

AdventHealth Surgery Center Ormond Beach
PATIENT'S BILL OF RIGHTS

- The Patient has the right to be treated with consideration, respect, and dignity.
- The Patient and/or the Patient Representative or the Patient Surrogate have the right to all complete and current information concerning their diagnosis and treatment and in terms that he/she can understand. The Patient has the right to know the person or persons responsible for coordinating their care. If not medically advisable to give information to the Patient, the information shall be made available to an appropriate person in the Patient's behalf.
- The Patient had the right to receive from the physician enough information so that he/she may understand the services being rendered in order to sign the informed consent.
- The Patient has the right to refuse treatment and to be informed of the consequences of his/her actions.
- The Patient has the right to privacy of any information or treatment concerning his/her own medical care.
- The Patient has the right to be informed of any persons other than routine personnel that would be observing or participating in his/her treatment and to refuse that observation and/or participation.
- The Patient has the right for all medical records to be treated as confidential and given the opportunity to approve or refuse their release unless it would be cause a negative outcome in the continuation of medical care.
- The Patient has the right to be informed of the Center's policy and state regulations regarding advance directives and be provided advance directive forms if requested by Patient or directed by State regulations
- The Patient has the right to information concerning the facility to which he/she may have to be transferred. The facility, that the Patient is to be transferred to, must give approval prior to the Patient transfer.
- The Patient has the right to know if any research will be done during his/her treatment and has the right to refuse it.
- The Patient has the right to bring any person of their choosing to the patient accessible areas of the Center while the patient is receiving treatment or consultation, unless doing so would risk the safety or health of the patient, other patients or Center staff or cannot be reasonably accommodated.
- The Patient has the right to expect quality care and service from Center.
- The Patient has the right to be informed of the mechanism by which he/she will have continuing health care following discharge from the Center.
- The Patient has the right to examine and receive an explanation of their bill, regardless of the source of payment.
- The Patient has the right to know, in advance, the expected amount of his/her bill, regardless of the source of the payment.
- The Patient has the right to know what Center Rules and Regulations apply to his/her conduct as a Patient.
- The Patient has a right to change providers if other qualified providers are available.
- The Patient has the right to be free from all forms of abuse or harassment.
- The Patient has the right to be free from any act of discrimination or reprisal.

AdventHealth Surgery Center Ormond Beach PATIENT RESPONSIBILITIES

- It is the Patient's responsibility to read and understand all permits and/or consents to be signed: Either asks the nurse or physician to clarify any information not understood about his/her care or services.
 - It is the Patient's responsibility to provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
 - It is the Patient's responsibility to notify the Center if they have a living will, medical power of attorney or other directive that could affect their care and to provide the Center with a copy of any directives.
 - It is the Patient's responsibility to follow the treatment plan prescribed by his/her provider and to notify Center on admission if pre-operative instructions have not been followed.
 - The Patient is responsible for their actions if they refuse treatment or do not follow preoperative instructions.
 - It is the Patient's responsibility to provide a responsible adult to transport him/her from the facility and remain with him/her for 24 hours, if required by his/her provider.
 - It is the Patient's responsibility to follow the post-operative instructions given by the physician(s) and/or nurses. This includes instructions regarding post-operative appointments.
 - It is the Patient's responsibility to contact the physician if any complications occur.
 - It is the Patient's responsibility to assure all payments for service rendered are on a timely basis and ultimate responsibility is the Patients, regardless of the insurance coverage.
 - It is the Patient's responsibility to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information.
 - It is the Patient's responsibility to notify the administration of Center if the Patient or the Patient's Representative or Patient's Surrogate thinks their right(s) have been violated or if the Patient has a significant complaint.
 - It is the Patient's responsibility and those accompanying the Patient to be respectful of all health care providers and staff, as well as other Patients and follow the Center's policies.
 - It is the patient's responsibility to adhere to the Center's COVID-related policies and procedures as they relate to the patient's admission and treatment at the Center
 - Patient and/or Patient Representatives or Patient Surrogate should contact the following if you have a concern or complaint:
 - **AdventHealth Surgery Center Ormond Beach Administrator** at (386)-271-7105 or;
 - **AdventHealth Daytona Beach** at (386) 231-3185
 - **Office of the Medicare Beneficiary Ombudsman** at 1-800-633-4227 or visit their website at: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>
 - **Agency of Healthcare Administration (AHCA)** 1-888-419-3456 3456 (Press 2) or complete form at [HCF Complaint Form | AHCA - Health Care Facility Complaint Form \(myflorida.com\)](#)
 - **Accreditation Association for Ambulatory Health Care**
 - 3 Parkway North, Suite 201
 - Deerfield, IL 60015
 - 1-847-853-6060
 - www.AAAHC.org
- Complaints may be registered with the department by phone or in writing.