

PATIENT'S RIGHT AND RESPONSIBILITIES

ADVANCED DIRECTIVE POLICY

NOTIFICATION OF PHYSICIAN OWNERS



**Brandon Outpatient
Surgery Center
201 Noland Dr.
Brandon, FL33511**



We are required to provide you with the following information both written and verbally PRIOR to the date of your procedure.

Signature of Patient or Legal Guardian

Date

Florida Patient's Bill of Rights and Responsibilities

A PATIENT HAS THE RIGHT:

- To be treated with courtesy and respect, with appreciation of his/her dignity and with protection of his/her need for privacy.
- To a prompt and reasonable response to the 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 what rules and regulations apply to his/her conduct.
- To be given, by his/her health care provider, information concerning diagnosis, a planned course of treatment, alternatives, risks and prognosis.
- To refuse 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, if eligible for Medicare, upon request and in advance of treatment whether the healthcare provider or healthcare facility accepts the Medicare assignment rate.
- To receive a copy of a reasonably clear and understandable, itemized bill and upon request, to have charges explained.
- To impartial access to medical treatment or accommodations regardless of race, national origin, religion, physical disability or source of payment.
- To treatment of any emergency medical condition that will deteriorate from failure to provide treatment.
- To know if medical treatment is for purposes of experimental research and to give his/her consent or refusal to participate in such experimental research.

- To express grievances regarding any violation of his/her rights, as states in Florida law, through the grievance procedures of the health care provider or health care facility, which served him/her and to the appropriate state-licensing agency.

A PATIENT IS RESPONSIBLE FOR:

- For providing to his/her healthcare 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 provider.
- For reporting to his/her provider whether he/she comprehends a contemplated course of action and what is expected of him/her.
- For keeping appointments.
- For his/her actions if he/she refused treatment or does not follow the healthcare provider's instructions.
- For assuring that the financial obligations of his/her healthcare are fulfilled as promptly as possible.
- For following healthcare facility rules and regulations affecting patient care and conduct.

ADVANCED DIRECTIVE POLICY

In ambulatory care setting, where we expect to provide less invasive care to patients who are not acutely ill, admission to the center indicates the patient will tolerate the procedure in the ambulatory setting without difficulty. If a patient should suffer cardiac arrest or respiratory arrest or any life threatening condition, the patient will be transferred to a more acute level of care; that is the hospital emergency room.

If a patient, who is to received a procedure at the Center, gives the staff an Advanced Directive/Living Will, the patient must be advised that the Center will not honor any Advanced Directives/Living Wills that do not allow resuscitation. It is the policy of the Center to transfer any patient requiring resuscitation to the hospital. The hospital can determine when to implement the Advanced Directive/Living Will once the patient or others notify them of the Advanced Directive/Living Will.

It is required by regulation that the provider or facility notifies the patient that the provider or facility will not honor a previously signed Advanced Directive/Living Will.

Patients who disagree with this policy must address the issue with the attending physician. They will be offered care at another facility that will comply with their wished.

If you request, an official state Advanced Directive form will be provided to you.

PHYSICIAN FINANCIAL INTEREST AND OWNERSHIP

The center is owned and operated by:
George S. Sidhom, M.D.

You have the right to receive surgical care at the facility of your choice.

Your physicians may have privileges at the following facilities:

Brandon Surgery Center, Brandon FL.

Brandon Regional Hospital, Brandon FL.

Bayfront Health Brooksville, Brooksville FL.

Bayfront Health Spring Hill, Spring Hill FL.

Brandon Outpatient Surgery Center,
Brandon FL.

For complaints against this facility, you may contact:

The Administrator or Medical Director at
(352)688-6393
or at: Outpatient Surgery Center Inc,
P.O. Box 10390 Brooksville, FL. 34603

Consumer Assistance Unit
At 1(888) 419-3456 or at
Agency for Health Care Administration Consumer
Assistance Unit
2727 Mahan Dr, BLDG 1
Tallahassee, FL. 323080

Medicare Ombudsman Website:
www.medicare.gov/obudsman/resource.asp

Medicare website:
www.medicare.gov

Office of Inspector General
<http://oig.hhs.gov>