



## **Boston Endoscopy Center**

175 Worcester Street ( Route 9 )  
Wellesley Hills, MA 02481  
Telephone (617) 754-0800  
Fax (617) 754-0820

### **Driving Directions**

**Location:** The Boston Endoscopy Center is located at 175 Worcester Street (Route 9) in Wellesley Hills. It is on the westbound side of Route 9, going away from downtown Boston.

**From Boston:** Take Route 9 West to Wellesley. After going under Route 95/128 intersection, keep going straight through the set of lights at Wellesley Gateway. Continue on for 3/10 of a mile passing Lantern Lane, Maple Road, Harris Avenue and Minuteman Lane. You will then see the entrance to our driveway marked by a stone wall and a sign that says David Nassif Office Park.

#### **If you are traveling on:**

**95 North (128 North):** take Exit 45B onto Route 9 West. After going under Route 95/128 intersection, keep going straight through the set of lights at Wellesley Gateway. Continue on for 3/10 of a mile passing Lantern Lane, Maple Road, Harris Avenue and Minuteman Lane. You will then see the entrance to our driveway marked by a stone wall and a sign that says David Nassif Office Park.

**95 South (128 South):** take Exit 45B onto Route 9 West and go straight through the set of lights at Wellesley Gateway. After going under Route 95/128 intersection, keep going straight through the set of lights at Wellesley Gateway. Continue on for 3/10 of a mile passing Lantern Lane, Maple Road, Harris Avenue and Minuteman Lane. You will then see the entrance to our driveway marked by a stone wall and a sign that says David Nassif Office Park.

**Route 9 East:** after the Cedar Street exit in Wellesley, get into the left lane. At the next traffic light (Park 9 will be on your right and Wellesley Gateway Building on your left), make a U-turn onto the westbound side of Route 9. From the set of lights at Wellesley Gateway, continue on for 3/10 of a mile passing Lantern Lane, Maple Road, Harris Avenue and Minuteman Lane. You will then see the entrance to our driveway marked by a stone wall and a sign that says David Nassif Office Park.

# Completing Your Online Patient Pre-Admission Boston Endoscopy Center

175 Worcester Street, Wellesley MA 02481 (617) 936-7693

## Please complete your SA survey 24 hours prior to your appointment



Boston Endoscopy Center offers patients the convenience and privacy of a secure, online registration process. If you are a new patient to our center, please go online today to complete your registration using the login information below. You will be asked about your health history, medications, and previous surgeries. If you are a returning patient, please update your online form. It's important to complete or update your online registration as soon as possible so that your medical team will have time to review your information prior to your visit. We will call you if we have any questions or concerns. We look forward to seeing you soon!

### New Patients

1. Go online to:  
[bostonendoscopycenter.com](http://bostonendoscopycenter.com)
2. Go to: "Patients Start Here"
3. Enter the following password:  
**BEC617NEW**

Date - \_\_\_\_\_

Procedure - \_\_\_\_\_

Surgeon - \_\_\_\_\_

*Please complete your online questionnaire as soon as possible. A nurse will call you if necessary.*

### Returning Patients

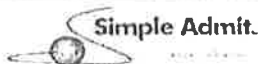
If you received an email with login instructions:

1. Click the web page link in the email. You will be redirected to a login page.
2. At the login page, your **Access Token** will be entered automatically.
3. Enter your date of birth using the "MM/DD/YYYY" format.
4. After entering your Date of Birth, click "Resume". You can then review and modify your most recent health history form.

If you printed or saved your login instructions:

1. Go online to: [simpleadmit.com](http://simpleadmit.com)
2. Follow the link: "Patients Start Here."
3. Enter your secure **Access Token** that you saved or printed.
4. Enter your date of birth using the "MM/DD/YYYY" format.
5. After entering your Access Token and Date of Birth, click "Resume". You can then review and modify your most recent health history form.

