

Patient Instruction Packet



William Erber, M.D., P.C.

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Welcome Letter

Dear Patients:

Our Physicians and Staff at William Erber, M.D., P.C. would like to take this opportunity to welcome you to our office. As your providers of health care, we look forward to serving you. We hope that together, we can build the kind of relationship that will ensure that you receive quality of care and good service.

In order to get the most from your visit, it is very important that you familiarize yourself with the systems, policies, and benefits outlined in this letter or ask our staff if you have any further questions. Failure to follow the system and unfamiliarity with your benefits coverage may result in delays in receiving necessary health care and in unnecessary costs to you.

The following is important information you should know.

HOURS OF OPERATION

Office hours are Monday - Friday.

8:00 AM - 7:00 PM (M-Th); 8:00 AM – 5:00 PM (Friday)

Early morning, evening, and weekend appointments are available on select dates.

Same day appointments and emergencies are always accommodated.

After hours calls will be directed to our Doctor's service.

Telephone: 718.972.8500 **Fax:** 718.972.0064

Email: erbermd@gmail.com **Web:** www.drerber.com

SCHEDULING APPOINTMENTS

Our appointment desk may be reached Monday – Friday, from 9: 00 AM - 5: 00 PM, at 718.972.8500. Be sure to identify yourself.

If you need to cancel an appointment, please call us AS SOON AS POSSIBLE.

MISSION STATEMENT

The mission of William Erber, M.D., P.C. is to provide services and care to individuals consistent with their medical needs and to enhance the partnership between patient and provider. Our mission requires a commitment to quality, safety and education from the facility's medical staff and employees.

Our mission is accomplished through access to state of the art endoscopy equipment, consideration of patient needs, and communication between the patient family and facility staff.

To realize our commitment, sufficient resources are provided to maintain the level of service and education consistent with the goals of our facility.

We believe our primary duty is:

- To create an optimal environment for the physical, social and psychological well being of the patient
- To provide personalized attention to each patient by maintaining a well-trained, professional and caring staff.
- To be responsive to the needs of the community by lowering the cost of providing quality healthcare
- To generate medically effective and cost-efficient solutions for patients, physicians and payers
- To provide an environment for recruitment and retention of competent employees under optimal work conditions

DIRECTIONS BY CAR

In Brooklyn:

Take Ocean Parkway to 18th Avenue. Turn onto Service Road. End at 591 Ocean Parkway.

From Staten Island:

Merge onto I-278 E/Verrazano-Narrows Bridge via the ramp to Brooklyn and continue to follow I-278 E, 6.7 miles. Take exit 24 to merge onto Prospect Expy/RT-27 E and continue to follow Prospect Expy, which becomes Ocean Pkwy, 2.0 miles. Continue on Ocean Pkwy, 0.8 miles. Make a U-turn left onto the Service Road at 18th Ave. End at 591 Ocean Parkway.

From Manhattan:

Via Battery Tunnel

Take the Brooklyn Battery Tunnel/ towards I-278/Brooklyn, 1.9 miles. Continue on the Gowanus Expy (signs for Hamilton Ave), 0.2 miles. Take exit 26 to merge onto Hamilton Ave, 0.9 miles. Turn left at 17th St, 0.2 miles. Turn left to merge onto Prospect Expy, which becomes Ocean Pkwy, 1.7 miles. Continue on Ocean Pkwy, 0.8 miles. Make a U-turn left onto the Service Road at 18th Ave. End at 591 Ocean Parkway.

Via Brooklyn Bridge

Head southeast on Brooklyn Bridge, 0.3 miles. Take the ramp to I-278/Bklyn-QNS Expy, 0.1 miles. Merge onto Cadman Plaza W, 0.2 miles. Turn left at Hicks St 295 ft. Take the ramp onto Brooklyn Queens Expy/I-278 W 1.6 miles. Take exit 26 to merge onto Hamilton Ave toward Battery Tunnel/Manhattan, 1.1 miles. Turn left at 17th St, 0.2 miles. Turn left to merge onto Prospect Expy, which becomes Ocean Pkwy, 1.7 miles. Continue on Ocean Pkwy, 0.8 miles. Make a U-turn left onto the Service Road at 18th Ave. End at 591 Ocean Parkway.

(All other times)

From the Gowanus Expy, merge onto the Prospect Expy via exit 24 on the left. Continue on the Prospect Expy which becomes Ocean Pkwy, 0.8 miles. Make a U-turn left onto the Service Road at 18th Ave. End at 591 Ocean Parkway.

