

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 when 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 facility. A summary of your rights and responsibilities follows:

As a patient you have the right to:

- ❖ be treated with courtesy and respect, with appreciation of your individual dignity and with protection of your need for privacy.
- ❖ a prompt and reasonable response to questions and request.
- ❖ know who is providing medical services and who is responsible for your care.
- ❖ change primary or specialty care physician if another qualified physician is available.
- ❖ know what patient support services are available, including whether an interpreter is available or if do not speak English.
- ❖ know what rules and regulations apply to your conduct.
- ❖ be given by your health care provider information concerning diagnosis, planned course of treatment, alternatives, risk and prognosis.
- ❖ refuse treatment, except as otherwise provided by law.
- ❖ be given, upon request, full information as necessary and counseling on the availability of known financial resources for your care.
- ❖ know, up front and in advance of treatment, whether the health care provider or health facility accepts the Medicare assignment rate.
- ❖ receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- ❖ receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- ❖ impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- ❖ treatment for an emergency medical condition that will deteriorate from failure to provide treatment.
- ❖ know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research.
- ❖ express grievances regarding your rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served you and to the appropriate state licensing agency.
- ❖ exercise your rights without being subjected to discrimination or reprisal.

As a patient you are responsible for:

- ❖ providing to the health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
- ❖ keeping appointments and, when you are unable to do so for any reason, for notifying the health care provider or health care facility.
- ❖ your actions if you refuse treatment or do not follow the health care provider's instructions.
- ❖ assuring that the financial obligations of your health care are fulfilled as promptly as possible.
- ❖ following health care and facility rules and regulations affecting patient care and conduct.

As a patient you need to be aware that:

- ❖ anesthesia services at Kissimmee Surgery Center are provided by Osceola Anesthesia Associates.
- ❖ certain physicians that perform procedures at Kissimmee Surgery Center have ownership interests in the Center. If you have any questions regarding your physician please do not hesitate to ask.
- ❖ your physician may not carry malpractice coverage. If you have questions about malpractice coverage, please discuss them with your physician.
- ❖ if you have a complaint against this facility, you can contact the Administrator directly at 407-483-1100 or write to the Administrator, Kissimmee Surgery Center, 2275 North Central Ave, Kissimmee, FL 34741.

Filing Complaints:

If you have a complaint against a hospital or ambulatory surgical center, call the Consumer Assistance Unit at 1-888-419-3456 (Press 1) or write to AGENCY FOR HEALTH CARE ADMINISTRATION, CONSUMER ASSISTANCE UNIT 2727, MAHAN DRIVE / BLD. 1, TALLAHASSEE, FL 32308

If you have a complaint against a health care professional and want to receive a complaint form, call the Consumer Services Unit at 1-888-419-3456 (Press 2) or write to: AGENCY FOR HEALTH CARE ADMINISTRATION, CONSUMER ASSISTANCE UNIT, P.O. BOX 14000, TALLAHASSEE, FL 32308

If you have a complaint about the quality of Medicare-covered services call 1-800-633-4227. TTY users call 1-877-486-2048 or visit www.cms.hhs.gov/center/ombudsman.asp