

North Florida Surgery Center

YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT

At North Florida Surgery Center our goal is to provide the highest quality outpatient care. We believe that it is essential that our patients and their families are respected and supported. The following is a summary of your rights and responsibilities as a patient. If you have any questions about your rights and responsibilities, please ask to see the Administrator.

YOU HAVE THE RIGHT TO...

- To receive services without regard to race, color, age, sex, sexual orientation, religion, marital status, handicap, national origin or sponsor.
- To be treated with courtesy, respect, and dignity, and have privacy concerning your medical care.
- To be provided reasonable physical access.
- To be provided a secure environment for self and property.
- To expect that all disclosures and records are treated confidentially, except when required by law, and to be given the opportunity to approve or refuse their release.
- To be told clearly about your diagnosis, treatment and prognosis. Your physician should be able to provide this information.
- To be given the opportunity to participate in decisions involving their health care, except when participation is contraindicated for medical reasons.
- To receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Such information for informed consent should include the specific procedure and/or treatment, significant medical risks involved, and the probable duration of incapacitation.
- To be informed, when appropriate, of treatment policy for an emancipated minor not accompanied by an adult.
- To refuse treatment, and be informed of consequences of refusing treatment or not complying with therapy.
- To be informed as to conduct and responsibilities as a patient.
- To be informed as to services available from the facility
- To be informed as to provisions for after-hour and emergency care.
- To be informed as to fees for service.
- To be informed as to payment policies.
- To be informed as to right to refuse participations in investigational studies or clinical trials.
- To be informed as to methods of expressing grievance and suggestions to the facility.
- To be informed as to disclosure of ownership.
- To be informed as to procedure for reporting public health concerns to the appropriate authorities.
- To be informed of how to file a complaint during the course of your admission.

IT IS YOUR RESPONSIBILITY TO...

- To provide, to the best of the patient's knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, existence of advance directives, medications and other information relating to health status.
- To follow the treatment plan recommended by the practitioner primarily responsible for the patient's care.
- To accept the consequences of his/her own actions when refusing treatment or not following the practitioner's instructions.
- To assure that the financial obligations for health care rendered are fulfilled as promptly as possible.
- To follow the rules and regulations affecting care and conduct pertaining to the procedures performed.
- To be considerate of the rights of other patients and facility personnel and to assist in the control of noise and smoking.
- To be respectful of the property of other persons and of the facility.

TO FILE A COMPLAINT REGARDING PATIENT RIGHTS, PLEASE FEEL FREE TO CONTACT:

North Florida Surgery Center
ATTN: Administrator
256 Professional Glen, Ste. 101
Lake City, FL 32025
Phone: (386) 758-8937

Agency for Health Care Administration
ATTN: Complaint Administration Unit
2727 Mahan Dr.
Mail Stop #49
Tallahassee, FL 32308
Phone: (888) 419-3456

The Joint Commission
ATTN: Patient Complaints
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
Phone: (800) 758-8937
complaint@jointcommission.org

OR ONLINE AT: <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>