From Long Island & Queens:

Via Belt Parkway

Take the Belt Pkwy W towards Brooklyn/Verrazano-Narrows Bridge. Take exit 7B toward Ocean Pkwy. Stay straight to go onto Shore Pkwy, 0.2 miles. Turn right onto Ocean Pkwy, and continue 3.3 miles to 18th Ave. Turn right at 18th Ave, and left onto the Service Road. End at 591 Ocean Parkway.

Via the Long-Island Expressway

Take I-495 W/Long Island Expy toward New York. Take exit 17W toward I-278 W/Bklyn-Queens Expwy/Brooklyn, 0.9 miles. Merge onto I-278 W/Brooklyn Queens Expy toward Brooklyn, 8.0 miles. Merge onto Prospect Expy via Exit 24 on the left, 2.0 miles (take exit 26 if between the hours of 5:00 am to 11:00 am). Continue on the Prospect Expy which becomes Ocean Pkwy, 0.8 miles. Make a U-turn left onto the Service Road at 18th Ave. End at 591 Ocean Parkway.

From New Jersey:

Via George Washington Bridge

Take the I-95 N ramp, 482 ft. Turn right at I-95 N, Partial toll road, Entering New York, 1.2 miles. Take exit 1 for RT-9A S/H Hudson Pkwy S, 0.8 miles. Merge onto RT-9A S, 9.7 miles. Continue on West Side Hwy, 0.3 miles. Take the Battery Tunnel ramp on the left to I-278/Brooklyn, 0.3 miles. Merge onto Brooklyn Battery Tunnel, Partial toll road, 1.9 miles. Continue on Gowanus Expy (signs for Hamilton Ave), 0.2 miles. Take exit 26 to merge onto Hamilton Ave, 0.9 miles. Turn left at 17th St, 0.2 miles. Turn left to merge onto Prospect Expy, 1.7 miles. Continue on Ocean Pkwy, 0.8 miles. Make a U-turn left onto the Service Road at 18th Ave. End at 591 Ocean Parkway.

Via Holland Tunnel

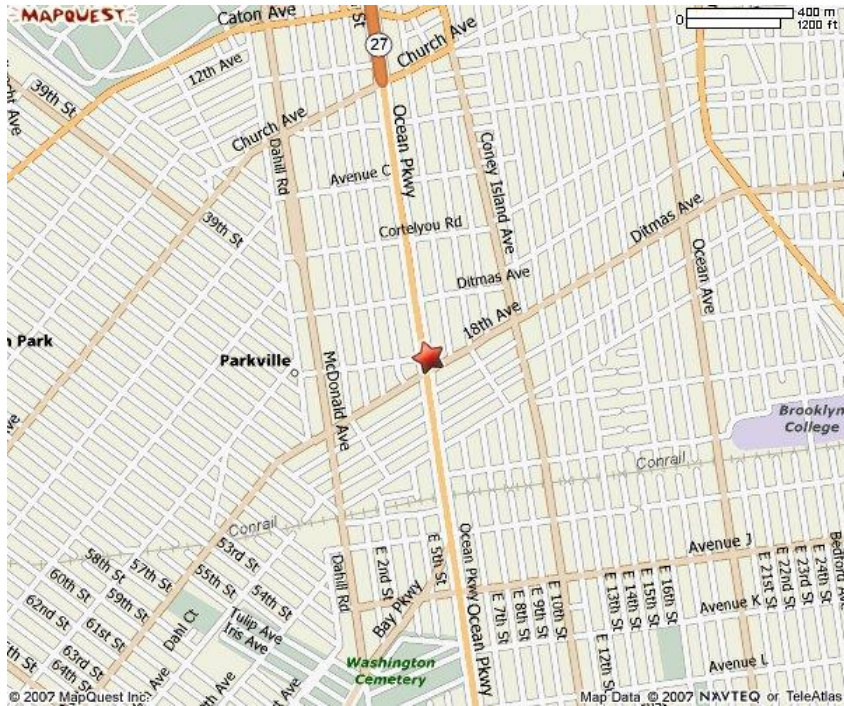
Head east on Holland Tunnel Entering New York, 1.0 miles. Take the ramp to RT-9A/West St. Merge onto Laight St, 0.2 miles. Turn left at RT-9A S/West St/West Side Hwy Continue to follow West St/West Side Hwy, 0.9 miles. Take the Battery Tunnel ramp on the left to I-278/Brooklyn, 0.3 miles. Merge onto Brooklyn Battery Tunnel, Partial toll road, 1.9 miles. Continue on Gowanus Expy (signs for Hamilton Ave), 0.2 miles. Take exit 26 to merge onto Hamilton Ave, 0.9 miles. Turn left at 17th St, 0.2 miles. Turn left to merge onto Prospect Expy, 1.7 miles. Continue on Ocean Pkwy, 0.8 miles. Make a U-turn left onto the Service Road at 18th Ave. End at 591 Ocean Parkway.

