**PATIENT’S BILL OF RIGHTS AND RESPONSIBILITIES**

**The staff of this healthcare facility recognizes you have rights while a patient receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. These rights and responsibilities include:**

**A patient has the *right* to**

**Be treated with courtesy and respect, with appreciation of his/her individual dignity, and with protection of their need for privacy.**

**A prompt and reasonable response to questions and requests.**

**Know who is providing medical services and who is responsible for his/her care.**

**Know what patient support services are available, including whether an interpreter is available if he/she doesn’t speak English.**

**Know what rules and regulations apply to his/her conduct.**

**Be given by his healthcare provider information concerning diagnosis, a planned course of treatment, alternatives, risks and prognosis.**

**Refuse treatment, except as otherwise provided by law.**

**Be given, upon request, full information and necessary counseling on the availability of known financial resources for his/her care.**

**Know, upon request and in advance of treatment, whether the healthcare provider or healthcare facility accepts the Medicare assignment rate.**

**Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.**

**Receive a copy of a reasonably clear and understandable, itemized bill, and, upon request to have charges explained.**

**Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability or source of payment.**

**Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.**

**Know if medical treatment is for purpose of experimental research and to give his/her consent or refusal to participate in such experimental research.**

**Express concerns regarding any violation of patient rights.**

**A patient is *responsible* for**

**Providing to his healthcare provider, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.**

**Reporting unexpected changes in his/her condition to their healthcare provider.**

**Reporting to his/her healthcare provider whether he comprehends a contemplated course of action and what is expected of him/her.**

**Following the treatment plan recommended by his/her healthcare provider.**

**Keeping appointments.**

**His actions if he refuses treatment or does not follow the healthcare provider’s instructions.**

**Assuring that the financial obligations of his/her heath care are fulfilled as promptly as possible.**

**Following healthcare facility rules and regulations affecting patient care and conduct.**

If you feel any of your rights have been violated, Hernando Endoscopy & Surgery Center encourages you to follow the three-step process listed below. You may also register a complaint with the Agency for Health Care Administration, Consumer Assistance Unit, by calling toll-free, (888) 419-3456. **Step 1:** Tell your physician or nurses. **Step 2:** If the complaint is not handled to your satisfaction, tell the supervisor or nurse manager. **Step 3:** If you are still not satisfied, contact the Administrator at (352) 596-4999. It is important to understand that all physicians, including anesthesiologists, pathologists and CRNA’s are independent and not employees of Hernando Endoscopy & Surgery Center.

**FILING COMPLAINTS**

**If you have a complaint against a hospital or ambulatory surgical center, call the Consumer Assistance Unit at 1-888-419-3456 (Press1) or write to the address listed: AGENCY FOR HEALTH CARE ADMINISTRATION**

**CONSUMER ASSISTANCE UNIT**

**2727 MAHAN DRIVE, BLDG. 1**

**TALLAHASSEE, FLORIDA 32308**

**If you have a complaint against a healthcare professions and want to receive a complaint form, call the Consumer Services Unit at 1-888-419-3456 (Press2) or write to the address listed: AGENCY FOR HEALTH CARE ADMINISTRATION**

**CONSUMER SERVICES UNIT**

**P.O. BOX 14000**

**TALLAHASSE, FLORIDA 23317-4000**

**WEB SITE OF THE OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN:**

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