

PATIENT RIGHTS AND RESPONSIBILITY NOTIFICATION

PATIENT RIGHTS:

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.
- ❖ Prompt and reasonable response to questions and requests.
- ❖ Know who is providing medical services and who is responsible for his or her own care.
- ❖ Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- ❖ Know what rules and regulations apply to his or her conduct.
- ❖ Be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- ❖ Refuse any treatment, except as otherwise provided by law.
- ❖ Be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- ❖ If eligible for Medicare, upon request and in advance of treatment, whether the health care provider or health care 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 the charges explained.
- ❖ Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap or source of payment.
- ❖ Treatment for any emergency medical condition that will deteriorate from failure to provide medical treatment.
- ❖ 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.

- ❖ 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.

PATIENT RESPONSIBILITIES:

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 own 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.
- ❖ Following health care facility rules and regulations affecting patient care and conduct.

ADVANCE DIRECTIVE NOTIFICATION:

In the state of Florida, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Power of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to communicate decisions. ParkCreek Surgery Center ("ParkCreek") respects and upholds those rights.

ADVANCE DIRECTIVE NOTIFICATION (CONTINUED)

However, unlike in an acute care hospital setting, ParkCreek does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss

the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital, further treatments or withdrawal of treatment measures already begun will be in accordance with your wishes, Advance Directive, or Health Care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official state forms are available at our facility or you may obtain a copy via the website:

http://ahca.myflorida.com/mchg/health_facility_regulation/HC_Advance_Directives/index/shtml

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

If a patient is adjudged incompetent under the state laws, the rights of the patient are exercised by the person appointed and/or the legal representative designated by the patient under Florida law to act on the patient's behalf. The center will accept a Court Appointed Guardian, Dual Power of Attorney or a Health Care Surrogate.

PATIENT COMPLAINT OR GRIEVANCE:

If you have a problem or complaint, please speak to the surgery center's receptionist or your care giver.

We will address your concern(s) promptly. If necessary, your problem or complaint will be advanced to the Administrator and/or Director of Nursing for resolution. You will receive a letter or phone call to inform you of the actions taken to address your complaint.

If you are not satisfied with the response of facility, you may contact:

Patient complaints or grievances may be filed through the State of Florida Consumer Services Unit at 1-888-419-3456 or write to the addresses below:

Complaints against an Ambulatory Surgical Center:

**Agency for Health Care Administration
Consumer Assistance Unit
2727 Mahan Drive/ BLDG. 1
Tallahassee, Florida 32308**

If you have a complaint against a health care professional and want to receive a complaint form:

**Department of Health
Consumer Services Unit
4052 Bald Cypress Way. Bin C75
Tallahassee, Florida 32399-3275**

You may also contact AAAHC by mail at:

**Accreditation Association for Ambulatory
Health Care, INC.
5250 Old Orchard Road, Suite 200
Skokie, Illinois 60077**

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at: www.cms.hhs.gov/center/ombudsman

DISCLOSURE OF OWNERSHIP:

Please see following page, which is a Medical Staff Listing with notation as to which doctors have ownership in the ambulatory surgical center.

<http://www.parkcreeksurgery.com/parkcreeksurgery/ownership-pk.pdf>

MEDICAL MALPRACTICE COVERAGE:

Your Physician may not carry malpractice coverage. If you have questions about malpractice coverage, please discuss those with your physician.

QUESTIONS ABOUT YOUR RIGHTS AND RESPONSIBILITIES MAY BE DIRECTED TO

By E-Mail:

MedicareConditions@parkcreeksurgery.com or

By Phone:

(954) 312-XXXX