Via Lincoln Tunnel

Merge onto RT-495 E via the ramp to Lincoln Tunnel/New York City, Partial toll road Entering New York, 2.2 miles. Continue on Dyer Ave, 276 ft. Turn right at W 34th St, 0.4 miles. Turn left at 12th Ave/RT-9A S/West Side Hwy, 3.3 miles. Continue to follow West Side Hwy, 0.3 miles. Take the Battery Tunnel ramp on the left to I-278/Brooklyn, 0.3 miles. Merge onto Brooklyn Battery Tunnel, Partial toll road, 1.9 miles. Continue on Gowanus Expy (signs for Hamilton Ave), 0.2 miles. Take exit 26 to merge onto Hamilton Ave, 0.9 miles. Turn left at 17th St, 0.2 miles. Turn left to merge onto Prospect Expy, 1.7 miles. Continue on Ocean Pkwy, 0.8 miles. Make a U-turn left onto the Service Road at 18th Ave. End at 591 Ocean Parkway.

Via Goethals Bridge

Merge onto I-278 E toward Goethals Bridge, Partial toll road, Entering New York. Continue on I-278 E towards the Verrazano-Narrows Bridge, Brooklyn, 8.5 miles. Merge onto I-278 E/Verrazano-Narrows Bridge via the ramp to Brooklyn and continue to follow I-278 E, 6.7 miles. Take exit 24 to merge onto Prospect Expy/RT-27 E. Continue to follow Prospect Expy, 2.0 miles. Continue on Ocean Pkwy, 0.8 miles. Make a U-turn left onto the Service Road at 18th Ave. End at 591 Ocean Parkway.



DIRECTIONS-PUBLIC TRANSPORTAION

B8:

Take the B8 to 18th Avenue and Ocean Parkway. Walk up the Service Road to end at 591 Ocean Parkway (Between 18th and Ditmas Ave).

<http://www.mta.info/nyct/maps/busbkl.n.pdf>

F Train:

Take the F train to 18th Avenue. Walk east 5-blocks towards Ocean Parkway. Cross Ocean Parkway and turn left onto the service road. Walk up the Service Road to end at 591 Ocean Parkway (Between 18th and Ditmas Ave).

<http://www.mta.info/nyct/service/fline.htm>

<http://www.mta.info/nyct/maps/submap.htm>

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions of this notice, please contact our Privacy Officer, Susan Sagiv.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any new revised Notice of Privacy Practices.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your Protected Health Information may be used and disclosed by your physician, our office staff, and others outside of our office and are involved in your care and treatment for the purpose of providing health care services to you. Your Protected Health Information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

TREATMENT: We will use and disclose your Protected Health Information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that has already obtained your permission to have access to your protected health information.

In addition, we may disclose your Protected Health Information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physicians.

PAYMENT: Your Protected Health Information will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care we recommended for you.

HEALTH CARE OPERATIONS: We may use or disclose, as needed, your Protected Health Information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, and conducting or arranging for other business activities. We will share your Protected Health Information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION: Other uses and disclosures of your Protected Health Information will be made only with your written authorization, unless otherwise permitted or required by law.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES: We may use and disclose your Protected Health Information in the following instances. You have the opportunity to agree or object to

the use or disclosure of all or part of your Protected Health Information. If you are not present or able to agree or object to the use or disclosure of the Protected Health Information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the Protected Health Information that is relevant to your health care will be disclosed.

A. **OTHERS INVOLVED IN YOUR HEALTHCARE:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your Protected Health Information that directly relates to that persons involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose Protected Health Information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, of your location, general condition, or death. We may use or disclose your Protected Health Information in an emergency treatment situation. We may use and disclose your Protected Health Information if your physician or another physician in the practice attempts to obtain consent from you, but is unable to do so due to substantial communication barriers.

