

PATIENT RIGHTS

We recognize that each patient has the right to the following:

- To be treated with courtesy and respect, with appreciation of his/her individual dignity, and with protection of his/her need for privacy.
- To a prompt and reasonable response to questions and requests.
- To know who is providing medical services and who is responsible for his/her care.
- To know what patient support services are available, including whether an interpreter is available if he/she does not speak English.
- To know the rules and regulations that apply to his/her conduct.
- To be given by his/her health care provider, information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- To refuse any treatment, except as otherwise provided by law.
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for his/her care.
- To know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate, if he/she has or is eligible for Medicare coverage.
- To receive, upon request, and prior to treatment, a reasonable estimate of charges for medical care.
- To receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have the charges explained.
- To impartial access to medical treatment or accommodations, regardless of race, national origin, religion, sexual orientation, physical handicap, or source of payment.
- To treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To understand the role of learners in his/her care team.
- To participate or decline to participate in medical research.
- To express grievances regarding any violation of his/her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility that served him/her, and to the appropriate state licensing agency.

PATIENT RESPONSIBILITIES

We expect a patient to be responsible for the following:

- For providing his/her health care provider, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health.
- For reporting unexpected changes in his/her condition to his/her health care provider.
- For reporting to his/her health care provider whether he/she comprehends a contemplated course of action and what is expected of him/her.
- For following the treatment plan recommended by his/her health care provider.
- For keeping appointments or, when he/she is unable to do so for any reason, for notifying the health care provider or health care facility.
- For his/her actions if he/she refuses treatment or does not follow the health care provider's instruction.
- For assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
- For following health care facility rules and regulations affecting patient care and conduct.

FLORIDA PATIENT'S BILL OF RIGHTS CONSUMER ASSISTANCE NOTICE

For concerns about your HMO or medical care call:
(Si tiene preocupaciones sobre su seguro HMO o su cuidado medico, llame a:)

HMO/MANAGED CARE HOTLINE 1-800-226-1062
Agency for Health Care Administration,
2727 Mahan Drive, Building 1, Mailstop #27
Tallahassee, FL 32308

DEPARTMENT OF INSURANCE CONSUMER SERVICES HELPLINE 1-800-342-2762
Division of Consumer Services,
200 E. Gaines Street
Tallahassee, FL 32399-0322

HEALTH CARE CONSUMER ASSISTANCE HOTLINE 1-850-921-5458
The Statewide Provider and Subscriber Assistance Panel
2727 Mahan Drive, Building 1, Mailstop #27
Tallahassee, FL 32308

If you require assistance in obtaining the address and toll free telephone number of your HMO's Grievance Department please ask the staff of this office to assist you.

