

# **SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES**

Florida law requires that your health care provider and this facility recognize your rights while you are receiving medical care and that you respect your health care provider's and this facility's right to expect certain behavior on your part. You may request a copy of the full text of this law from your health care provider or facility. A summary of your rights and responsibilities follows:

## **PATIENT'S RIGHTS**

1. 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.
2. You have the right to be free from mental, physical, sexual and verbal abuse, neglect, and exploitation.
3. You have the right to a prompt and reasonable response to questions and requests.
4. You have the right to know who is providing medical services to you and who is responsible for your care.
5. You have a right to effective communication, including the right to know what patient support services are available, such as whether an interpreter is available if you do not speak English.
6. A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.
7. You have the right to know what rules and regulations apply to your conduct.
8. You have the right to information from your health care provider concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
9. You have the right to refuse treatment, except as otherwise provided by law.
10. You have the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
11. If you are eligible for Medicare, you have the right to know, upon request and in advance of treatment, whether your health care provider and this facility accepts the Medicare assignment rate.
12. You have the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
13. You have the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
14. You have the right to impartial access to medical treatment or accommodations, regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression.
15. You have the right to treatment for any emergency medical condition that will likely deteriorate from failure to provide treatment.
16. You have the right to know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research. If you choose to participate in experimental research, including investigations and clinical trials, you have these same rights during such experimental research. Your refusal to participate in or your choice to discontinue participation in research, investigations or clinical trials will not compromise your access to care, treatment and services.
17. You have the right to express grievances regarding any violation of your rights, as stated in Florida law, through the grievance procedure of the health care provider or this health care facility and to the appropriate state licensing agency. (See telephone numbers and addresses below.)
18. You have the right to make an advance directive (such as a living will) concerning treatment, or designate an alternative decision maker (via a designation of health care surrogate or durable power of attorney for health care decisions).

19. You have the right to pain management that includes appropriate assessments, interventions, education and assistance with establishing a realistic goal that takes into consideration your personal, cultural, spiritual and/or ethnic beliefs.
20. You have the right to be free of physical and chemical restraints unless clinically justified and only when the less restrictive interventions have been determined to be ineffective.
21. You have the right to visitation by a family member, friend or other individual for emotional support during the course of stay, subject to justified clinical restrictions.
22. You have the right to request a discharge planning evaluation.
23. You have the right to contact Florida's Quality Improvement Organization at: KEPRO, Attn: Beneficiary Complaints, 5201 W. Kennedy Blvd., Suite 900, Tampa, FL 33609. Telephone # 844.455.8708, Fax 844.834.7129.

## **PATIENT'S RESPONSIBILITIES**

1. You are responsible for providing to your 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.
  2. You are responsible for reporting unexpected changes in your condition to your health care provider.
  3. You are responsible for reporting to your health care provider whether you comprehend a contemplated course of action and what is expected of you.
  4. You are responsible for following the treatment plan recommended by your health care provider.
  5. You are responsible for keeping appointments and, when you are unable to do so for any reason, for notifying your health care provider or this facility.
  6. You are responsible for your actions if you refuse treatment or do not follow your health care provider's instructions.
  7. You are responsible for ensuring that the financial obligations of your health care are fulfilled as promptly as possible.
  8. You are responsible for following this facility's rules and regulations affecting patient care and conduct.
  9. If you have one or more advance directive(s), you are responsible for providing such advance directive(s) to your health care provider and this facility, as well as any updates to such advance directive(s).
  10. You are responsible for working with your health care provider and this facility to develop a realistic pain management plan and goal and to communicate to your health care provider and this facility the effectiveness of the plan.
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## **PATIENT ADVOCACY AND CONSUMER ASSISTANT SERVICES**

If you have concerns or a grievance regarding your care or services provided to you at this facility, please contact the Baptist Medical Center South administrator's office at 904.271.6006. We want to address these issues as quickly and efficiently as possible. While we feel we are best able to address your concerns, you also have the right to access consumer assistant services.

If you have a grievance against this facility, you may also call 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, Tallahassee, Florida 32308

If you have a grievance against a health care provider and want to receive a complaint form, call the Consumer Services Unit 1.888.419.3456 (Press 2) or write to the address below:

Agency for Health Care Administration, Consumer Services Unit, Post Office Box 14000, Tallahassee, Florida 32317-4000

The Joint Commission, Division of Accreditation Operations, Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181, Telephone: 1.800.994.6610, Fax: 630.792.5636