B. We may also disclose your Protected Health Information in the following ways: As required by law; Public Health; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers Compensation; Inmates. Requires Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Resources to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

- You have the right to inspect and copy your Protected Health Information.
- You have the right to request a restriction of your Protected Health Information. This means you may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your request should be in writing.
- Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your Protected Health Information will not be restricted.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests.
- You may have the right to have your physician amend and modify your Protected Health Information. This means you may request an amendment of Protected Health Information about you in a designated record set for as long as we maintain the information. In certain cases, we may deny your request for an amendment.
- You have the right to receive an accounting of certain disclosures except for treatment, payment, or healthcare operations.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of

your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer, Susan Sagiv, at 718.972.8500, for further information about the complaint process. This notice was published and becomes effective on January 6, 2003.

PATIENTS' RIGHTS & RESPONSIBILITIES

YOU HAVE CERTAIN RIGHTS

1. You have the right to be treated with respect, consideration and dignity.
2. You have the right to high-quality medical care delivered in a safe, timely, efficient and cost-effective manner and the right to be assured that the expected results can be reasonably anticipated.
3. You have the right to privacy to the extent possible.
4. You have the right to have your disclosures and records treated confidentially and, except when required by law, those disclosures and records will not be released without your approval.
5. You have the right to be provided, to the degree known, complete information concerning your diagnosis, evaluation, treatment and prognosis.
6. You have the right to copies of your medical records at a nominal cost and, if you request it, those records will be transferred to another practitioner in a timely manner.
7. You have the right to be informed of all reasonable options or alternatives for care and/or treatment and of the potential advantages and disadvantages of each including the advantages or disadvantages and the alternatives to having the procedure performed in an office or other out-patient facility.
8. You have the right to participate in decisions regarding all aspects of care.
9. No procedure or treatment will be undertaken without your informed consent after the alternatives mentioned in #7, above have been discussed with you.
10. You have the right to refuse any diagnostic procedure or treatment and to be advised of the likely medical consequences of such refusal.
11. You have the right to know all of your rights as outlined above.
12. You have the right to know the conduct expected of you in the facility and the consequences of failure to comply with these expectations.
13. You have the right to know the services available at the facility.
14. You have the right to know the provisions for after-hours and emergency care.
15. You have the right to know if any of the planned procedures or treatments is part of a research study and the right to refuse to participate in that study.
16. You have the right to know whether or not your providers are insured.
17. You have the right to know how to go about expressing suggestions to the facility and the policies regarding grievance procedures and external appeals in the event that you are dissatisfied with your treatment.
18. You have the right to know the name of your provider.
19. You have the right to know what fees are expected and what the payment policies are.
20. You have the right to know what your provider's credentials are.
21. You have the right to change providers.

YOU ALSO HAVE CERTAIN RESPONSIBILITIES

1. You have the responsibility to accurately and completely provide all clinical personnel with the health information they need including any medications you are taking.
2. You have the responsibility to follow the directions of the nurse or physician with regard to diet and/or medication.
3. You have the responsibility to abstain from using any drugs that have not been prescribed for you and that you have not revealed to your nurse or physician.
4. You have the responsibility to abstain from the use of alcohol as directed by your nurse or physician.

5. You have the responsibility to inform the nurse or physician if you do not understand any directions or you do not understand the course of treatment planned for you.
6. You have the responsibility to timely pay all medical bills which are not in dispute and to forward to us any monies you receive from any insurance company for our services.

GET INVOLVED IN YOUR HEALTHCARE

Everyone has a role in making healthcare safe. Our Physicians, Nurses and Technicians are working to make your health care safety a priority. You as a patient can play a vital role in making your care safe by becoming an active, involved and informed member of your healthcare team. So **SPEAK UP!**

S – Speak Up if you have any questions or concerns and if you don't understand ask again

P – Pay Attention to the care you are receiving. Make sure you are getting the right treatment and Medication

E – Educate yourself about your diagnosis and your treatment plan

A – Ask a trusted family member to be your advocate

K – Know what medications you take and why you take them

U – Use a healthcare facility that provides quality care

P – Participate in all decisions about your treatment

PAIN

Pain is considered to be the fifth vital sign. We as your healthcare provider would like to assist you with any pain you might possibly have. Prompt, appropriate treatment of pain facilitates a successful physical exam and enhances your ability to undergo any tests that might be necessary to make an accurate diagnosis. Please see the pain scale below to determine the quality and intensity of your pain and let us know.



