We are pleased that you and your physician have chosen Carolinas Gastroenterology Center for your upcoming procedure. Our staff is professionally trained to provide the highest quality care at the lowest possible cost. We want your visit to be an excellent experience. It is the responsibility of the Center to provide you with a written copy of your rights and responsibilities as well as the Center’s policy on Advance Directives. We encourage you to ask questions and to let the staff know of any special needs you may have.

**Advance Directives:**
Each patient has the right to be treated in an individual and holistic manner. The issues of a Living Will, Advance Directive and Healthcare Power of Attorney will be addressed according to each patient’s desire and the need for more information.

- To ensure that all necessary actions are taken to preserve life in an emergency situation, all Advance Directives orders will not be honored while you are a patient. If you so desire, a copy of your Advance Directive may be made a part of your medical record. In the event that you require transfer to another facility, this information will be transferred along with any other necessary medical information.

Every patient has the right to cancel their appointment if they are not satisfied with the statement above and reschedule with another provider of choice.

**To Report Complaints:**
Sharing concerns, complaints and grievances will not compromise a patient’s care and/or treatment of services. If you have a question about your care or the safety of your surroundings, please let us know. If at any time you have a complaint or concern, you may contact your nurse, the nursing supervisor or you may call Carolinas Gastroenterology Center Administrator at 704-442-4660 or call the Customer Care Line at 704-355-8363. Although it is our desire to resolve your concerns at the local level, it is your right to make a complaint directly to the NC Department of Health and Human Services (State Survey Agency) and the Accreditation Association for Ambulatory Health Care is as follows:

Please read the attached patient rights and responsibilities and complete any paperwork included with your packet. If you have any further questions contact our office at your scheduled facility location.