

GULF COAST PLASTIC SURGERY CENTER

SECTION 1.20.1 PATIENT BILL OF RIGHTS

As a Patient, You Have the Right to:

To have access to the patient rights and responsibilities established by this center;

Be treated with respect, consideration and dignity;

The right to effective communication;

The right to be respected for your cultural and personal values, beliefs, and preferences;

To be provided appropriate, security and privacy;

The right to pain management;

The right to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation;

The right to receive care in a safe setting;

The right to information in a manner tailored to the patient's age, language, and ability to understand;

The center provides interpreting and translation services;

The center communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that fits the patient's needs.

To be free from all forms of abuse, harassment, or neglect;

To be fully informed about a treatment or procedure, agree with their care, and the expected outcome before the procedure is performed;

Have the right to be involved with all aspects of their care including refusing care and treatment and resolving problems with care decisions;

Have the right to have access to spiritual care while at the center if desired

The organization respects the patient's right to receive care in a safe setting;

Appropriate information regarding the absence of malpractice insurance coverage.

If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf;

If a state court has not adjudged a patient incompetent, any legal representative designated by the patient, in accordance with the state law, may exercise the patients' rights to the extent allowed by state law;

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To see posted written notice of the patient rights in a place or places within the ASC likely to be noticed by patients (or their representative, if applicable) waiting for treatment. The written poster will include name, address, and telephone number of a representative of the state agency to whom the patient can report complaints, as well as the web site for the Office of the Medicare Beneficiary Ombudsman

Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.

Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or a legally authorized person.

Patients are informed of their right to change their provider if other qualified providers are available.

Patients are given the opportunity to participate in decisions involving their healthcare, treatment, or services, except when such participation is contraindicated for medical reasons.

The center involves the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.

The center provides the patient, or surrogate decision-maker, with the information about the outcomes of care, treatment, or services that the patient needs to participate in current and future health care decisions.

The center informs the patient, or surrogate decision-maker, about unanticipated outcomes of care, treatment.

Marketing or advertising regarding the competence and capabilities of the organizations is not misleading to patients.

Patients are informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.

The patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished.

The patient has the right to exercise his or her rights without being subject to coercion, discrimination, reprisal, or interruption of care that could adversely affect the patient.

Patient rights, conduct and responsibilities;

Services available at the organization;

Provisions for after hour emergency care;

Fee for services;

Payment policies;

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Patient's right to refuse participation in experimental research;

Advance directives, as required by state and/or federal law and regulations;

The credentials of health care professionals;

Patient Responsibilities

Prior to receiving care, patients are informed of their responsibilities. These responsibilities require the patient to:

Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over the counter products and dietary supplements and any allergies or sensitivities;

Follow the treatment plan prescribed by his/her provider;

Provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider;

Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care;

Accept personal financial responsibility for any charges not covered by his/her insurance;

Be respectful of all the health care providers and staff, as well as other patients.

Advance Directive: Statement of Limitation

This facility does not provide implementation of advanced directives; based on conscience (the scheduled procedure is an elective procedure), regardless of the contents of any advance directive or instructions from a health care surrogate or attorney. If an adverse event occurs at this facility, we will initiate resuscitative or other stabilizing measures and transfer the patient to an acute care hospital for further evaluation. The receiving hospital will implement further treatment or withdrawal of treatment measures already begun in accordance with patient wishes, advance directive or health care power of attorney.

Disclosure of Ownership

To receive written information about their physician's possible ownership in the Surgery Center. Patients are informed about physician ownership prior to their procedure.

Grievance Policy

The Center strives to provide high quality of care and achieve patient satisfaction. Patient grievances/complaints provide a means to measure achievement of this goal and to identify a need for performance improvement.

Grievance/Complaint: Grievances are defined as care that the ASC provided or allegedly failed to provide.

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Neglect – Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness (42 CFR 488.301).

Abuse – The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301).

All complaints received by the Center personnel shall be forwarded to the Administrative Director of Surgical Services or his/her designee immediately, at least the same day. The Administrative Director of Surgical Services will respond to the grievance within 48 hours of receiving it. For a full copy of the grievance procedure, please ask any Center personnel.

Advance Notice Rights

All patients will be advised, in advance of the procedure, the center's policies on patient rights, patient responsibilities, patient grievance, advance directives, and disclosure of ownership. The patient has the right to receive this information in a language and manner that the patient or the patient's representative understands. The center gives brochures to each patient being admitted with the center's written policies regarding this information. The nurse making the preoperative call informs the patient verbally of this information.

To Report a Concern:

ASC Administrative Director of Surgical Services
850-454-8276

FLORIDA Department of Health
4052 Bald Cypress Way, Tallahassee, FL 32399
850-245-4444

State Medical Board of FLORIDA
4052 Bald Cypress Way BIN C-03
Tallahassee, FL 32399-3253
850-488-0595

Agency For Health Care Administration
2727 Mahan Drive, Mail Stop 46
Tallahassee, FL 32308
888-419-3456

The TJC (The Joint Commission)

Mailing address:

Office of Quality Monitoring

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Fax: 630-792-5636

E-mail: complaint@jointcommission.org

Online: http://www.jointcommission.org/report_a_complaint.aspx

Office of the Medicare Beneficiary Ombudsman

Online: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Visit the website listed above or call 1-800-MEDICARE (1-800-633-4227) for more information, to ask questions, and to submit complaints about Medicare to the Office of the Medicare Ombudsman. TTY users should call 1-877-486-2048.