0
NO
HURT



1
HURTS
LITTLE
BIT



2
HURTS
LITTLE
MORE



3
HURTS
EVEN
MORE



4
HURTS
WHOLE
LOT



5
HURTS
WORST

PROCEDURE INFORMATION

Colonoscopy

What is a colonoscopy?

A colonoscopy (koh-luh-NAH-skuh-pee) allows a doctor to look inside the entire large intestine. The procedure enables the physician to see things such as inflamed tissue, abnormal growths, and ulcers. It is most often used to look for precancerous polyps and early signs of cancer in the colon and rectum. It is also used to look for causes of unexplained changes in bowel habits and to evaluate symptoms like abdominal pain, rectal bleeding, and weight loss.

What is the colon?

The colon, or large bowel, is the last portion of your digestive tract, or gastrointestinal tract. The colon is a hollow tube that starts at the end of the small intestine and ends at the rectum and anus. The colon is about 5 feet long, and its main function is to store unabsorbed food waste and absorb water and other body fluids before the waste is eliminated as stool.

Preparation

You will be given instructions in advance that will explain what you need to do to prepare for your colonoscopy. Your colon must be completely empty for the colonoscopy to be thorough and safe. To prepare for the procedure you will have to follow a liquid diet for 1 to 3 days beforehand. The liquid diet should be clear and not contain food colorings, and may include

- fat-free bouillon or broth
- strained fruit juice
- water
- plain coffee
- plain tea
- diet soda
- gelatin

Thorough cleansing of the bowel is necessary before a colonoscopy. You will likely be asked to take a laxative the night before the procedure. In some cases you may be asked to give yourself an enema. An enema is performed by inserting a bottle with water and sometimes a mild soap in your anus to clean out the bowels. Be sure to inform your doctor of any medical conditions you have or medications you take on a regular basis such as

- aspirin
- arthritis medications
- blood thinners
- diabetes medication
- vitamins that contain iron

The medical staff will also want to know if you have heart disease, lung disease, or any medical condition that may need special attention. You must also arrange for someone to take you home afterward, because you will not be allowed to drive after being sedated.

Procedure

For the colonoscopy, you will lie on your left side on the examining table. You will be given pain medication and a moderate sedative to keep you comfortable and help you relax during the exam. The doctor and a nurse will monitor your vital signs, look for any signs of discomfort, and make adjustments as needed.

The doctor will then insert a long, flexible, lighted tube into your rectum and slowly guide it into your colon. The tube is called a colonoscope (koh-LON-oh-sko-pe). The scope transmits an image of the inside of the colon onto a video screen so the doctor can carefully examine the lining of the colon. The scope bends so the doctor can move it around the curves of your colon. You may be asked to change positions at times so the doctor can more easily move the scope to better see the different parts of your colon. The scope blows air into your colon and inflates it, which helps give the doctor a better view. Most patients do not remember the procedure afterwards.

The doctor can remove most abnormal growths in your colon, like a polyp, which is a growth in the lining of the bowel. Polyps are removed using tiny tools passed through the scope. Most polyps are not cancerous, but they could turn into cancer. Just looking at a polyp is not enough to tell if it is cancerous. The polyps are sent to a lab for testing. By identifying and removing polyps, a colonoscopy likely prevents most cancers from forming.

The doctor can also remove tissue samples to test in the lab for diseases of the colon (biopsy). In addition, if any bleeding occurs in the colon, the doctor can pass a laser, heater probe, electrical probe, or special medicines through the scope to stop the bleeding. The tissue removal and treatments to stop bleeding usually do not cause pain. In many cases, a colonoscopy allows for accurate diagnosis and treatment of colon abnormalities without the need for a major operation.

During the procedure you may feel mild cramping. You can reduce the cramping by taking several slow, deep breaths. When the doctor has finished, the colonoscope is slowly withdrawn while the lining of your bowel is carefully examined. Bleeding and puncture of the colon are possible but uncommon complications of a colonoscopy.

A colonoscopy usually takes 30 to 60 minutes. The sedative and pain medicine should keep you from feeling much discomfort during the exam. You may feel some cramping or the sensation of having gas after the procedure is completed, but it usually stops within an hour. You will need to remain at the colonoscopy facility for 1 to 2 hours so the sedative can wear off.

