

DISCLOSURE OF PHYSICIAN OWNERSHIP

We recognize our colleagues and partners as valuable members of our healthcare organization, and pledge to treat each other with loyalty, dignity, and respect.
DISCLOSURE OF PHYSICIAN OWNERSHIP

In accordance with federal regulations (42 C.F.R. 416.50(a)(ii)) and the public law and applicable rules of the State of New Jersey, Board of Medical Examiners (C.26:2H-12; N.J.A.C. 13:35-6.17), a physician, podiatrist and all other licensees of the Board of Medical Examiners must inform patients of any significant financial interest in a health care service.

The Endoscopy Center of Hackensack, LLC dba Hackensack Endoscopy Center is owned by the following physicians as well as Hackensack University Medical Center (HUMC) and United Surgical Partners International (USPI):

David Feit	Richard Lin
David Felig	George Nikias
Richard Golding	Eric Rosendorf
Steven Leibowitz	Mark Tanchel

Paramus Endoscopy, LLC dba Surgical & Endoscopy Center of Bergen County is owned by the following physicians as well as Hackensack University Medical Center (HUMC) and United Surgical Partners International (USPI):

Eric Avezzano	Richard Golding	Judy Lin
Vivian Bethala	Simon Kahn	Richard Lin
Crystal Broussard	Anna Korkis	Stephen Margulis
Aditi Chhada	Donald Kutner	George Nikias
Holly Cullen	Steven Leibowitz	Robert Pittman
Anthony Delillo	Robert Levine	Eric Rosendorf
David Feit	Rosario Ligresti	Mark Tanchel
David Felig		

Accordingly, please take notice that the physician who will be performing your procedure has a financial interest in the health care service for which you are being referred.

You may, of course, seek treatment at a health care service provider of your own choice. A listing of alternative health care service providers can be found in the classified section of your phonebook under the appropriate heading or the Provider Directory provided by your insurance carrier.



170 Prospect Ave, Suite 10 • Hackensack, NJ 07601
Tel: (201) 498-0030 • Fax: (201) 708-6300



80 Eisenhower Drive, Suite 100 • Paramus, NJ 07652
tel: (201) 336-1100 • fax: (201) 336-1040

IMPORTANT PATIENT INFORMATION

DRIVING AND PARKING INSTRUCTIONS
ADVANCE DIRECTIVE INFORMATION
OWNERSHIP DISCLOSURE
PATIENT RIGHTS
FINANCIAL RESPONSIBILITY

DIRECTIONS

HACKENSACK ENDOSCOPY CENTER

170 Prospect Avenue, Suite 10 • Hackensack, NJ 07601

Tel: (201) 498-0030 • Fax: (201) 708-6300

FREE Valet Parking or Self-Parking is provided.

Valet available under green awning in front of 170 Prospect Avenue

Self-parking in Parking Garage on Overlook Avenue

From George Washington Bridge:

Follow Route 80 West, staying local lanes to Exit 64B

Turn right at light onto Polifly Road. Travel north on Polifly Road towards the 4th traffic light

Turn Left on to Beech Street and go 3 blocks and make a right on Prospect Ave **for Valet Parking**

Or go only 2 blocks and make a Right onto Overlook Avenue; Make a Left into 2nd Parking Garage (Excelsior II)

From Paterson Area and West:

Follow Route 80 East, staying local lanes to Exit 63B

Turn Left off exit ramp and at the light turn right on to Essex Street

Follow Essex Street at the 6th traffic light, turn Left on to Prospect Avenue continue to stop sign

For Self Parking Turn Right on to Beech Street go 1 block and make Left onto Overlook Ave
Make a Left into 2nd Parking Garage (Excelsior II)

For Valet Parking continue 100 yards and make a right into drive with Green Awning

From Southern New Jersey via the New Jersey Turnpike:

Follow Route 95-NJ Turnpike north to junction of Route 80

Take 80 West, staying local lanes to Exit 64B

Follow above directions from George Washington Bridge

From Northwestern New Jersey on Route 17:

Follow Route 17 South to Essex Street exit

Turn right onto Essex Street at the 4th traffic light, Turn left onto Prospect continue to stop sign

For Self and Valet Parking see above from Paterson Area and West

From Southwestern New Jersey on Route 17:

Follow Route 17 North to Essex Street exit

Turn left onto Essex Street at the fifth traffic light, Turn left onto Prospect continue to stop sign

For Self and Valet Parking see above from Paterson Area and West

From The Garden State Parkway:

From The Garden State Parkway, either north or south, take Route 80 East (Exit 159)

Follow Route 80 East, staying local lanes to Exit 63B

Follow above directions from Paterson Area and West

ADVANCE DIRECTIVE

An Advance Directive is a document that states what kinds of treatment you do or do not want to receive should you become incapacitated and/or names another person to make those decisions for you. An advance directive may include a proxy directive or an instruction directive, or both. (N.J.A.C. 8:43A-1.3).