*\*Please note, you would only have the Access Token if you have previously completed the online pre-admission form and either printed or saved your Access Token or entered your e-mail address requesting that the token be emailed to you. The token is sent to the e-mail address you provided. If you no longer have your Access Token, please contact the facility at (617) 936-7693.*





\*\*\*\*\*Please fill out ONLY if you were unable to do your pre-assessment on line\*\*\*\*\*

**PRE-PROCEDURE ASSESSMENT Page 1**

Primary Care Physician: \_\_\_\_\_

Person Driving You Home: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

- PLEASE DO NOT DRINK ANY FLUIDS **4 HOURS BEFORE YOUR PROCEDURE TIME.**
- PLEASE REVIEW THE INSTRUCTIONS YOU RECEIVED FROM YOUR DOCTOR'S OFFICE.
- PLEASE BRING YOUR LICENSE/PHOTO ID, INSURANCE CARD(S) AND ADVANCE DIRECTIVES WITH YOU.
- PLEASE DO NOT BRING MONEY OR VALUABLES WITH YOU.
- YOU MUST HAVE A RIDE HOME WITH A RESPONSIBLE ADULT;

**A TAXI WITH A RESPONSIBLE ADULT (NOT THE TAXI DRIVER) IS ALLOWED.**

Please fill out the form below:

PERSONAL HISTORY (SELF)	YES	NO	EXPLANATION, IF YES
HEART DISEASE			
ANGINA			
HIGH BLOOD PRESSURE			
BLEEDING/CLOTTING PROBLEMS			
BREATHING/LUNG PROBLEMS			
SLEEP APNEA			
SEIZURES/STROKES/EPILEPSY			
MALIGNANT HYPERTHERMIA SELF/FAMILY			
HEART MURMUR			
HEART ATTACK			
ANEMIA			
LIVER/KIDNEY DISEASE			
HISTORY OF CANCER (SELF)			
DIABETES			
THYROID PROBLEMS			
ARTHRITIS/LIMITATIONS OF MOVEMENT			
IMPLANTED PACEMAKER / DEFIBRILLATOR			
GLAUCOMA			
PREGNANT			
DIARRHEA/CONSTIPATION			
TROUBLE SWALLOWING / FOOD STICKING			
SMOKE/DRINK ALCOHOL- IF YES, AMOUNT			
RECREATIONAL DRUG USE			
METAL, PINS OR PLATES IN YOUR BODY			

Have you or any family member experienced problems with anesthesia or sedation? \_\_\_\_\_ NO \_\_\_\_\_ YES

IF YES, PLEASE EXPLAIN \_\_\_\_\_





## Boston Endoscopy Center Patient's Rights and Notification of Physician Ownership

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE/SURROGATE PRIOR TO THE PROCEDURE/SURGERY.

### **PATIENT'S RIGHTS:**

Every patient of a facility shall have the right:

- Upon request, to obtain from the facility in charge of his care the name and specialty, if any, of the physician or other person responsible for his care or the coordination of his care;
- To confidentiality of all records and communications to the extent provided by law;
- To have all reasonable requests responded to promptly and adequately within the capacity of the facility;
- upon request, to obtain an explanation as to the relationship, if any, of the facility to any other health care facility or educational institution insofar as said relationship relates to his care or treatment;
- To obtain from a person designated by the facility a copy of any rules or regulations of the facility which apply to his conduct as a patient;
- Upon request, to receive from a person designated by the facility any information which the facility has available relative to financial assistance and free health care;
- Upon request, to inspect his medical records and to receive a copy thereof in accordance with section seventy, and the fee for said copy shall be determined by the rate of copying expenses, except that no fee shall be charged to any applicant, beneficiary or individual representing said applicant or beneficiary for furnishing a medical record if the record is requested for the purpose of supporting a claim or appeal under any provision of the Social Security Act or federal or state financial needs-based benefits program, and the facility shall furnish a medical record requested pursuant to a claim or appeal under any provision of the Social Security Act or any federal or state financial needs-based program within thirty days of the request; provided however, that any person for whom no fee shall be charged shall present reasonable documentation at the time of such records request that the purpose of said request is to support a claim or appeal under any provision of the Social Security Act or any federal or state financial needs-based program;
- To refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing access to psychiatric, psychological, or other medical care and attention;
- To refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic;
- To privacy during medical treatment or other rendering of care within the capacity of the facility;
- To be informed of their right to change providers if other qualified providers are available.
- To prompt life-saving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment unless such delay can be imposed without material risk to his health, and this right shall also extend to those persons not already patients of a facility if said facility has a certified emergency unit;
- To informed consent to the extent provided by law;
- Upon request to receive a copy of an itemized bill or other statement of charges submitted to any third party by the facility for care of the patient or resident and to have a copy of said itemized bill or statement sent to the attending physician of the patient or resident;
- If refused treatment because of economic status or lack of a source of payment, to prompt and safe transfer to a facility which agrees to receive and treat such patient. Said facility refusing to treat such patient shall be responsible for: ascertaining that the patient may be safely transferred; contacting a facility willing to treat such patient; arranging the transportation; accompanying the patient with necessary and appropriate professional staff to assist in the safety and comfort of the transfer, assure that the receiving facility assumes the necessary care promptly, and provide pertinent medical information about the patient's condition; and maintaining records of the foregoing.

