

Informed Consent for Gastrointestinal Endoscopy

Explanation of Procedure

Visualization examination of the inside of the digestive tract using an instrument with a light on it is referred to as gastrointestinal endoscopy. Your health care provider(s) advised you to have this type of examination. The following information is presented to help you understand the reasons for and the possible risks of these procedures. During the examination, the lining of the appropriate portion of the digestive tract will be visually inspected. If an abnormality is seen or suspected, a small portion of tissue may be removed for microscopic analysis (biopsy). Growths, such as polyps, may be removed. Unless declined, an Anesthesia Provider will provide IV sedation and monitor your response during your procedure. Our goal is to keep you comfortable.

Brief Description of Endoscopic Procedures

- EGD (Esophagogastroduodenoscopy) with possible dilation:** Examination of the esophagus, stomach, and duodenum. If active bleeding is found, treatment may be given to stop bleeding. Dilating devices may be used to stretch the esophagus (or the muscles behind the esophagus) or other narrowing if appropriate to your care.
- Banding:** A rubber band is placed around esophageal varices/hemorrhoids to reduce the flow of blood to the vein, thus preventing further bleeding. Rarely, injection of medication into the esophageal varices with a small needle through the scope may be warranted to sclerose (harden) the vein to prevent further bleeding.
- Sigmoidoscopy:** Examination of the anus, rectum, and limited portion of the left side of the colon, often to a depth of 60 cm.
- Colonoscopy:** Examination of all or a large portion of the colon. Polypectomy (removal of growths called polyps) is performed, if necessary, often by biopsy device or the using a wire loop with or without electric current.
- Other:** _____

Alternatives to Gastrointestinal Endoscopy

Although gastrointestinal endoscopy is considered a safe and effective means of examining the gastrointestinal tract, it is not 100% accurate in diagnosis. In a small percentage of cases, a failure of diagnosis or misdiagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray type imaging and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician is available to discuss these options with you and address questions during a pre-arranged visit.

Principal Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal endoscopy is generally a low risk procedure. However, complications are possible with any medical procedure. Older patients, medically ill patients, and those with extensive diverticulosis are more prone to complications from sigmoidoscopy or colonoscopy.

The performing physician will be available to discuss questions regarding risk factors.

You must inform your physician of all your allergies and medical problems. If you have a major change in your medical/surgical history (including pregnancy) after your pre-operative appointment, it is your responsibility to call our office prior to the procedure.

*** Bleeding:** Bleeding if it occurs, is usually a complication of biopsy, polypectomy, dilation, or banding. Management of this complication may consist of observation, or may require an ER visit, hospitalization with a repeat endoscopy to stop the bleeding, blood transfusion or surgery. If there is bleeding it is typically either within the first 48 hours or delayed 7-14 days after an endoscopy. Please note that traveling to a remote area or taking an international flight is discouraged for 2 weeks following the procedure if biopsy or polypectomy was performed.

*** Perforation:** Passage of the instrument or removal of tissue may result in an injury to the gastrointestinal tract wall, with possible leakage of gastrointestinal contents into the body cavity. If this occurs, use of antibiotics, hospitalization, or surgery to close/drain the leak may be required. In rare instances, a colostomy may be necessary (this is a bag on your abdomen that stool would come through). If a perforation were left untreated, it could be life threatening.

*** Medication Reactions:** There are risks involved with the administration of any medicine. These risks may include mild inflammation of the vein at the injection site, nausea/vomiting, allergic reactions, impaired cardiovascular (heart) function, increase/decrease in blood pressure, breathing problems, or other complications.

*** Other Risks:** Damage can rarely occur to teeth or dental work when instruments are inserted through the mouth; complications/worsening of other diseases you may already have; acquiring a viral or other infection despite our rigorous infection prevention strategies; not being able to complete the exam; blood clot or stroke from holding blood thinning medications; the possibility of missing a colon cancer or other lesion; need for an ambulance or hospitalization; instrument failure and death are extremely rare possibilities; unexpected cost (in the event of a complication related to the procedure, a physician will be available to help consult on or manage the complication; however, neither the physician who performed your procedure nor any member of Northwest Gastroenterology & Endoscopy will accept any financial responsibility relative to the care involved in managing the complication.)

I understand that because of the sedation I may not drive or operate machinery, make critical decisions, sign legal documents, or consume alcoholic beverages on the procedure day. I understand that if I drive myself home after receiving sedation I will be dismissed from this practice and will need to seek medical care elsewhere. I understand that if I do not have an escort, I cannot take a taxi or uber home and must pre-arrange transportation by an approved medical escort company or Specialized WTA. If I arrive at Northwest Endoscopy Center without an escort or approved transportation pre-arranged, my procedure will be cancelled. I consent to the taking and publication (without any identifying data) of any photographs/video taken during my procedure to assist in my care, and for use in the advancement of medical education. I am aware that my procedure report will be placed in the hospital record for access by other providers for whom the information might be vital to deliver appropriate medical care.

