

# Lake City Surgery Center

The following is a summary of your rights and responsibilities as a patient. If you have any questions about these rights and responsibilities, or you would like a copy of the state legislation from which they are taken, please contact Lake City Surgery Center at 386-487-3930

## YOU HAVE THE RIGHT TO:

- be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your need for privacy.
- prompt and reasonable response to questions and requests.
- know who is providing medical services and who is responsible for your care and your right to change physicians.
- know what patient support services are available, including whether an Interpreter is available if you do not speak English.
- know what rules and regulations apply to your conduct.
- be provided with written information about advance directives and available health care decision-making options in Florida.
- Be provided with information by the health care provider about diagnosis, the planned course of treatment, alternatives, risks, and prognosis.
- Accept medical care or 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 your care.
- know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate, if you are eligible for Medicare.
- receive upon request and prior to treatment, a reasonable estimate of charges for medical care.
- Such reasonable estimate shall not preclude the health care provider or the health care facility from exceeding the estimate or making additional charges based on changes in your condition or prescription needs.
- receive a copy of a clear and understandable itemized bill and, upon request, to have charges explained.
- receive impartial access to medical treatment or accommodations regardless of race, national origin, religion, physical handicap, sexual orientation, 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 purposes of experimental/research and to give your consent or refusal to participate in such experimental research.
- express grievances regarding any violation of your rights. Should you have a complaint or grievance about any aspect or service received, you have the right to contact a patient representative and to know that provision of care will not be compromised for doing so.
- participate in all aspects of your health care decisions, unless contraindicated by concerns for your health.

## YOU ARE RESPONSIBLE FOR:

- providing to the health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
- reporting unexpected changes in your condition to the health care provider.
- reporting to the healthcare provider whether understand a planned course of action and what is expected of you.
- following the treatment plan recommended by the health care provider.
- keeping appointments and for notifying the Facility when you are unable to do so for any reason.
- your actions if you refuse treatment or do not follow the health care provider's instructions.
- assuring that the financial obligations of your 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 and property

## PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility's administrator by phone at (386) 487-3930 or by mail at: 404 NW Hall of Fame Drive Lake City, FL. 32055

Complaints against an ambulatory surgical center may be filed with the State of Florida by calling 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/Bldg. 1 - Tallahassee, FL 32306

If you have a complaint against a health care professional and want to receive a complaint form, call the call the Consumer Assistance Unit at 1-850-245-4339 or write to: Division of Medical Quality Assurance - Consumer Services Unit - 4052 Bald Cypress Way, Bin C-75 Tallahassee, FL. 32399 [www.FLHealthsource.com](http://www.FLHealthsource.com)

All Medicare beneficiaries may also file a complaint or relevance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage at <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html/>

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient/Patient Representative Signature

\_\_\_\_\_  
Relationship to Patient

Witness: \_\_\_\_\_

Date: \_\_\_\_\_