Rarely, some people experience severe abdominal pain, fever, bloody bowel movements, dizziness, or weakness afterward. If you have any of these side effects, contact your physician immediately. Read your discharge instructions carefully. Medications such as blood-thinners may need to be stopped for a short time after having your colonoscopy, especially if a biopsy was performed or polyps were removed. Full recovery by the next day is normal and expected and you may return to your regular activities.

Upper Endoscopy

What is Upper Endoscopy?

Upper endoscopy enables the physician to look inside the esophagus, stomach, and duodenum (first part of the small intestine). The procedure might be used to discover the reason for swallowing difficulties, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain, or chest pain. Upper endoscopy is also called EGD, which stands for esophagogastroduodenoscopy (eh-SAH-fuh-goh-GAS-troh-doo-AH-duh-NAH-skuh-pee).

For the procedure you will swallow a thin, flexible, lighted tube called an endoscope (EN-doh-sko-pe). Right before the procedure the physician will spray your throat with a numbing agent that may help prevent gagging. You may also receive pain medicine and a sedative to help you relax during the exam. The endoscope transmits an image of the inside of the esophagus, stomach, and duodenum, so the physician can carefully examine the lining of these organs. The scope also blows air into the stomach; this expands the folds of tissue and makes it easier for the physician to examine the stomach.

The physician can see abnormalities, like inflammation or bleeding, through the endoscope that don't show up well on x rays. The physician can also insert instruments into the scope to treat bleeding abnormalities or remove samples of tissue (biopsy) for further tests.

Possible complications of upper endoscopy include bleeding and puncture of the stomach lining. However, such complications are rare. Most people will probably have nothing more than a mild sore throat after the procedure. The procedure takes 20 to 30 minutes. Because you will be sedated, you will need to rest at the endoscopy facility for 1 to 2 hours until the medication wears off.

Preparation

Your stomach and duodenum must be empty for the procedure to be thorough and safe, so you will not be able to eat or drink anything for at least 6 hours beforehand. Also, you must arrange for someone to take you home—you will not be allowed to drive because of the sedatives. Your physician may give you other special instructions.

For More Information

National Digestive Diseases Information Clearinghouse

Information Way

Bethesda, MD 20892-3570

Phone: 1-800-891-5389

Fax: 703-738-4929

Email: nddic@info.niddk.nih.gov

Internet: www.digestive.niddk.nih.gov

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NIH Publication No. 06-4331

November 2005

NIH Publication No. 05-4333

November 2004

Rev 11/19/2007

Capsule Endoscopy

What is Capsule Endoscopy?

Capsule Endoscopy lets your doctor examine the lining of the middle part of your gastrointestinal tract, which includes the three portions of the small intestine (duodenum, jejunum, ileum). Your doctor will use a pill sized video capsule, which has its own lens and light source and will view the images on a video monitor. You might hear your doctor or other medical staff refer to capsule endoscopy as small bowel endoscopy, capsule enteroscopy, or wireless capsule endoscopy.

Why is Capsule Endoscopy Done?

Capsule endoscopy helps your doctor evaluate the small intestine. This part of the bowel cannot be reached by traditional upper endoscopy or by colonoscopy. The most common reason for doing capsule endoscopy is to search for a cause of bleeding from the small intestine. It may also be useful for detecting polyps, inflammatory bowel disease (Crohn's disease), ulcers, and tumors of the small intestine.

How Should I Prepare for the Procedure?

An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for approximately twelve hours before the examination. Your doctor will tell you when to start fasting.

Tell your doctor in advance about any medications you take including iron, aspirin, bismuth subsalicylate products and other “over-the-counter” medications. You might need to adjust your usual dose prior to the examination.

Discuss any allergies to medications as well as medical conditions, such as swallowing disorders and heart or lung disease.

Tell your doctor of the presence of a pacemaker, previous abdominal surgery, or previous history of obstructions in the bowel, inflammatory bowel disease, or adhesions.

What Can I Expect During Capsule Endoscopy?

Your doctor will prepare you for the examination by applying a sensor device to your abdomen with adhesive sleeves (similar to tape). The capsule endoscope is swallowed and passes naturally through your digestive tract while transmitting video images to a data recorder worn on your belt for approximately eight hours. At the end of the procedure you will return to the office and the data recorder is removed so that images of your small bowel can be put on a computer screen for physician review.

What Happens After Capsule Endoscopy?