I understand that unforeseen conditions may be revealed that may necessitate change or extension of the original procedure(s) or different procedure(s) than those already explained to me. I therefore authorize and request that the physician, their assistants, or designees may perform such procedures as necessary and desirable in the exercise of their professional judgment. I understand that if an untoward event were to occur, life sustaining measures will be administered. If emergency transfer to the hospital is necessary, my advance directive, if applicable, will go into effect upon admission to the hospital. I am aware that the practice of medicine and surgery is not an exact science. I acknowledge that no guarantees have been made to me concerning the result of this procedure. I have been fully informed of the risks and possible complications of my procedure/anesthesia and have been given the opportunity to ask questions.

<input type="checkbox"/> Donald Gullickson, MD	<input type="checkbox"/> Kelly McCullough, MD	<input type="checkbox"/> Gregory Munson, MD	<input type="checkbox"/> Christoph Reitz, MD	<input type="checkbox"/> Kristina Ross, MD
<input type="checkbox"/> James Schoenecker, Jr., MD	<input type="checkbox"/> Hannah Sheinin, MD	<input type="checkbox"/> Benjamin Siemanowski, MD	<input type="checkbox"/> Todd Witte, MD	<input type="checkbox"/> Alan Chang, MD

Physician explaining procedure: _____ M.D. Signature: _____ Date: _____ Time: _____

Patient / Legally Authorized Representative (check one)

Translator/Relationship to Patient

Date: _____ Time: _____

Witness of Signature only: _____

Patient Label

Northwest Endoscopy Center, LLC
2930 Squalicum Parkway, #202
Bellingham, WA 98225

Informed Consent for Financial Responsibility

Northwest Endoscopy Center was established to meet the special needs of patients with gastrointestinal complaints or diseases. It is an "Ambulatory Surgery Center" specially designed for the practice of Gastroenterology - no other medical procedures are performed here. The physicians providing services at our facility are all Gastroenterologists and our clinical staff are trained professionals experienced in caring for our patients.

The mission of Northwest Endoscopy Center is to provide quality care to our patients in a specialized outpatient setting. Each patient will have our utmost careful and personalized attention.

Northwest Endoscopy Center is jointly owned by Physicians Endoscopy, LLC and Northwest Gastroenterology, PLLC. The Physicians of Northwest Gastroenterology, PLLC are the sole gastroenterology providers of the Center.

In order to ensure that our patients understand their financial responsibility and our payment policies, we ask that you read the following and discuss any questions you may have with one of our billing representatives, ideally in advance of your procedure.

The fee that we charge for our services is intended to cover the cost of operating this facility including equipment, staff, rent, supplies, etc. There will also be a separate charge from the Procedural Physician and the Anesthesia Provider for their professional services, as well as from the laboratory for any pathology processing and reading services.

1. As a courtesy to our patients, insurance claims will be submitted on the patient's behalf to the insurance company(s) specified during the registration process, provided we have the complete name and address of the insurance company, and the subscriber's name, date of birth, insurance ID number and/or group policy number.
2. All co-payments are due and collected at the time of service as required by the contract between the patient, the insurance company, and our center.
3. Some insurance plans require pre-certification, pre-authorization, or a written referral. It is the patient's responsibility to understand their insurance plan requirements and ensure that the proper authorization is obtained at least 3 days prior to the date of service. Failure to do so may result in denial of the claim by the insurance company. We cannot accept responsibility for a disputed claim. If the insurance company denies the claim for any reason or withholds payment, the patient is ultimately responsible for the balance.
4. We recognize that there may be times when full payment is not possible. Patients without insurance are expected to pay a minimum of 50% of the cost at the time of service and a minimum of one-third of the remaining balance over each of the three months following the date of service.
5. If you are having financial difficulty or **have questions, please contact our Billing Office at (360) 734-1420**, to discuss your account. Payments are expected to be paid monthly. Non-payment of accounts after three months may result in referral to an outside collection agency that could impact the patient's credit record and/or result in dismissal from the practice.

I have read the above. I understand and agree to the terms set forth in this Acknowledgement of Financial Responsibility. Regardless of any insurance coverage I may have, I am ultimately responsible for payment of my account with the Center.

Patient Name: _____ Patient Signature: _____ Date: _____

Center Representative: _____ Date: _____

Patient Right & Responsibilities, Advance Directives and Physician Ownership Disclosure Acknowledgment

I have received verbal and written information, in a language I understand, or that has been translated for me, and have been given the opportunity to ask questions about:

Please initial:

_____ Patient Rights & Responsibilities

_____ Advanced Directives

_____ Physician Ownership Disclosure

Center Representative: _____ Date: _____

Patient Label