## **PATIENT RESPONSIBILITIES:**

- To provide complete and accurate information to the best of their ability about their health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- To follow the treatment plan prescribed by their provider, including pre-operative and discharge instructions.
- To provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider.
- To inform their provider about any living will, medical power of attorney, or other advance healthcare directive in effect.
- To accept personal financial responsibility for any charges not covered by their insurance.
- To be respectful of all healthcare professionals and staff, as well as other patients.

### **If you need an interpreter:**

If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

### **Rights and Respect for Property and Person**

#### ***The patient has the right to:***

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice a grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed
- Confidentiality of personal medical information.

### **Privacy and Safety**

#### ***The patient has the right to:***

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

### **Statement of Nondiscrimination:**

Boston Endoscopy Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Boston Endoscopy Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Boston Endoscopy Center respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Boston Endoscopy Center 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

### **Advance Directives**

***An "Advance Directive" is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates advance directives differently. STATE laws regarding Advanced Directives are found in Massachusetts Statutes chapters 111 §3 and 201D§1. In the State of Massachusetts, all patients have a right to name someone they know and trust to make healthcare decisions for them. If, for any reason and at any time, they become unable to make or communicate those decisions, the Health Care Proxy is a legal document used to make their wishes known. It is an important document, however, because it concerns not only the choices they make about their health care, but also the relationships they have with their physician, family, and others who may be involved with their care.***

***You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative or surrogate) prior to the procedure being performed. <https://malegislature.gov/Bills/188/House/H1888>***

Boston Endoscopy Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

**Complaints/Grievances:** If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

Jessica McDermott, Center Leader  
Boston Endoscopy Center  
175 Worcester Street  
Wellesley Hills, MA 02481-5514

You may contact the state to report a complaint;  
Massachusetts Department of Public Health  
250 Washington Street, 6<sup>th</sup> Floor  
Boston, MA 02108  
Phone: 617.624.6000

**State Web site:** <http://www.mass.gov/eohhs/gov/departments/dph/>

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman. **Medicare Ombudsman Web site:** <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

**Medicare:** [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227)

**Office of the Inspector General:** <http://oig.hhs.gov>

This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or grievances may also be filed through:

AAAHC  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
Phone: 847-853-6060 or email: [info@aaahc.org](mailto:info@aaahc.org)

### Physician Ownership

**Physician Financial Interest and Ownership:** **Physician Financial Interest and Ownership:** The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

### THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER:

Harry Anastopoulos	Douglas Horst
Laurence Bailen	Elissa Kaplan
Catherine Cheney	Dennis Lee
Richard Curtis	Anthony Lembo
George Dickstein	Benjamin Levitzky
Steven Fine	Douglas Pleskow
Katharine Germansky	Sunil Sheth