

## **A 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, including patient identifiable healthcare information. ▶to a prompt and reasonable response to questions and requests. ▶to know who is providing medical services and who is responsible for his or her care. ▶to know what patient support services are available, including whether an interpreter is available if he or she does not speak English. ▶to know what rules and regulations apply to his or her conduct. ▶to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis. ▶to assessment and appropriate management of pain. ▶to refuse any treatment, except as otherwise provided by law. ▶to 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, to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate. ▶to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care. ▶to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained. ▶to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment. ▶to treatment for any emergency medical condition that will deteriorate from failure to provide treatment. ▶to 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. ▶to 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 to the appropriate state licensing agency and if Medicare eligible to the Medicare Quality Improvement Organization.

## **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. ▶for reporting unexpected changes in his or her condition to the health care provider. ▶for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her. ▶for following the treatment plan recommended by the health care provider. ▶for 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. ▶for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions. ▶for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible. ▶A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

If you need a translator, please let us know and one will be provided for you. If you have someone who can translate confidential medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.



**This notice is to inform you of your rights as a patient at the Center regarding the following topics:**

**Advance Directives:** Our policy as a matter of conscience and as permitted by Florida State Statute 765.104, regardless of the contents of any advance directive or instructions from a health surrogate or attorney in fact, that if an adverse event or unexpected deterioration occurs during treatment at this facility the center will initiate resuscitative or other stabilizing measures and transfer the patient to an acute care hospital for further evaluation. Our facility respects your right to have an advance directive, we do not ask you to waive this right or even suspend them; we only ask for the right to resuscitation or stabilizing measures while you're a patient in our facility.

- **Physician Financial Interest and Ownership:** The Center is owned by physicians. The physician(s) who referred you to this Center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with Federal regulations. The following physicians have a financial interest and/or ownership percentage in this ambulatory surgical center:
  - Jaime A. Alvarez MD ○ James P. Weiner MD ○ Douglas F. Savage MD ○ Gary J. Correnti MD ○ Wesley H. Faunce MD
  - James P. O'Malia MD ○ Donald J. Moyer MD ○ Mukund P. Kini MD
  
- **Submission and Investigation of Grievances:** You have the right to submit a verbal or a written grievance, have it investigated and to receive a written notice of the Center's decision. The following are the names and/or agencies you may contact:
  - Christina Gley , Center Director 12700 Creekside Lane, Suite 202 Fort Myers, FL 33919 Telephone: 239-489-4454
  - Agency for HealthCare Administration- Facility Regulation -Compliance 2727 Mahan Drive, Tallahassee, FL 32317-4000  
State website: [www.fdhc.state.fl.us](http://www.fdhc.state.fl.us)
  - Medicare: [www.medicare.gov](http://www.medicare.gov) or call 1-800- 633-4227
  - Office of the Inspector General: <http://oig.hhs.gov>
  - Medicare Ombudsman website: [www.medicare.gov/Ombudsman/resources.asp](http://www.medicare.gov/Ombudsman/resources.asp)
  - Your state representative: [www.cdc.gov/mmwr/about.html](http://www.cdc.gov/mmwr/about.html)
  - Medicare Quality Improvement Organization of Florida: FMQAI 5201 West Kennedy Boulevard, Suite 900 Tampa, Florida 33609  
Attention: Beneficiary Complaints Phone: 800-844-0795. Web address: <http://www.fmqai.com/Complaint.aspx>

By signing below, you or your legal representative acknowledge you have received (verbally and in writing), read and understand this information prior to the procedure and have decided to have your procedure performed at this center.

Date \_\_\_\_\_

\_\_\_\_\_  
Patient Signature