

## **PATIENT RIGHTS AND RESPONSIBILITIES**

### **YOU HAVE A RIGHT TO:**

- be treated with consideration, respect, and dignity at all times.
- 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.
- receive information from healthcare professionals and other staff in the language or manner primarily used by the patient. Reasonable attempts are to be made by the health care professionals and other staff to communicate in the language or manner primarily used by the patient.
- receive from the physician enough information so that he/she may understand the services being rendered in order to sign the informed consent.
- refuse treatment and to be informed of the consequences of his/her actions.
- privacy of any information or treatment concerning his/her own medical care.
- 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.
- all medical records to be treated as confidential and given the opportunity to approve or refuse their release unless it would cause a negative outcome in the continuation of medical care.
- 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.
- know if any research will be done during his/her treatment and has the right to refuse it.
- expect quality care and service from The Surgery Center.
- be informed of the mechanism by which he/she will have continuing health care following discharge from The Surgery Center.
- examine and receive an explanation of their bill, regardless of the source of payment
- know, in advance, the expected amount of his/her bill, regardless of the source of the payment.
- know what Rules and Regulations apply to his/her conduct as a patient.
- exercise his or her rights without being subjected to discrimination or reprisal.
- voice grievances regarding treatment or care that is (or fails to be) furnished.
- change providers if other qualified providers are available.

\*\*Please note that this facility employs various types of licensed health care practitioners, including Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Registered Nurses (RN), Medical Assistants (MA), and Radiology Technicians (RT). As a patient, you have the right to inquire about a practitioner's license.

### **YOU HAVE A RESPONSIBILITY:**

- to read and understand all permits and/or consents to be signed: Either ask the nurse or physician to clarify any information not understood about your care or services.

- 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.
- to notify The Surgery Center if you have a living will, medical power of attorney or other directive that could affect your care.
- to follow the treatment plan prescribed by his/her provider, to participate in his /her care, and to notify the Center on admission if pre-operative instructions have not been followed.
- for your actions if you refuse treatment or do not follow preoperative instructions.
- to provide adult transportation to and from the Center and remain with you for 24 hours, appropriate to the medications and/or anesthesia to be given and according to preoperative instructions.
- to follow the post-operative instructions given by the physician(s) and/or nurses. This includes instructions regarding post-operative appointments.
- to contact the physician if any complications occur.
- to assure all payments for service rendered are on a timely basis and ultimate responsibility is the patients, regardless of the insurance coverage.
- to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information.
- to notify the administration of the Center, if the PATIENT or the PATIENT REPRESENTATIVE thinks their right(s) have been violated or if the PATIENT has a significant complaint.
- to present their health identification card at every visit
- to arrive on time. It is understood that if the patient is late, it may result in the procedure being rescheduled. All efforts will be made by the center to accommodate the patient's needs without compromising other patients.
- to be respectful of all health care providers and staff, as well as other patients and follow the Center's policies.

PATIENTS and/or PATIENT REPRESENTATIVES should contact the following if they complaints:

• **Facility Administrator: Kara Harmon**

**Phone: 407-609-9090**

**Email: [kara.harmon@adventhealth.com](mailto:kara.harmon@adventhealth.com)**

- Medicare: Office of the Medicare Beneficiary Ombudsman <https://www.medicare.gov>
- Suspect Fraud: Office of Inspector General (OIG): 1- 800-447-8477 [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov)
- Physician Concerns: Florida Department of Health 850-488-0595  
4052 Bald Cypress Way, Bin C75, Tallahassee, FL 32399-3260  
<https://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html>

- Nursing Concerns: <https://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html>

4052 Bald Cypress Way, Bin C02, Tallahassee, FL 32399-3260

Florida Board of Nursing 850-488-0595

- Facility Licensure: Florida Agency for Healthcare Administration, 888-419-3456/800-955-8771

<https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-field-operations/complaint-administration-unit>

#### DISCLOSURE OF OWNERSHIP INTEREST IN THE SURGERY CENTER

**The Surgery Center** is an ambulatory surgical center in which physicians have an ownership interest. The Center is committed to providing clinical excellence in a safe, comfortable, welcome environment for you and your family members. Many of the physicians who practice here have chosen to have an ownership in the Center. This investment gives the physicians the ability to retain quality control and to ensure that your medical costs are reasonable, and to provide the highest quality care. Your physician's ownership interest in the Center does mean that your physician may benefit from choosing to perform your surgical procedure at this facility rather than in a hospital or in another similar facility. We are therefore advising you through this document that you have the right to be treated at another facility. If you elect to have your procedure performed elsewhere, your physician will make alternative arrangements at your direction.