You will be able to drink clear liquids after about two hours and eat a light meal after five hours following the capsule ingestion, unless your doctor instructs you otherwise. You will have to avoid vigorous physical activity such as running or jumping during the study. Your doctor generally can tell you the test results within the week following the procedure; however, the results of some tests might take longer.

What are the Possible Complications of Capsule Endoscopy?

Although complications can occur, they are rare. Potential complications include capsule retention. This is usually due to a stricture (narrowing) of the intestine from inflammation, prior surgery, or tumor. It's important to recognize early signs of possible complications. If you have evidence of obstruction, such as unusual bloating, pain, and/or vomiting, call your doctor immediately. Also, if you develop a fever after the test, have trouble swallowing or experience increasing chest pain, tell your doctor immediately. Be careful not to prematurely disconnect the system as this may result in loss of image acquisition.

IMPORTANT REMINDER:

The preceding information is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

Annotated from the American Society for Gastrointestinal Endoscopy, ©ASGE, 2007.1520
Kensington Rd. · Suite 202 · Oak Brook, IL 60523 · Phone 630.573.0600 · Fax 630.573.0691
Wireless Capsule Endoscopy.ASGE Rev 11/19/2007

ESCORT POLICY

All patients having a procedure in our Office Based Surgery Center must have an escort, that is, a companion, family member or friend, to accompany you home following your procedure. Alternatively, ambulette service can be arranged for you as well. **Please note that your procedure cannot be performed unless your escort home is verified.**

PERSONAL POSSESSIONS NOTICE

We will provide you with a secure private area to safely keep your personal belongings during your procedure. Please do not bring jewelry, laptops, iPods, or any other valuables when you come to the Center unless necessary. Please note that William Erber, M.D., P.C. assumes no responsibility for lost, stolen, or misplaced items.

COMPLAINT RESOLUTION

We at William Erber, M.D., P.C. strive to provide you with excellent quality of care. We highly believe in changes to improve, and welcome an opportunity to listen to your suggestions and complaints. Please contact our Practice Manager or the Medical Director to get further information on our complaint resolution policy. We encourage you and your family to contact us if you have concerns about patient care and safety. If your concern is unresolved, you may contact the **AAAASF** at: 888.545.5222 or the **NY State Department of Health OPMC** at: 800.663.6114.

BILLING & PAYMENT

Please see our scheduler for a list of insurances we accept. Your payment is due at the time services are rendered. Your co-payment is also due at time of services rendered.

PHYSICIAN INFORMATION

Your Physicians are Board Certified in Gastroenterology and Anesthesiology.

Becoming a licensed, board certified physician means meeting the most rigorous training and continuing education offered in the field of medicine.

Certification of physicians is done by medical specialty boards, recognized by the American Medical Association (AMA) and the American Board of Medical Specialties (ABMS), as a way to tell consumers that the doctors with this credential have successfully completed approved training and have passed an evaluation process assessing their ability to provide quality patient care in their specialty.

Board certification is time-limited, and to maintain their certification, doctors are periodically reevaluated. They must present evidence of licensure and scope of their practice and pass an examination every 5 to 10 years, depending on the specialty.

Board certification is a good indication that your doctor has made a commitment to continuing education and is keeping up with the latest findings in his or her field.

William Erber, MD, Gastroenterology

Medical Education:	Chicago Medical School
Internship:	Maimonides Medical Center
Residency:	Maimonides Medical Center
Fellowship:	Einstein Hospital, Albert Einstein College of Medicine

Jonathan Erber, MD, Gastroenterology

Medical Education:	Tel Aviv University, Sackler Faculty of Medicine
Internship:	Montefiore Medical Center, Albert Einstein College of Medicine
Residency:	Montefiore Medical Center, Albert Einstein College of Medicine
Fellowship:	SUNY Downstate Medical Center

Semen Avshalumov, MD, Anesthesiology

Medical Education: Medical School-Azerbaijan
Internship: Maimonides Medical Center, Transitional Surgery
Residency: Maimonides Medical Center, Anesthesiology

Donald Baldovin, MD, Anesthesiology

Medical Education: Autonomous University of Guadalajara, Rush Medical College
Internship: Brookdale University Hospital
Residency: Montefiore Medical Center, Albert Einstein College of Medicine
Fellowship: Einstein Hospital, Albert Einstein College of Medicine

Obinna Efobi, M.D., Anesthesiology

Medical Education: New York Medical College
Internship: Maimonides Medical Center
Residency: SUNY, Downstate Medical Center

