colonoscopy can result in missed lesions, aborted or incomplete procedures, and potentially higher complication rates.

Preparing for colonoscopy involves cleaning your bowel completely so that your physician has a clear view during the exam. This process is very important because if everything has not been removed from your intestines, the procedure could take longer, there is a greater risk for complications, the physician may not be able to finish the colonoscopy properly, and you might have to do it all over again sooner than normal. To ensure that your colonoscopy is completed properly, follow all your doctor's instructions.

Bowel Preparations

The available purgatives for colonoscopy can be classified into 1 of 3 categories: osmotic agents, polyethylene glycol-based (PEG) solutions, and stimulants. Osmotic laxatives increase intraluminal water by promoting the passage of extracellular fluid across the bowel wall. Examples of osmotic preparations include magnesium citrate. The PEG-based solutions consist of a high molecular weight nonabsorbable polymer in a dilute electrolyte solution. PEG solutions are designed to be osmotically balanced, limiting the exchange of fluid and electrolytes across the colonic membrane. Stimulant laxatives work by increasing smooth muscle activity within the wall of the colon. Examples of stimulant purgatives include Dulcolax and bisacodyl.

Key Points

1. The choice of bowel cleansing regimen for colonoscopy should be based upon the patient's age, health status, co-morbid diseases, and personal preference.
2. A split dose bowel cleansing regimen that includes 1 dose of laxative within 6 to 8 hours of the examination improves the quality of bowel cleansing, especially within the ascending colon.
3. The importance of adequate hydration during and after bowel preparation should be emphasized for patients undergoing colonoscopy.

Split-dose bowel prep improves all quality markers for colonoscopy

Recent studies have shown that split-dose preparations (divided dose) significantly improve bowel cleansing. The bowel prep medication is divided in to two equal portions. The first dose usually begins in the afternoon before the procedure day. The second dose should begin 4 to 6 hours before the procedure begins. The more time that elapses between the last liquid intake and colonoscopy, the dirtier the colon becomes. So split-dose regimens and dosing closer to the procedure are clearly the direction things are headed.

- Select the appropriate time to start your first dose prep. Approximate 60 to 90 minutes after ingestion of the medication; you will have frequent bowel movement for 2 to 3 hours.
- Take the second dose of medication approximately 4 to 6 hours before the procedure begins.
- No food (any non clear liquid including solid food) at least 6 hours from the procedure arrival time, and no drink (clear liquid) at least 2 hours from the procedure arrival time.
- Customize bowel prep time per individual medical condition and the scheduled procedure time will give best yield of bowel prep result.
- When the dose is split. You may need to wake up at 4 a.m. to drink the second part,
- During the bowel preparation time, patient should be on clear liquid diet only.

Q & A

How do I cleanse my colon?

- There are different methods to clean out your colon, and your doctor will tailor one for you that he or she has found works. To make sure you and your doctor choose the right method for you, tell your doctor of your current medications, any drug or food allergies, and if you have ever had heart problems, kidney disease, ascites, fluid or electrolyte abnormalities,
- Chronic constipation, or an incomplete colonoscopy. Remember to follow your doctor's instructions exactly so your procedure is completed as smoothly as possible.

Why do I have to drink so much fluid for the colonoscopy?

- You may be given liquid electrolytes or something similar to drink before your colonoscopy. It will be a lot to drink and it may not taste very good; but, it is important to drink the entire preparation to thoroughly clean your colon, avoiding any problems during the procedure and making sure you do not have to do it again anytime soon.

Why do I have to eat and drink differently?

- Your doctor may give you a list of low-fiber foods to eat for one to three days before your colonoscopy. Make sure to stick to eating foods on this list as much as possible. Your doctor will also ask you not to eat anything after a certain time before your test and to drink plenty of clear, nonalcoholic fluids. Doing so will make cleaning your colon more complete, as well as keep you hydrated and safe from any problems with the preparation for the colonoscopy and the colonoscopy itself.

Helpful Tips

- ❖ Drink plenty of clear, nonalcoholic fluids, especially sports drinks
- ❖ Avoid red liquids or foods, as they can look like blood in the colon
- ❖ Prepare to spend most of the day before your test on or near the toilet
- ❖ Use adult wet wipes or a water spray to clean off instead of toilet paper
- ❖ Call the doctor's office for any help with the preparation or instructions