

Patient's Bill of Rights and Responsibilities

Section 381.026, Florida Statutes

A PATIENT HAS THE RIGHT TO:

Be treated with courtesy and respect, with appreciation of his or her dignity, and with protection of privacy.

Receive a prompt and reasonable response to questions and requests.

Know who is providing medical services and is responsible for his or her care.

Know what patient support services are available, including if an interpreter is available if the patient does not speak English.

Know what rules and regulations apply to his or her conduct.

Be given by the health care provider information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis.

Refuse any treatment, except as otherwise provided by law.

Be given full information and necessary counseling on the availability of known financial resources for care.

Know whether the health care provider or facility accepts the Medicare assignment rate, if the patient is covered by Medicare.

Receive prior to treatment, a reasonable estimate of charges for medical care.

Receive a copy of an understandable itemized bill and, if requested, to have the charges explained.

Receive medical treatment or accommodations, regardless of race, national origin, religion, 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 purposes of experimental research and to give his or her consent or refusal to participate in such research.

Express complaints regarding any violation of his or her rights.

A PATIENT IS RESPONSIBLE FOR:

Giving the health care provider accurate information about present complaints, past illnesses, hospitalizations, medications, and any other information about his or her health.

Reporting unexpected changes in his or her condition to the health care provider.

Reporting to the health care provider whether he or she understands a planned 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 unable to do so, notifying the health care provider or facility.

His or her actions if treatment is refused or if the patient does not follow the health care provider's instructions.

Making sure financial responsibilities are carried out.

Following health care facility conduct rules and regulations.

BETHESDA OUTPATIENT SURGERY CENTER, LLC

Health Care Advance Directives

When a person becomes unable to make decisions due to physical or mental change, such as being in a coma, they are considered incapacitated. To ensure that an incapacitated person's decisions about health care will be respected, the Florida legislature enacted legislation pertaining to health care advanced directives (Chapter 765, Florida Statutes).

An advance directive is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some persons make advance directives when they are diagnosed with a life-threatening illness, while others put their wishes into writing while they are healthy, often as part of their estate planning. Types of advance directives include: 1) A Living Will, 2) A Health Care Surrogate Designation, and 3) An Anatomical Donation.

Bethesda Outpatient Surgery Center does not honor advance directives, however we would like to be notified should you have one in place. Should you wish to obtain more information about advance directives, you may contact www.aarp.org or www.FloridaHealthFinder.gov (888-419-3456).

Disclosure of Ownership

Bethesda Outpatient Surgery Center, LLC is a joint venture between Bethesda Holding Company (part of Bethesda Healthcare System) and several area physicians who have chosen to treat their patients at a facility, where as an owner, they have more input into the quality of care provided to their patients.

Physician Investors include:

| | | |
|--------------------------|-----------------------|----------------------|
| Joseph Chalal, M.D. | Ross Cohen, M.D. | Kenneth Garrod, M.D. |
| Paul Hyland, M.D. | Kenneth Kasten, M.D. | David Kay, M.D. |
| Marvin Kohn, M.D. | Stuart Popowitz, M.D. | Jeffrey Press, M.D. |
| Jeffrey Rosenfield, M.D. | Jeffrey Siegal, M.D. | Eric Shapiro, M.D. |
| Zorik Spektor, M.D. | | |

Patient Acknowledgement

I have reviewed the information provided regarding the Patient Bill of Rights and Responsibilities, Advance Directives, and Disclosure of Ownership and any questions have been answered to my satisfaction.

Patient Signature

Date