

Seven Hills Surgery Center
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MR# 0000000

Patient Rights and Responsibilities

In recognition of our responsibility in rendering patient care, these rights and responsibilities are affirmed in the policies and procedures of Seven Hills Surgery Center.

The 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 prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for his or her care.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Know what rules and regulations apply to his or her conduct.
- Be given information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis by the health care provider.
- Refuse treatment, except as otherwise provided by law.
- Be given, upon request, full information necessary counseling on the availability of known financial resources for his or her care.
- Know, upon request and in advance of treatment, a reasonable estimate of charges for medical care.
- Receive a copy of a reasonably clear understandable, itemized bill and, upon request to have the charges explained.
- Receive impartial access to medical treatment accomodation, regardless of race, national origin, religion, physical handicap or source of payment.
- Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for the purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- Express grievances regarding any violation of their rights as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served them, and to the appropriate state licensing agency.
- Participate indecisions involving their health care, unless contraindicated by concerns of their health.
- Change providers if other qualified providers are available.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Be free from any act of discrimination or reprisal.
- A patient receiving care in a health care facility or in a provider's office 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 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.
- Providing current and correct demographic data and photo identification upon admission.
- Reporting unexpected changes in his or her condition to the health care provider.
- Indicating to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Following the treatment plan recommended by the health care provider.
- Keeping appointments and when he or she is unable to do so for any reason, notifying the health care facility.

- Assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- Following facility rules and regulations affecting patient care and conduct.
- Consideration and respect of the facility staff, property, and other facility guests.
- The patient is responsible to have a licensed driver to transport him/her home, and someone to stay with him/her for 24 hours following surgery.

Patient Name: _____ DOB: _____

Signature of Patient: {SIGNATURE PAD}

Physician signature: _____

Physician Print Name: _____ Date & Time: _____