



#### SUMMARY OF THE PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

##### PATIENT'S STATEMENT OF RIGHTS AND RESPONSIBILITIES

The staff of this health care facility recognizes you have rights while a patient is receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. This statement of rights and responsibilities is posted in our facility in at least one location that is used by all patients.

Your rights and responsibilities include:

##### **A patient, patient representative or surrogate has the right to:**

- Receive information about rights, patient conduct and responsibilities in a language and manner the patient, patient representative or surrogate can understand.
- Be treated with respect, consideration and dignity.
- Be provided appropriate personal privacy.
- Have disclosures and records treated confidentially and be given the opportunity to approve or refuse record release except when release is required by law.
- Be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Receive care in a safe setting.
- Be free from all forms of abuse, neglect or harassment.
- Exercise his or her rights without being subject to discrimination or reprisal with impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- Voice complaints and grievances, without reprisal.
- Be provided, to the degree known, complete information concerning diagnosis, evaluation, treatment and know who is providing services and who is responsible for the care. When the patient's medical condition makes it inadvisable or impossible, the information is provided to a person designated by the patient or to a legally authorized person.
- Exercise of rights and respect for property and persons, including the right to:
  - \*Voice grievances regarding treatment or care that is (or fails to be) furnished.
  - \*Be fully informed about a treatment or procedure and the expected outcome before it is performed.
  - \*Have a person appointed under State law to act on the patient's behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
- Refuse treatment to extent permitted by law and be informed of medical consequences of this action.
- Know if medical treatment is for purposes of experimental research and to give his consent or refusal to participate in such experimental research.
- Have the right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- A prompt and reasonable response to questions and requests.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care and know, upon request and prior to treatment, whether the facility accepts the Medicare assignment rate.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- Formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his/her medical record.
- Know the facility policy on advance directives.
- Be informed of the names of physicians who have ownership in the facility.
- Have properly credentialed and qualified healthcare professionals providing patient care.

##### **A patient, patient representative or surrogate is responsible for:**

- Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, unless specifically exempted from this responsibility by his/her provider.
- Providing to the best of his or her knowledge, accurate and complete information about his/her health, present complaints, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements, any allergies or sensitivities, and other matters relating to his or her health.

- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Following the treatment plan recommended by his health care provider.
- Be respectful of all the health providers and staff, as well as other patients.
- Providing a copy of information that you desire us to know about a durable power of attorney, health care surrogate, or other advance directive.
- His/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to his health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Keeping appointments.

## COMPLAINTS

**Please contact us if you have a question or concern about your rights or responsibilities. You can ask any of our staff to help you contact the Administrative Director at the surgery center. Or, you can call 941-792-2020 ext. 232249. We want to provide you with excellent service, including answering your questions and responding to your concerns.**

You may also choose to contact the licensing agency of the state:

**Agency for Health Care Administration  
2727 Mahan Drive, Tallahassee, FL 32308.  
1-888-419-3456 | [www.ahca.myflorida.com](http://www.ahca.myflorida.com)**

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227) or online at <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>. The role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help you need to understand your Medicare options and to apply your Medicare rights and protections.

**Medicaid Fraud** - To report suspected Medicaid Fraud, please call AHCA Medicaid Program Integrity toll-free at (1888-419-3456) or the Attorney General toll-free at (1-866-966-7226)

**Abusive, Neglectful, or Exploitative Practices** - To report abuse, neglect, or exploitation, please call the Florida Department of Children and Families toll free at (1-800-962-2873)

## Disclosure of Physician Financial Interest and Ownership

The center is owned in part by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial interest and ownership.

Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations. Submission and Investigation of Grievances

You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of the center's decision. If you wish to file a grievance, please contact or direct correspondence to the attention of the Ambulatory Surgery Center Director.

## Policy on Advance Directives

**You have the right to information on the center's policy regarding Advance Directives.**

### Advance Directives

If you have an advanced directive or living will medical emergency arises, a surgery center will transfer you to the closest hospital. A surgery center will not follow do not resuscitate requests. Please discuss with your physician if you have questions. A hospital will make decisions about following any advance directive or living will or a request to not resuscitate should your heart stop or if you should stop breathing. You have a right to have your living will or advance directive information present in our medical record and to be informed of the facilities policy prior to the procedure. If you want information regarding Advance Directives, you may request forms from the surgical counselor or contact the following organizations:

**Agency Health Care Administration**  
1-888-419-3456 | [www.ahca.myflorida.com](http://www.ahca.myflorida.com)

**Aging With Dignity**  
1-888-594-7437 | [www.AgingWithDignity.org](http://www.AgingWithDignity.org)



**The Eye Associates Surgery Center**

6002 Pointe West Blvd, Bradenton, FL 34209  
941-792-2020 | Toll-free 1-866-865-2020

**[Sight4Life.com](http://Sight4Life.com)**