For more information on Advance Directives, please visit the following website:
www.state.nj.us/health/healthfacilities/documents/ltc/advance_directives.pdf

Please note that the Center does Not Honor DNR Orders (Do not resuscitate orders). Please contact our staff if you have any questions.

Other types of planning documents information can be found at:

<http://www.agingwithdignity.org/five-wishes.php>

http://www.lifeissues.org/euthanasia/pdf/your_life_your_choices.pdf

IF YOU have an advance directive or POLST (Physician Orders for Life Sustaining Treatment) please bring the document to the center at the time of your appointment.

CONFIDENTIALITY/HIPAA

It is our policy to ensure that only parties with legitimate interest have access to healthcare information and that there is a conscious effort by all employees to protect patient information through their work habits, computer transmissions, conversation, and handling of patient paperwork. A summary of our privacy practices is available in our Center for your review.

FINANCIAL RESPONSIBILITY

As an in-network center we participate with ALL insurance plans. The facility charges are separate from any physician professional fees including: surgeon, anesthesia, or pathology charges. Please ask to speak to an account manager for an estimate of your financial responsibility. As a courtesy, we verify benefits with your insurance carrier prior to all procedures/surgeries and provide you with an estimate of your financial responsibility based on your plan benefits including any co-payments, deductibles and/or co-insurance. We may ask you for a deposit prior to your procedure to be applied towards your financial responsibility. We offer multiple financing options through SURGICARES Financing. These include a seasonal payment plan, CareCredit, MedDraft, and other options. We also accept credit card payments from HSA (health savings accounts) and FSA (flexible spending accounts) accounts. We accept personal checks as well as Visa, Mastercard, Discover, and American Express. If you have any questions please call (201) 498-0030 and ask to speak to one of our Financial Account Managers.

IMPORTANT INSTRUCTIONS

Patients receiving sedation or anesthesia may not drive for the rest of the day.

You must have a responsible adult drive you home.

You may not walk home or take public transportation. You may not take a taxi home unless you have an adult friend or family member with you. All patient rides must arrive by 4:30pm.

Please call your doctor if you cannot get a ride.

If you are scheduled for a colonoscopy, please take the **colon prep solution** and follow diet orders as instructed by your physician. This usually includes having only clear liquids the day before your procedure. Nothing may be taken by mouth (NPO) after midnight before your procedure*.

If you are scheduled for an upper endoscopy, nothing may be taken by mouth (NPO) after midnight before your procedure*.

***For colonoscopy or upper endoscopy you may take your cardiac and blood pressure medications with sips of water at least 3 hours before your procedure.** Clear liquids (ex. apple juice, black coffee or tea, chicken broth) may be permitted until 3 hours before your procedure. **Please check with your doctor.**

IF YOU ARE NOT GETTING SEDATION FOR YOUR PROCEDURE PLEASE ASK YOUR DOCTOR WHEN TO STOP EATING AND DRINKING BEFORE YOUR PROCEDURE

Please note the above are minimum requirements of the Center. Your doctor's instructions may vary slightly. Feel free to call the center if you have questions or concerns about the above. 201-336-1100

CENTER MISSION

The mission of the Center is to provide first class surgical services for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.

DIRECTIONS

SURGICAL & ENDOSCOPY CENTER OF BERGEN COUNTY
80 Eisenhower Drive, Suite 100 • Paramus, NJ 07652
tel: (201) 336-1100 • fax: (201) 336-1040

From the North:

NJ 17 South
Take the CENTURY ROAD exit toward FAIR LAWN
Merge onto CENTURY ROAD
Turn LEFT onto ESSEX ROAD
Turn RIGHT onto EISENHOWER DRIVE
Turn LEFT into the parking area at 80 EISENHOWER DRIVE

From the South:

NJ 17 North toward MAHWAH
Exit at CENTURY ROAD toward FAIR LAWN
Continue on the bridge over Route 17 and merge onto CENTURY ROAD
Turn LEFT onto ESSEX ROAD
Turn RIGHT onto EISENHOWER DRIVE
Turn LEFT into the parking area at 80 EISENHOWER DRIVE

