Patient Rights and Responsibilities

Purpose

This Center has established this Patient's Bill of Rights as a policy with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his/her physician, and the Center organization.

It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care.

The traditional physician-patient relationship takes on a new dimension when care is rendered within an organized structure.

Legal precedent has established that the Center itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

This Center has many functions to perform, including the prevention and treatment of disease, and the education of both health professionals and patients. All these activities must be conducted with an overriding concern for the patient, and the recognition of his/her dignity as a human being. Success in achieving this recognition ensures success in the defense of the rights of the patient.

Policy

1. Disclosure of information regarding patient rights, grievances, advance directives and physician ownership shall be furnished with verbal and written notice to the patient in advance of signing the informed consent
2. Patients will be asked to acknowledge that they received information on patient rights, grievances, advance directives and disclosure of physician ownership, if applicable
3. Each person receiving service in the Center shall have the rights and responsibilities set forth below (the "Patient Rights and Responsibilities")
4. All employees upon hire will be oriented to the organization's statement of Patient Rights and Responsibilities
5. The organization does the following to inform patients:
    a. Displays signage explaining Patient Rights and Responsibilities in the Center
    b. Make the Patient Rights and Responsibilities available to any patient upon request

AS A PATIENT, YOU HAVE THE RIGHT TO:

1. Considerate, respectful care always and under all circumstances, with recognition of your personal dignity
2. Personal and informational privacy and security for self and property
3. Effective communication of patient information concerning your diagnosis, treatment, and prognosis, possible side effects and risk of medication to the degree known prior to treatment
4. Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise patient rights when you are unable to do so, without coercion, discrimination, or retaliation
5. Receive care in a safe setting with competent, caring health providers who act as your advocate and treat your pain as effectively as possible
6. To be treated under the least restrictive conditions and not be subject to unnecessary restraint or isolation
7. Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records
8. Participate in and make decisions about medical care, including the right to accept or refuse medical or surgical treatment explained on terms that are understandable to you without coercion, discrimination, or retaliation
9. Know that because the Center is a short-term outpatient facility, there are limitations on the Center's ability to honor advance directives. Such limitations will be communicated to you. The Center will honor advance directives to the extent possible, and the advance directive will be noted in the patient medical record and communicated to other medical facilities if a transfer is needed
10. Self-determination, which includes the right to accept or refuse treatment and the right to formulate an advance directive
11. Be free from all forms of abuse or harassment
12. Impartial access to treatment regardless of race, color, sex, national origin, religion, sexual orientation, handicap, or disability. The Center adheres to all federal and state rules, regulations, and policies to promote a non-discriminatory environment for all our patients
13. Be provided with adequate education, including appropriate follow-up care planned and initiated at the time of discharge
14. Receive estimated costs prior to the day of surgery and, as a follow up, receive an itemized bill for all services within a reasonable period of time
15. Know that your physician may have an ownership interest in the Center. A physician owner list is available upon request
16. Know the identity and professional status of individuals providing service to you
17. Have this policy conveyed to you in a manner that you can understand if you experience vision, speech, hearing, or cognitive impairments

18. Report any comments or voice any grievances concerning the quality of services provided to you during the time spent at the Center without being subjected to discrimination or reprisal and receive timely, fair follow-up on your comments
19. Change your provider if another qualified provider is available

AS A PATIENT, YOU ARE RESPONSIBLE FOR:

1. Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate practitioner(s)
2. Following the treatment plan recommended by the primary practitioner involved in your case
3. Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery
4. Indicating whether you clearly understand a contemplated course of action and what is expected of you
5. Your actions and adverse consequences that may result if you refuse treatment, leave the Center against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your case
6. Your portion of financial payment being submitted as quickly as possible
7. Providing information about, and/or copies of, any living will, power of attorney, or other advance directives that you desire us to know about
8. Refraining from smoking/vaping on campus

You may file a grievance with the Center by contacting the Administrator, via telephone or in writing, when you feel your rights have been violated.

Grove Place

1325 36th St., Suite B Vero Beach, FL 32960

AND/OR

Office of the Medicare Beneficiary Ombudsman

https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home 1-800-MEDICARE Request your complaint or inquiry be submitted to the MBO. The MBO will help to ensure that your inquiry is resolved appropriately.

AND/OR

Accreditation Association for Ambulatory Health Care (AAAHC)

847-853-6060 Phone

info@aaahc.org

Disclosure of Ownership

The Center is a facility in which physicians have ownership. The list of physician owners is available to you upon request.