YOUR RIGHTS AND RESPONSIBILITES 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.....

1. *To* receive services without regard to race, color, age, sex, sexual orientation, religion, marital status, handicap, national origin or sponsor.
2. *To* be treated with courtesy, respect, and dignity, and have privacy concerning your medical care.
3. *To* be provided reasonable physical access.
4. *To* be provided a secure environment for self and property.
5. *To* expect that all disclosures and records are treated confidentially, except when required by law, and be given the opportunity to approve or refuse their release.
6. *To* be told clearly about your diagnosis, treatment and prognosis. Your physician should be able to provide this information.
7. *To* be given an opportunity to participate in decisions involving their health care, except when participating is contraindicated for medical reasons.
8. *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.
9. *To* be informed, when appropriate, of treatment policy for an emancipated minor not accompanied by an adult.
10. *To* refuse treatment and be informed of the consequences of refusing treatment or not complying with therapy.
11. *To* be informed as to conduct and responsibilities as a patient.
12. *To* be informed as to services available from the facility.
13. *To* be informed as to provisions for after-hours and emergency care.
14. *To* be informed as to fee for services.
15. *To* be informed as to payment policies.
16. *To* be informed as to right to refuse participation investigational studies or clinical trials.
17. *To* be informed as to methods of expressing grievance and suggestions to the facility.
18. *To* be informed as to disclosure of ownership.
19. *To* be informed as to procedure for reporting public health concerns to the appropriate authorities.
20. *To* be informed of how to file a complaint during the course of your admission.

IT IS YOUR RESPONSIBILITY TO.....

1. *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.
2. *To* follow the treatment plan recommended by the practitioner primarily responsible for the patient's care.
3. *To* accept the consequences of his/her own actions when refusing treatment or not following the practitioner's instructions.
4. *To* assure that the financial obligations for health care rendered are fulfilled as promptly as possible.
5. *To* follow the rules and regulations affecting care and conduct pertaining to the procedures performed.
6. *To* be considerate of the rights of other patients and facility personnel and to assist in the control of noise and smoking.
7. *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 Unit
2727 Mahan Drive
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@jointcommision.org

Or

Online at: www.medicare.gov/ombudsman/resources.asp