

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 be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right 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.

A patient has the right to know what rules and regulations apply to his or her conduct.

A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

A patient has the right 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.

A patient has the right 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.

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.

A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

A patient is responsible 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.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible 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.

A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible 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.

AGENCY CONTACT INFORMATION FOR COMPLAINTS AND GRIEVANCES

Gulfcoast Endoscopy & Surgery Center is committed to addressing any concerns you may have regarding the care and services provided. We strive to maintain an environment where patients, families, and visitors feel comfortable voicing concerns or submitting complaints without fear of retaliation and without compromising current or future care. If you have concerns about the quality of care or services, please first speak with a member of your healthcare team (e.g., your nurse, physician, or the administrator). You can contact the Administrator at 941-441-1018 or tlopez@gulfcoastendocenter.com.

FILING COMPLAINTS

If you have a complaint regarding a hospital or ambulatory surgical center, call the Consumer Assistance Unit at 1-888-419-3456 (press 1) or write to:

AGENCY FOR HEALTH CARE ADMINISTRATION

CONSUMER ASSISTANCE UNIT
2727 MAHAN DRIVE
TALLAHASSEE, FL

If you have a complaint regarding your bill or the billing process, please contact our Billing Advocacy Office:

(941) 441-1018 or tlopez@gulfcoastendocenter.com

Our Patient Financial Services team is available to assist you.

If you have a complaint regarding a health care professional and want to receive a complaint form, call:

DEPARTMENT OF HEALTH CONSUMER SERVICES UNIT

4052 BALD CYPRESS WAY, BIN C-75
TALLAHASSEE, FL 32399-3260
Fax: 850-488-0796

If you have a complaint about the privacy of your health care information:

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES REGION IV, OFFICE FOR CIVIL RIGHTS

SAM NUNN ATLANTA FEDERAL CENTER
61 FORSYTH STREET SW, SUITE 16T70
ATLANTA, GA 30303-8909
Phone: 1-800-368-1019
TTY/TDD: 1-800-537-7697
E-Mail: ocrmail@hhs.gov

FLORIDA DOMESTIC VIOLENCE HOTLINE

1-800-500-1119
TTY: 1-800-621-4202

DISABILITY RIGHTS FLORIDA

2473 CARE DRIVE, SUITE 200
TALLAHASSEE, FL 32308
Phone: 1-800-342-0823
TTY/TDD: 1-800-346-4127
Fax: 1-850-488-8640