

Florida Patient Bill of Rights and Responsibilities

Florida law requires that your health care provider or health care facility recognize your rights when you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients.

PATIENT RIGHTS

As a patient, you have the right to:

1. Be informed of your rights as a patient in advance of receiving care. The patient may appoint a representative to receive this information should he/she so desire.
2. Exercise these rights without regard to sex or cultural, economic, educational or religious background, or the source of payment for care.
3. Considerate, respectful and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
4. Access protective and advocacy services or have these services accessed on the patient's behalf.
5. Appropriate assessment and management of pain.
6. Knowledge of the name of the Physician who has primary responsibility for coordinating your care and the names and professional relationships of other Physicians and healthcare providers who will see you. The patient has a right to change providers if other qualified providers are available.
7. Be advised if the Physician has a financial interest in the surgery center.
8. Be advised as to my Physician's method of professional liability coverage, including absence of malpractice coverage.
9. Receive complete information from your Physician about your illness, course of treatment, alternative treatments, outcomes of care (including unanticipated outcomes), and your prospects for recovery in terms that you can understand.
10. Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment, and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
11. Participate in the development and implementation of your plan of care and actively participate in decisions regarding your medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
12. Be informed of the facility's policy and state regulations regarding Advance Directives and be provided advance directive forms if requested.
13. Full consideration of privacy concerning your medical care. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
14. Confidential treatment of all communications and records pertaining to your care and stay at the facility. Your written permission will be obtained before your medical records can be made available to anyone not directly concerned with your care, except where required by law.
15. Receive information in a manner that you understand. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding, and, as appropriate, the language of the patient. Patient support and interpreter services are available as needed. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.
16. Prompt and reasonable response to questions and requests.
17. Access information contained in your medical record within a reasonable time frame.
18. Be advised of the facility's grievance process, should you wish to communicate a concern regarding the quality of the care you receive. Notification of the grievance process includes: whom to contact to file a grievance, and that the patient will be provided with a written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance, and the grievance completion date.

19. Be advised of contact information for the State agency to which complaints can be reported, as well as contact information for the Office of the Medicare Beneficiary Ombudsman.
20. Be advised if facility / personal Physician proposes to engage in or perform human experimentation affecting your care or treatment. The patient has the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
21. Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a full informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
22. Receive treatment for any medical condition that will deteriorate from failure to provide treatment.
23. Be informed by your Physician or a delegate of your Physician of the continuing healthcare requirements following his/her discharge from the facility.
24. Be advised of the provisions the Center provides for after-hours care.
25. Be given, upon request, full information and necessary counseling on the availability of known financial resources for your care, including facility's discount and charity policy.
26. If eligible for Medicare, be advised, if requested and in advance of treatment, whether the facility accepts the Medicare assignment rate.
27. To receive, upon request, prior to treatment, a reasonable estimate of charges for your medical care.
28. Examine a copy of a clear and understandable itemized bill and receive an explanation of your bill, regardless of source of payment.
29. Know which facility rules and policies apply to your conduct while a patient.
30. Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

PATIENT RESPONSIBILITIES

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well.

1. The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary supplements), allergies and sensitivities and other matters relating to his/her health.
2. The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
3. The patient is responsible for following the treatment plan established by his/her Physician, including the instructions of Nurses and other health professionals as they carry out the Physician's Orders.
4. The patient is responsible for keeping appointments and for notifying the facility and Physician when he/she is unable to do so.
5. Provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours unless exempted from that requirement by the attending Physician.
6. In the case of pediatric patients, a parent or guardian must remain in the facility for the duration of the patient's stay in the facility.
7. The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her Physician's Orders.
8. The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
9. The patient is responsible for following facility policies and procedures affecting patient care and conduct.
10. The patient is responsible to inform the facility about the patient's Advance Directives, Power of Attorney, or other directive that you desire us to know about.
11. The patient is responsible for being considerate of the rights of other patients and facility personnel.

12. The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.

FILING COMPLAINTS

Filing a complaint will not adversely affect your care or access to care. If you have a complaint against a hospital or ambulatory surgery center, call the Consumer Assistance Unit at 1-888-419-3456 (Press 1 for English or 2 for Spanish) and then press (1) or write to:

**AGENCY FOR HEALTH CARE ADMINISTRATION
CONSUMER ASSISTANCE UNIT
2727 MAHAN DRIVE / BLDG. 1
TALLAHASSEE, FL 32308**

If you have a complaint against a health care professional and want to receive a complaint form, call the Consumer Services Unit at 1-888-419-3456 (Press 1 for English or 2 for Spanish) and then press (2) or write to the address below:

Department Of Health Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275	<u>OR</u>	Agency For Health Care Admin. Consumer Services Unit P.O. Box 14000 Tallahassee, FL 32317-4000
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If you have a complaint against this facility and wish to speak to someone directly, please call during regular business hours and speak to the Administrator at 772-337-5200 Ext. 223 or if concerning a patient privacy issue, ask for the Facility Privacy Official at 772-337-5200.

Website for the Medicare Beneficiary Ombudsman www.cms.hhs.gov/center/ombudsman.asp

The Center is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). You may also contact them directly at:

**Accreditation Association for Ambulatory Health Care, Inc.
5250 Old Orchard Road, Suite 200
Skokie, Illinois 60077**