

STATEMENT OF PATIENT BILL OF RIGHTS

In recognition of the responsibility of this facility in the rendering of patient care, these rights are affirmed in the policies and procedures of the:

Florida Medical Clinic Ambulatory Surgery Center

TO be treated with respect, consideration and dignity.

TO be provided with the appropriate privacy.

TO expect that all disclosures and records are treated confidentially, except when required by law, and to be given the opportunity to approve or refuse the release.

TO be provided, to the degree known, complete information concerning their diagnosis, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient to be a legally authorized person.

TO be given opportunity to participate in decisions involving their healthcare, except when participation is contraindicated for medical reasons.

TO receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment, except in emergencies. Such information for informed consent should include the specific procedure and/or treatment, significant medical risks involved, and the probable duration of incapacitation. Where significant alternatives for medical care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information and the consequences of not complying with therapy. The patient has the right to know the name of the person responsible for the procedures and/or treatment.

To be informed, when appropriate, of treatment policy for an unemancipated minor not accompanied by an adult.

TO refuse treatment and be informed of consequences of refusing treatment or not complying with therapy.

TO be informed as to:

- Expected conduct and responsibilities as a patient
- Services available from the facility
- Provisions for after-hours and emergency care
- Fees for services
- Payment policies
- Right to refuse participation in experimental research
- Methods for expressing grievance and suggestions to the facility
- Procedure for reporting public health concerns to the appropriate authorities

TO be informed of their rights to change primary or specialty physicians if other qualified physicians are available.

Complaints may be reported to the Agency for Health Care Administration (888-419-3456) or to:
A.H.C.A. Headquarters Complaint Department • 2727 Mahan Drive • Tallahassee, FL 32308

The Medicare Beneficiary Ombudsman is a resource for Medicare beneficiaries to use to help them receive information and to help understand Medicare options and to apply their Medicare rights and protections.

<http://www.cms.hhs.gov/ombudsman/resources.asp>