

***Southeastern Outpatient Surgery Center***  
***SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES***

***Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:***

**A patient has the right –**

- To receive care in a safe setting
- 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.
- To a prompt and reasonable response to questions and requests.
- To know the name(s) of the person(s) responsible for his or her care and those providing medical services. The patient also has the right to change providers if other qualified providers are available.
- 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 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 be free from all forms of abuse or harassment
- 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 and to the appropriate state licensing agency.
- To bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider
- To change providers if other qualified providers are available.

**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, 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.
- For following health care facility rules and regulations affecting patient care and conduct.
- For behaving respectfully toward all health care professionals and staff, as well as other patients and visitors

***(Please see reverse side)***

## **FILING COMPLAINTS**

If you have any complaints, please contact:

The Director of Surgical Services  
2030 Fleischmann Rd.  
Tallahassee, FL 32308  
850-219-2000

In the event your issues are not addressed according to the patient's rights at a facility level, you may contact the following:

Agency for Health Care Administration (Division of Health Quality Assurance)  
2727 Mahan Drive, Bldg 1  
Tallahassee, FL 32308  
1-888-419-3456  
or via the web at <http://ahca.myflorida.com> .

(or)

Office of Medicare Ombudsman at 1-800-633-4227  
or via the web at <http://www.medicare.gov/Ombudsman/resources.asp>

## **PHYSICIAN OWNERSHIP DISCLOSURE**

Southeastern Plastic Surgery physicians have an ownership in Southeastern Outpatient Surgery Center. This disclosure is intended to help you make a fully informed decision regarding your healthcare. You have a right to obtain healthcare services at any location in which the physician performing your surgery has privileges, including Southeastern Outpatient Surgery Center. Assurance will be given that you will not be treated differently if you choose not to use this facility for your surgery. A list of facilities as well as additional information relating to ownership, conflicts of interest, services and governance may be given upon request.

## **RESIDENTS AND MEDICAL STUDENTS**

For the purposes of advancing education, Southeastern Outpatient Surgery Center in conjunction with the surgeons, work with approved medical education programs allowing medical students and residents to participate in the patient's surgical care.

## **ADVANCE DIRECTIVES/LIVING WILLS**

If you have an Advance Directive and/or Living Will, please provide a copy to the surgery center prior to surgery. In the event of an emergency or other life threatening situation, emergency medical procedures will be instituted and transfer will be made to a higher level of care. Should you require additional treatment at another facility, that facility will be notified of your wishes. Information on Advance Directives/Living Wills can be provided upon request.

## **ANESTHESIA SERVICES**

Southeastern Outpatient Surgery Center (SOSC) uses Canopy Roads Nurse Anesthesia, P.A. (CRNA) and Nimble Anesthesia (NA) as their anesthesia providers. Both CRNA and NA work with and not for SOSC and all fees and agreements are separate from the surgeons/facility fees. For questions regarding anesthesia billing, please direct your calls to the SOSC surgical coordinator.