



PATIENT 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 health care 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 provider or health care facility. A summary of your rights and responsibilities follows:

The 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.
- To** 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 information concerning the diagnosis, the planned course of treatment, alternatives, risks, and prognosis by the health care provider.
- To** refuse treatment, except as otherwise provided by law.
- To** be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- 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 and 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 charges explained.
- To** receive impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- To** receive 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 their rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility that served them, and to the appropriate state licensing agency.
- To** participate in all aspects of their health care decisions, unless contraindicated by concerns for their health.
- To** appropriate assessment and management of pain.

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.
- For** reporting unexpected changes in his or her condition to the health care provider.
- For** reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- For** following the treatment plan recommended by the health care provider.
- For** keeping appointments and for notifying the Facility when he or she is unable to do so for any reason.
- For** his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- For** assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- For** following facility rules and regulations affecting patient care and conduct.
- For** consideration and respect of the facility staff and property

Filing Complaints

If you have a complaint against an ambulatory surgical center,
call the Consumer Assistance Unit at 1-888-419-3456 (press 1) **or**
write to the address listed below:

Agency for Health Care Administration
Consumer Assistance Unit
2727 Mahan Drive/Bldg. 1
Tallahassee, FL 32306

If you have a complaint against a health care professional and want to receive a complaint form, call the
call the Consumer Assistance Unit at 1-888-419-3456 (press 2) **or**
write to the address listed below:

Agency for Health Care Administration
Consumer Services Unit
P. O. BOX 14000
Tallahassee, FL 32317-4000

Patient Signature _____ Date _____

Witness _____ Date _____