Faiz Hasham, MD, Anesthesiology

Medical Education: Royal College of Surgeons, Dublin, Ireland
Internship: Northern Regional Hospital, Univ of Newcastle, Uk
Residency: Northern Regional Hospital, Univ of Newcastle, Uk

Jeffrey Lampert, MD, Anesthesiology

Medical Education: Michigan State University, College of Human of Medicine
Internship: University of Chicago Hospital and Clinics, Pediatrics
Residency: Northwestern University, McGaw Medical Center, Anesthesiology

Ayanna Scoggin, MD, Anesthesiology

Medical Education: University of Missouri, Columbia School of Medicine
Internship: Beth Israel Medical Center
Residency: Montefiore Medical Center, Albert Einstein College of Medicine

FACILITY OWNERSHIP DISCLOSURE

William Erber, M.D., P.C. is owned by Dr. William Erber & Dr. Jonathan Erber.

Please keep this letter for future reference. Should you have any questions, feel free to call us at 718.972.8500. We look forward to serving you.

Sincerely,

Jonathan A. Erber, M.D.
Medical Director

UNIFORM ASSIGNMENT AND RELEASE OF INFORMATION STATEMENT

Name: _____ Med. Rec. #: _____

Physician: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct William Erber, M.D., P.C., having treated me, to release governmental agencies, insurance carriers, or others who are financially liable for my medical care, all information needed to substantiate payment for such medical care and to permit representatives thereof to examine and make copies of all records related to such care and treatment. I also authorize William Erber, M.D., P.C. to release medical information in the event of any emergency transfer to an Acute Care Facility.

Signature of Patient or Authorized Representative

Date

ASSIGNMENT OF BENEFITS

I hereby assign, transfer and set over to the above named medical facility sufficient monies and/or benefits to which I may be entitled for government agencies, insurance carriers, or others who are financially liable for my medical care to cover the costs of the care and treatment rendered to myself or my dependent.

Signature of Patient or Authorized Representative

Date

FOR PATIENTS ENTITLED TO MEDICARE BENEFITS

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN APPLYING FOR PAYMENT UNDER Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services or authorize such physician organization to submit a claim to Medicare for payment to me.

Signature of Patient or Authorized Representative

Date

Patient's Name: _____ Medicare # (HICN): _____

ADVANCE BENEFICIARY NOTICE (ABN)

NOTE: You need to make a choice about receiving these health care items or services. We expect that Medicare will not pay for the item(s) or service(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. Right now, in your case, Medicare probably will not pay for –

Items or Services:

Because:

The purpose of this form is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself. Before you make a decision about your options, you should read this entire notice carefully.

- Ask us to explain, if you don't understand why Medicare probably won't pay.
- Ask us how much these items or services will cost you (Estimated Cost: \$ _____), in case you have to pay for them yourself or through other insurance.

PLEASE CHOOSE ONE OPTION. CHECK ONE BOX. SIGN & DATE YOUR CHOICE.

Option 1. YES. I want to receive these items or services.

I understand that Medicare will not decide whether to pay unless I receive these items or services. Please submit my claim to Medicare. I understand that you may bill me for items or services and that I may have to pay the bill while Medicare is making its decision. If Medicare does pay, you will refund to me any payments I made to you that are due to me. If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision.

Option 2. NO. I have decided not to receive these items or services.

I will not receive these items or services. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay.

Signature of Patient or Person Acting on Patient's Behalf

Date

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

OMB Approval No. 0938-0566 Form No. CMS-R-131-G (June 2001)

Date: _____

I, the undersigned acknowledge that I have received the following disclosures from the practice.

- Practice Information
- Patients' Rights and Responsibilities
- Get Involved in Your Healthcare
- Information on Pain Assessment
- Escort Policy
- Personal Possessions Notice
- Complaint Resolution Policy
- Billing Information
- Physician(s) Qualification
- Ownership Disclosure

Name: _____

Signature: _____

Date: _____

For the patient's personal protection, the state of New York requires that each patient acknowledge in writing that they have received a copy of William Erber, M.D., P.C.'s Notice of Privacy Practices.

By signing below, I hereby acknowledge receipt of William Erber, M.D., P.C.'s Notice of Privacy Practices. I acknowledge that the Practice may use and disclose my health information for the purposes of treating me, obtaining payment for services rendered to me and performing routine healthcare operations and services in the Practice.

Name: _____

Signature: _____