

TOMOKA SURGERY CENTER, LLC
345 Clyde Morris Blvd, Suite 300
Ormond Beach, FL 32174
(386)672-7575

PATIENT RIGHTS AND RESPONSIBILITIES

This accredited ambulatory surgery center presents this patient's Bill of Rights and Patient Responsibilities with the expectation that they will contribute to more efficient patient care and greater satisfaction for the patient, family, physician and center organization.

PATIENT RIGHTS

- ❖ To receive treatment without discrimination as to race, age, sex, religion, culture, physical handicap, personal values or beliefs.
- ❖ To receive considerate and respectful care in a clean and safe environment.
- ❖ Knowledge of the name and status of the individuals providing your care.
- ❖ To receive and understand information from the surgeon about your diagnosis, treatment plan, prognosis, as well as other treatments and possible risks to the best of the physician's knowledge.
- ❖ To participate in all decisions regarding your healthcare except when such participation is contraindicated for medical reasons.
- ❖ To refuse treatment in accordance with laws and regulations and to be told what effects they may have on your health.
- ❖ To be provided privacy, safety, and security during your medical care program.
- ❖ To have confidential treatment of all communications and records pertaining to care.
- ❖ To be informed that Advanced Directives cannot be honored at this facility and to be advised that should an unexpected life threatening event occur, the patient will be transferred to a facility that will honor this directive.
- ❖ To be informed of any experimentation or other research/education affecting your care or treatment and the right to refuse without compromising the usual care.
- ❖ To expect reasonable continuity of care.
- ❖ The right to appropriate assessment and management of pain.
- ❖ To approve or refuse the release of medical records. Health information may be restricted to insurance company if you are paying out of pocket.
- ❖ Patient authorization is not required for disclosure of information for treatment or payment purposes.
- ❖ To be notified if there is a breach of their unsecured protected health information.
- ❖ To report complains concerning the quality of care and expect follow-up on complaints.
- ❖ To be informed of fees for service and the billing process.
- ❖ To be fully informed of continuing healthcare requirements upon discharge from the center and to what to do for after hour care emergencies.
- ❖ To request your own healthcare information or if authorized information may be given to your designee.
- ❖ To change providers if other qualified providers are available.

PATIENT RESPONSIBILITIES

- ❖ To provide accurate and complete information concerning past and present medical history and matters relating to your health
- ❖ To ask questions if you do not understand something regarding your care or treatment.
- ❖ To follow your treatment plan established by your physician, including instructions and other healthcare personnel as they carry out physician orders.
- ❖ To keep your appointment and notifying the facility if you are unable to do so.
- ❖ To provide a responsible adult to drive you home.
- ❖ To assure that financial obligations are fulfilled in a timely manner.
- ❖ To be considerate of the rights of other patients and facility personnel.
- ❖ To notify the center of the existence of an Advanced Directive as those cannot be honored at this facility.

FEEDBACK

Our goal is to provide the best surgical experience possible while you are in our facility. Patients, clients, families or visitors are encouraged to express complaints or concerns about any aspects of their care or experience with our ASC. Please be assured that expressing a complaint or concern will not compromise your care and will be addressed according to our policy. Concerns may be directed to any facility staff or the ASC administrator.

In the event that the problem is still not resolved and you wish to file a formal complaint, you may contact The Agency for Healthcare Administration. You may call 1-888-419-3456 (TTY users should call 1-800-537-7697) or write to the Agency for Healthcare Administration, Consumer Assistance Unit, 2727 Mahan Drive/Bldg 1, Tallahassee, FL 32317-40000. For more information, visit www.ombudsman.myflorida.com *Local and Regional Ombudsmen*, Marilyn Anderson, District Ombudsman Manager, Withlacoochee LTC Ombudsman Council, 1515 E. Silver Springs Blvd., #203, Ocala, FL 34470, Work: (352)620-3088, Fax: (352)620-3088, Area Served: Serving: Marion, Citrus, Hernando, Sumter & Lake- PSA 3/ *Office of Civil Rights*, Region IV - Atlanta (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee) Roosevelt Freeman, Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909, Voice Phone (404)562-7886, FAX (404)562-7881, TDD (404)331-2867/ *HIPPA*, Office for Civil Rights, DHHS, 61 Forsyth Street, SW. - Suite 3B70, Atlanta, GA 30303-8909, (404) 562-7886; (404) 331-2867 (TDD), (404) 562-7881 FAX www.medicare.gov.