

AS A PATIENT OF THE SURGERY CENTER OF VILLAGES/MID FLORIDA SURGERY CENTER YOU HAVE THE RIGHT TO RECEIVE THE FOLLOWING INFORMATION IN ADVANCE OF THE DATE OF THE PROCEDURE.

PATIENT'S BILL OF RIGHTS:

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL WITH HIS/HER RIGHTS RESPECTED. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING LIST OF PATIENT'S RIGHTS:

PATIENT RIGHTS:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To be treated with respect, consideration, and dignity in receiving care, treatment, procedures, surgery, and/or services.
- To be provided privacy and security of self during the delivery of patient care service.
- To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.

•When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized person.

•To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.

•To be free from mental and physical abuse, free from exploitation, & free from use of restraints. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.

•Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.

•Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.

•Leave the facility even against the advice of his/her physician.

•Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.

•Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge for the facility.

•To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.

•Know which facility rules and policies apply to his/her conduct while a patient.

•Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.

•To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his or her patient record.

•Examine and receive an explanation of his/her bill regardless of source of payment.

•To appropriate assessment and management of pain.

If you need a translator:

If you will need a translator, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

Rights and Respect for Property and Person

The patient has the right to:

Exercise his or her rights without being subjected to discrimination or reprisal

Voice grievance regarding treatment or care that is or fails to be furnished

Be fully informed about a treatment or procedure and the expected outcome before it is performed

Confidentiality of personal medical information

Privacy and Safety

The patient has the right to:

Personal privacy

Receive care in a safe setting

Be free from all forms of abuse or harassment

Advance Directives

You have the right to information on the Center's policy regarding Advance Directives.

Advance Directives will not be honored within the Center. In the event of a life-threatening event emergency medical procedures will be implemented. Patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family.

If the patient or patient's representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with their wishes.

If you request, an official state Advance Directive Form will be provided to you.

Submission and Investigation of Grievances: You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of the Center's decision.

The following are the names and/or agencies you may contact:

Patsy Lentz, RN

Administrator of Surgery Center

1-888-820-7878

You may contact your state representative to report a complaint;

State website: www.ahca.myflorida.com

Agency for Health Care Administration

2727 Mahan Dr.

Tallahassee, FL 32308

1-888-419-3456

Sites for address and phone numbers of regulatory agencies:

Medicare Ombudsman website

www.medicare.gov/Ombudsman/resources.asp

Medicare: www.medicare.gov or call 1-800-MEDICARE

(1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>

Physician Financial Interest and Ownership: The Center is owned, in part, by the physicians. The physician(s) who referred you to this Center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with Federal regulations.

By signing below, you, or your legal representative, acknowledge that you have received, read and understand this information (verbally and in writing) in advance of the date of the procedure and have decided to have your procedure performed at this center.

Signature of Patient or Patient Legal Representative

Date _____

Patient Rights and Notification of Physician Ownership

Mid Florida Surgery Center

17564 Hwy 441

Mount Dora, FL 32757

352-735-4100

The Surgery Center of the Villages

17560 SE 109th Terrace RD

Summerfield, FL 34491

352-347-1112

Please make sure that this form is signed and **dated prior to the date** of your procedure and that you bring this form with you on the day of your procedure. If we do not have this form we will need to reschedule your procedure.