



PATIENT RIGHTS AND RESPONSIBILITIES

JULY 2017

Communication between the patient and health care provider is a priority at the Surgery Center of South West Florida. Florida law requires that our health care provider and/or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's and/or health care facility's right to expect certain behavior on the part of the patient. Section 381.026, Florida Statutes, addresses the Patient's Bill of Rights and Responsibilities which are summarized below. You may access these statutes by going to www.leg.state.fl.us/statutes and typing in "Florida Patient's Bill of Rights" for additional information.

A patient has the right to:

- Be treated with courtesy and respect, with appreciation of his or her dignity, and with protection of privacy.
- Care provided in a safe environment, with protection of privacy, free from all forms of abuse, neglect, harassment and/or exploitation.
- Receive a prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for his or her care.
- Know what patient support services are available, including if an interpreter is available if the patient does not speak English.
- To bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.
- Know what rules and regulations apply to his or her conduct.
- Be given by the health care provider information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- Refuse any treatment, except as otherwise provided by law.

- Be given full information and necessary counseling on the availability of known financial resources for care.
- Know whether the health care provider or facility accepts the Medicare assignment rate, if the patient is covered by Medicare.
- Receive prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of an understandable itemized bill and, if requested, to have the charges explained.
- Receive medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such research.
- Express complaints regarding any violation of his or her rights.

A patient is responsible for:

- Giving the health care provider accurate information about present complaints, past illnesses, hospitalizations, medications, and any other information about his or her health.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to the health care provider whether he or she understands a planned course of action and what is expected of him or her.
- Following the treatment plan recommended by the health care provider.
- Following health care facility conduct rules and regulations.
- Keeping appointments and, when unable to do so, notifying the health care provider or facility.
- His or her actions if treatment is refused or if the patient does not follow the health care provider's instructions.
- Making sure financial responsibilities are carried out.
- Being respectful of all the health care professionals and staff, as well as other patients.
- Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours.

PLEASE SIGN AND DATE THIS FORM WHEN RECEIVED AND BRING IT WITH YOU ON THE DAY OF SURGERY.

I have read and understand this document.

Print Patient Name

Patient / Guardian Signature

Date Received



Advance Directives

An Advance Directive, including a living will or a health care proxy are documents that express your choices about your future care or name someone to decide your care if you cannot speak for yourself. Because we provide surgery and procedures that are considered to be elective, our policy states that we do not honor Advance Directives and will initiate resuscitative or other stabilizing measures and transfer you to an acute-care hospital for further evaluation. At the acute-care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or Healthcare Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current Healthcare Directive or Healthcare Power of Attorney

Physician Ownership Disclosure

The Center is owned by the following physicians:

James D. Borden, MD

Paul R. Bretton, MD

Michael G. Strickland, DO

William P. Evans, MD

Jasper J. Rizzo, DO

Please be advised that you have the right to obtain the health care items and services for which you have been referred at any location or from any ambulatory surgery center, hospital, provider or supplier of your choice, including the Surgery Center of Southwest Florida. This disclosure is in accordance with Federal Regulations.

PLEASE SIGN AND DATE THIS FORM WHEN RECEIVED AND BRING IT WITH YOU ON THE DAY OF SURGERY.

I have read and understand this document.

Print Patient Name

Patient / Guardian Signature

Date Received



PATIENT COMPLAINT OR GRIEVANCE

JULY 2017

If you have a problem or complaint, please speak to the Director of Nursing or your care giver. We will address your concern(s) promptly. If necessary, your problem or complaint will be advanced to the Administrator for resolution. You will receive a letter or phone call to inform you of the actions taken to address your complaint.

If you are not satisfied with the response of the Surgery Center, you may contact:

Patient complaints or grievances may be filed through the State of Florida Consumer Services Unit at 1-888-419-3456 or write to the following address:

Complaint against an ambulatory surgical center:

**Agency for Health Care Administration
Consumer Assistance Unit, Bldg 1
2727 Mahan Drive
Tallahassee, FL 32308**

If you have a complaint against a health care professional and want to receive a complaint form:

**Department of Health
Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, FL 32399-3275**

You may also contact AAAHC by mail at:

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

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage at www.cms.hhs.gov/center/ombudsman or call (800)633-4227.