

Advance Directives

Overview of Advance Directives

If you are 18 or older and have the capacity to make and communicate health care decisions, you have the right to make decisions about your health/mental health treatment. An advance directive is a set of directions you give about the health/mental health care you want if you ever lose the ability to make decisions for yourself. North Carolina has three ways for you to make a formal advance directive: a living will, a healthcare power of attorney, and advance instruction for mental health treatment. Making an advance directive is your choice. If you become unable to make your own decisions and do not have an advance directive, your doctor or health/mental health care provider will consult with someone close to you about your care.

There are rules to follow when you make an advance directive and there are special forms that you can use to ensure your wishes are carried out. For applicable state laws and sample forms for creating a living will or healthcare power of attorney, you may contact one of the following:

Caring Information Organization at 1-800-658-8886

NC DHHS Division of Aging and Adult Services at 1-800-662-8859 or www.ncdhhs.give/aging/direct

Carolinas End of Life Care at 1-919-807-2162 or www.carolinasendoflifecare.org

Our Policy Regarding Advance Directives

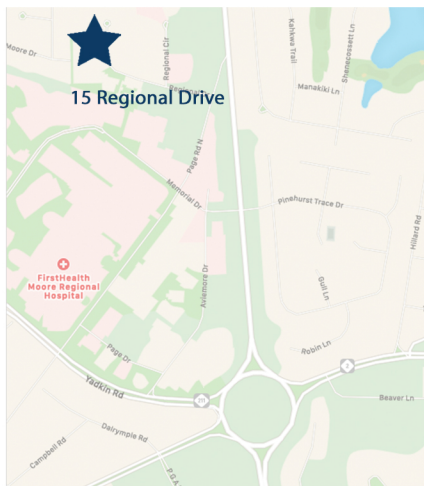
Please be aware that the procedures we perform in this facility are not high risk. If in an emergency, we will take all necessary measures to stabilize you including Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). If you present to this center for a procedure with a living will, valid Do Not Resuscitate Order (DNR) or Out of Facility form and you have an emergency, we will STILL take all necessary measures to stabilize you and we will begin Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). We will call 911 to transport you to the hospital. EMS will be informed of the Do Not Resuscitate Order or living will upon arrival.

Non-Discrimination

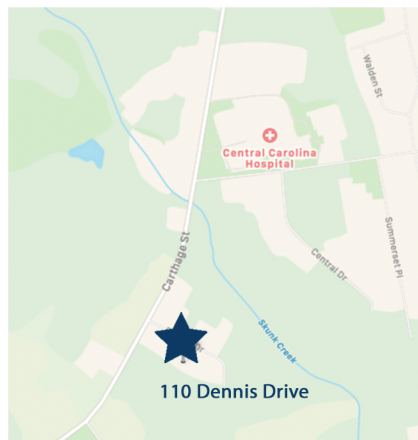
Pinehurst Medical Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, sex, age, natural origin, sexual orientation, disability, citizenship, genetic information, gender expression, gender identity, or military status or any other classification protected by federal, state, and local law. Please notify our center if you need communication assistance during your visit.

This information is provided for you in accordance with Medicare guidelines.

Two Convenient Locations to Serve You...



15 Regional Drive | Pinehurst, NC 28374
910.295.9207



110 Dennis Drive | Sanford, NC 27330
919.774.4511

Monday through Friday
8:00 am to 4:30 pm

Provisions for After Hours Emergency and Care

If you are experiencing a medical emergency please dial 911 or go to your nearest emergency room. If you have an URGENT matter AFTER office hours:
Pinehurst Location: Call the hospital operator at 910.715.1000 and ask for the Pinehurst Medical Clinic GI Physician on call.
Sanford Location: Call the office number (919) 774-4511 and the answering service will page the GI doctor on call.



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CAUTERIZATION OF ANGIODYSPLASIA
HEMORRHOID BANDING

Patient Responsibilities

1. Provide accurate and complete information concerning your symptoms, past history, current health status, and medications including over-the-counter products and dietary supplements.
2. Make known whether you clearly comprehend your medical care and what is expected of you in the plan of care.
3. Participate in the development of the treatment plan and follow care instructions given to you.
4. Follow the treatment plan and care instructions given to you.
5. Keep appointments and notify us if you are unable to do so.
6. Accept responsibility for your actions if you refuse planned treatment or do not follow your doctor's orders.
7. Accept financial responsibility for care received and you pay your bills promptly.
8. Follow facility policies and procedures.
9. Inform your doctor about any living will, medical healthcare power of attorney, or other directive that may affect your medical care.
10. Be respectful of all healthcare providers and staff as well as other patients.
11. Inform the staff of any discomfort or pain and patient safety issues.
12. Share your values, beliefs, and traditions to help the staff provide appropriated care.
13. Provide a responsible adult to transport you home and remain with you if you receive sedation medications.

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Behnam Asgharian, MD
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Viet-Nhan Nguyen, DO

Providers
WHO CARE



Patient Rights

1. Considerate, respectful, and safe care that is free from abuse and harassment.
2. A discussion of your illness, what we can do about it, and the likely outcome of care.
3. Know the names and roles of the people caring for you here.
4. Respectful and effective pain management.
5. Receive as much information to consent to or refuse a course of treatment or invasive procedure and to actively participate in decisions regarding your medical care.
6. Involve your health care proxy or significant others in the decision making process for medical decisions.
7. Reasonable continuity of care and to know in advance the time and location of an appointment as well as the doctor you are seeing.
8. Full consideration of personal privacy and confidentiality of your medical information. Your written permission will be obtained prior to releasing any medical information. When we do release your information to others, we ask them to keep it confidential.
9. Review your medical record and ask questions unless restricted by law.
10. Know of any relationships with other parties that may influence your care.
11. Know about rules that affect your care and about charges and payment methods. You have a right to receive and examine an explanation of your bill, regardless of the source of payment.
12. Receive assistance with the transfer of care from one doctor to another doctor within our practice or to an external doctor not in our practice.
13. You have a right to develop a living will or health care power of attorney.
14. Voice your concerns, complaints, or problems with the care you receive by contacting, our nurse manager at 910-235-3329. If we are unable to satisfactorily address your complaint, you may contact the NC Medical Board at 800-253-9653 or AAHC 1-847-853-6060 or www.aaahc.org.

NC DHSR Complaint Intake Unit Division
www.dhhs.state.nc.us/dhsr/ciu/complaintintake

Division Contact:
Rita Horton
2711 Mail Service Center
Raleigh, NC 27699-2711
Or call 1-800-624-3004 or 919-855-4500

Medicare Ombudsman
<https://www.medicare.gov/basics/your-medicare-rights/get-help-with-your-rights-protections>

All of our Gastroenterologists are board certified in Gastroenterology.

The Endoscopy Center is part of the Pinehurst Medical Clinic, Inc., a privately owned physician organization.