

## PATIENTS' RIGHTS AND RESPONSIBILITIES AS A WELLINGTON ENDOSCOPY PATIENT

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### As a patient, you have the right to:

1. Be treated with dignity and to receive courteous, considerate and respectful care.
2. Expect that the healthcare professionals at this facility have been fully credentialed according to State, Medicare and Accreditation standards to safely perform the procedures for which they have privileges and to perform the duties necessary to fulfill upon their job responsibilities.
3. Obtain from your physician complete and current information concerning your diagnosis, treatment and prognosis in terms you can be reasonably expected to understand and to receive reasonable responses to questions and rights. When it is not medically advisable to give you such information, the information should be made available to an appropriate person on your behalf. You have the right to know, by name, the physician responsible and any assistants(s) for coordinating your care.
4. Receive from your physician information necessary to give informed consent prior to the start of the procedure and/or treatment. Except in emergencies, such information should include but not necessarily be limited to the diagnosis, the specific procedure(s) and/or treatment(s), the medically significant risks involved, prognosis and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or upon your request, you have the right to information concerning medical alternatives. When it is deemed medically inadvisable to give such information to the patient, this information is made available to a person so designated by the patient, or a legally authorized person.
5. Participate in decisions involving your care, except when contraindicated for health reasons, to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of your actions.
6. Every consideration of your need for privacy concerning your medical care program. Case discussion, consultation, examination, treatment and records are confidential and should be conducted discreetly. Those not directly involved in your care must have your permission to be present.
7. Be advised as to what services are available and to receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin, handicap, source of payment or sponsor.
8. Be informed of the support services available at the center, including the availability of an interpreter.
9. Expect that, within its capacity, an ASC must make reasonable response to a request for services. The Facility must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another health care facility after he has received complete information and explanations concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
10. Obtain information as to any relationship of this facility to other health care and educational institutions, insofar as your care is concerned, and to obtain information as to the existence of any professional relationships among individuals, by name, who are involved in your treatment.
11. Be advised when the facility proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
12. Expect reasonable continuity of care and to know in advance what physicians are available and when. You have the right to expect that the facility will provide a mechanism whereby your physician, or a delegate of the physician, will be informed of your continuing health care requirements following discharge. In addition, you have the right to request to change your provider at any time if other qualified providers are available.
13. Be informed of fees for services and payment policies as well as any charges above what your insurance will pay and, when applicable, the availability of free or reduced cost treatment, to receive an itemized copy of your account statement, upon request, and to be provided an explanation of your bill regardless of the source of payment; to be given upon request, full information and counseling on the availability of known financial resources for his or her care.
14. Know what Facility rules and regulations apply to your conduct as a patient; e.g., the patient is responsible for providing information about his/her health, including past illnesses, hospitalizations and medication.
15. Be free from mental, physical, sexual, and verbal abuse, neglect, and/or exploitation and to expect any and all allegations, observations or suspected cases of abuse, neglect and/or exploitation that occur in the organization will be investigated.
16. Be informed of the provisions for after-hour and emergency coverage.
17. Expect that marketing and/or advertising conducted by the facility regarding the competence and capabilities of the organization is not misleading.
18. If you are Medicare eligible, to know, upon request and in advance of treatment, whether the facility accepts the Medicare assignment rate.
19. When care, treatment, and services are subject to internal or external review that results in the denial of care, treatment, services, and/or payment, the organization makes decisions regarding the provision of ongoing care, treatment, services, or discharge based on the assessed needs of the patient.
20. Exercise these rights, voice grievances or any violation of his or her rights and recommend changes in policies and services to the center's staff, the operator and the governing state agency without fear of reprisal.
21. Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days, if requested by the patient, indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the governing state agency.
22. To inspect and copy your record; to amend the record; to receive an accounting of the disclosures of the record; to request restrictions on certain uses and disclosures of the record; to receive confidential communications of the record; to approve or refuse the release or disclosure of the contents of his/her medical record to any health care practitioner and/or health care facility except as required by law or third - party payment contract; and to obtain a paper copy of the Privacy Notice.
23. Have an advance directive, such as a Living Will or health care proxy. These documents express the patient's choices about their future care or name someone to decide if he/she cannot speak for himself/herself. If the patient has a written advance directive, a copy should be provided to the facility. Be aware, however, that an advance directive will not be honored during this admission. In the event of a life-threatening medical emergency, emergency measures will be implemented by the staff.
24. Expect that the staff, whom are all committed to pain prevention and management, will believe your report of pain and will respond quickly to provide information about pain relief measures.

### As a patient, you are responsible for:

1. Providing information about past illnesses, hospitalizations, medications, allergies, sensitivities and other matters relating to your health and to answer all questions concerning these matters to the best of your ability.
2. Being considerate of other patients and healthcare providers and seeing that family members are also considerate, especially in regards to smoking, noise and visitation policy.
3. Being respectful of others, their property, and the property of the facility and its personnel.
4. Promptly arranging for the payment of bills and providing necessary information for insurance processing.
5. Assuring that financial obligations are fulfilled as promptly as possible.
6. Keeping all appointments at their scheduled time or contacting staff as early as possible if a scheduled appointment cannot be kept.
7. Following instructions and the health care plan recommended by your health care provider, to include follow-up treatment recommended, and for asking questions to seek information or clarification of things you do not understand, what is expected of him or her and for advising the physician if the decision is made to stop the treatment plan. For his or her actions if treatment is refused or instructions are not followed.
8. Informing staff of unexpected changes in his condition.
9. Asking for pain relief when the pain first begins and for providing help in assessing such, as well as notification if the pain is not relieved as expected.
10. Inquiring as to expectations regarding pain and pain management as well as discussions regarding relief options and concerns regarding pain medication.
11. Following the organization's rules and regulations affecting patient care and conduct.
12. Providing a responsible adult to transport you home from the facility following surgery and to remain in attendance with you for twenty-four (24) hours if recommended by your physician.

**NOTE:** If a court of proper jurisdiction has granted guardianship of the patient to another party, such party may exercise these patient's rights and shall be expected to abide by these patient's responsibilities.

**If you have a complaint against this Ambulatory Surgery Center, write to:**

Agency of Health Care Administration / Consumer Assistance Unit  
2727 Mahan Drive / BLDG, 1  
Tallahassee, FL 32308

**AND/OR**

Contact the Center for Medicare and Medicaid Services (CMS) at [www.cms.hhs.gov](http://www.cms.hhs.gov) or call **1-800-633-4227**  
For complaints regarding a health care professional and forms, call 1-888-419-3457 (press 2) or 3456

**AND/OR**

Contact the Accreditation Association for Ambulatory Health Care at [www.aaahc.org](http://www.aaahc.org) or call **1-847-853-6060** for information on filing a complaint.

<http://www.medicare.gov/claims-andappeals/medicare-rights/get-help/ombudsman.html>

A COPY OF THIS DOCUMENT CAN BE OBTAINED AT THE RECEPTIONIST'S DESK.