

## Panama City Surgery Center

### Summary of the Florida

#### Patient's Bill of Rights and Responsibilities

Florida law requires that your health care provider or health-care facility recognize your rights while you are receiving medical care and that you respect the healthcare provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities is as follows:

##### A patient has the right

- To be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- Have impartial access to medical treatment or accommodations regardless of race, national origin, religion, physical handicap, or source of payment.
- To a prompt and reasonable response to questions and requests.
- To know who is providing medical services and who is responsible for his or her care.
- To know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- To know what rules and regulations apply to his or her conduct.
- To be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- To refuse any treatment, except as otherwise provides by law.
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

- To receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- To treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- To express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency. You can call
- Agency for Health Care Administration (AHCA) 2727 Mahan Dr. Tallahassee, FL 32308 or at

1-888-419-3456. [www.fdhc.state.fl.us/contact/indexc.shtml](http://www.fdhc.state.fl.us/contact/indexc.shtml)

Joint Commission Accreditation

1-800-994-6610

- At the Panama City Surgery Center your physician may have ownership interest in this facility.

##### Advanced Directives

- The facility shall comply with state statutes and court decisions regarding advance directives.
- The facility shall not condition provision of care or otherwise discriminate against an individual based on whether or not an individual has executed an advance directive.
- If a patient requests advance directives, staff will assist them in obtaining information.
- The facility shall provide education to the staff that concern advanced directives.
- Life sustaining efforts will be initiated and maintained on all patients as needed.
- Copies of the advance directive will be requested to accompany any patient being transferred to another facility for further care.

##### A patient is responsible for:

- Providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to 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 comprehends a contemplated course of action and what is expected of him or her.
- Following the treatment plan recommended by the health care provider.
- Keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- His or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- Assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

##### A patient is responsible for the following health care facility rules and regulations affecting patient care and conduct.

1. I will provide accurate information about present and past illnesses, hospitalizations, medications, allergies and "NPO" status.
2. I will make every attempt to understand the implications of my procedure, including risks of refusing treatment, and I will ask for clarification when needed.
3. I will arrive at the scheduled time or notify facility of inability to do so.
4. I will follow all discharge instructions.
5. I will be respectful of the rights of other patients and staff.
6. I will be respectful of others' property.
7. I will immediately inform my physician of changes in condition or adverse reaction.
8. I will be responsible for assuring that the financial obligations of my health care are fulfilled as promptly as possible.

