

Patient Rights and Notification of Physician Ownership:

(239) 277-1778

Patient Rights

As a patient, you have the right to:

1. Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
2. Personal and informational privacy within the law.
3. Information concerning your diagnosis, treatment, and prognosis, to the degree known; confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of records.
4. Sale of Private Health Information (PHI) is prohibited.
5. It is the duty of the organization to notify any patient of a breach of unsecured Private Health Information (PHI)
6. The Patient has a right to restrict disclosure of PHI where the patient paid "out of pocket".
7. The opportunity to participate in decisions involving your health care unless contraindicated by concerns for your health.
8. Make decisions about medical care including the right to accept or refuse medical or surgical treatment and the right to initiate advance directives such as a living will or durable power of attorney. If you already have a living will or other directive or you wish to initiate one, please speak with a nurse.
9. Information concerning implementation of any advance care directive.
10. Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability. The Center adheres to all federal and state rules, regulations and policies to promote a nondiscriminatory environment for all of our surgical guests.
11. Receive an itemized bill for all services.
12. Know the identity and professional status of individuals providing service to you.
13. Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.
14. Choose which facility you have your procedure performed in.

Patient Responsibilities

As a patient, you are responsible for:

1. Providing to the best of your knowledge accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate practitioner(s).
2. Following the treatment plan recommended by the primary practitioner involved in your case.
3. Providing for an adult to transport you home after surgery and an adult to be responsible for you at home for the first twenty-four (24) hours after surgery.
4. Indicating whether you clearly understand a contemplated course of action and what is expected of you.
5. Your actions if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your care.
6. Assuring that the financial obligations of your health care are fulfilled as expediently as possible.
7. Providing information about and/or copies of any living will, power of attorney or other directive that you desire us to know about.

Advance Directives:

The patient has the right to be Informed of the Center's Advance Directive Policy:

•The Center respects the Patient's Advanced Directives; the Center will attempt to resuscitate a patient and transfer that patient to a hospital in the event of deterioration, where the decision to continue or withdraw medical support 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 otherwise, we will pass the Advanced Directives. on the treating hospital

_____(pt initial)

•To obtain an official state Advance Directive Form please visit the website: www.floridahealthfinder.gov
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.

Names and/or Agencies you may contact:

•Ronda Hinson; Center Director

Fort Myers Eye Surgery Center (239) 277-1778

Naples Eye Surgery Center (239) 598-3653

•You may contact your state representative to report a complaint:

Agency for Health Care Administration, Consumer Assistance Unit

2727 Mahan Dr., Bldg. 1

Tallahassee, FL 32399-3275

(888)419-3456 (Press 2)

<http://www.fdhc.state.fl.us>

•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://olg.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) has 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.

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.

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 time of the procedure and have decided to have your procedure performed at this center.

Do you have a living will/healthcare proxy? YES NO (please circle)

Signature of Patient or Patient Legal Representative

Date