From the East and West:

Route 4 East or West to Route 17 N
Exit at CENTURY ROAD toward FAIR LAWN
Continue on the bridge over Route 17 and merge onto CENTURY ROAD
Turn LEFT onto ESSEX ROAD
Turn RIGHT onto EISENHOWER DRIVE
Turn LEFT into the parking area at 80 EISENHOWER DRIVE

*Please be aware that patients **CANNOT** drive themselves home after their procedure and must be discharged from the facility with a responsible adult. All patient rides must arrive by 4:30pm.*

It is important to tell your doctor if you are taking any medications to thin your blood. They may need to be stopped for some time before your surgery or procedure. Some examples of medications that may need to be stopped are aspirin, Coumadin, Plavix, Effient, Motrin, Aleve, vitamin E, fish oil. **Do not stop any medication without first speaking to your doctor.**

Please leave all jewelry and valuables at home, including body piercings.

Please bring with you your insurance card(s), identification, advance directive and a list of any medications you take (prescription and over the counter plus supplements) including dosage. Please bring a credit card or check for your co-payment, deductible or coinsurance payment.

Each patient receiving care at the Endoscopy Center shall have the following rights:

1. To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The Center shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the Center;
2. To be informed of services available in the Center, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the Center and any charges for services not covered by sources of third-party payment or not covered by the Center's basic rate;
3. To be informed if the Center has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
4. To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s), before it is performed. If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;
5. To participate in the planning of the patient's care and treatment, and to refuse medications and treatment. Such refusal shall be documented in the patient's medical record;
6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
7. To voice grievances or recommend changes in policies and services to Center personnel, the Board of Directors, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
8. To be free from mental and physical abuse, free from exploitation, free from all forms of harassment, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of Center personnel;
9. To confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the Center without the patient's approval, unless another health care Center to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The Center may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to personal privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when Center personnel are discussing the patient;
11. To not be required to perform work for the Center unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;
12. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient;
13. To not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the Center; and

14. To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care in accordance with N.J.A.C. 8:43E-6. 8:43A-16.3 Notice
- (a) The administrator shall provide all patients and/or their families upon request with the name, addresses, and telephone numbers of the following offices where complaints may be lodged:

Surgical & Endoscopy Center of Bergen County, Aaron Shechter, Administrator
80 Eisenhower Drive • Paramus, NJ 07652
(201) 336-1100

Hackensack Endoscopy Center of Bergen County, Aaron Shechter, Administrator
170 Prospect Ave Ste 10 • Hackensack, NJ 07601
(201) 336-1100

Office of Acute Care Assessment and Survey / New Jersey State Department of Health
PO Box 367 Trenton, New Jersey 08625-0367
Telephone: 609-292-9900 • Fax: 609-943-3013

And

State of New Jersey Office of the Ombudsman for the Institutionalized Elderly
PO Box 808 Trenton, New Jersey 08625-0808
Telephone: 877-582-6995

Web Site address: www.nj.gov/publicadvocate

- (b) The administrator shall also provide all patients and/or their families upon request with the names, addresses, and telephone numbers of offices where information concerning Medicare and Medicaid coverage may be obtained.

Bergen County Medicaid
201-368-4200

Bergen County Department of Human Services
201-336-7400

<http://www.medicare.gov/Ombudsman/activities.asp>

- (c) Addresses and telephone numbers contained in (a) and (b) above shall be conspicuously posted throughout the Center, including, but not limited to, the admissions waiting area or room, the patient service area of the business office, and other public areas.

15. The patient has the right to information regarding credentialing of Health Care Professionals at the Center.
16. The patient has the right to refuse any treatment, except as otherwise provided by law.
17. The patient has the right to choose his/her own pharmacy.
18. The patient has the right to receive care in a safe setting.
19. The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.

Each patient receiving care in this ambulatory Center shall have the following responsibilities:

Patients are required to:

1. Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
2. Follow the treatment plan prescribed by his/her provider.
3. Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by the provider.
4. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
5. Accept personal financial responsibility for any charges not covered by his/her insurance.
6. Be respectful of all the health care providers and staff, as well as other patients.

You may, of course, seek treatment at a health care service provider of your own choice. A listing of alternative health care service providers can be found in the classified section of your phonebook under the appropriate heading or the Provider Directory provided by your insurance carrier.