PATIENT RIGHTS AND RESPONSIBILITIES

In recognition of our responsibility in rendering patient care, these rights and responsibilities are affirmed in the policies and procedures of:

TOTAL EYE CARE SURGERY CENTER

**The patient has the right to:**

Be treated with courtesy and respect, with appreciation of his or her individual dignity and with protection of his or her need for privacy

Be informed of his/her right to change their provider if other qualified providers are available

Be accurately notified of the accreditation status of the facility, reelecting AAAHC as the accrediting entity

Know that any marketing or advertising regarding the competence and capabilities of the organization is not in any way misleading to the patient

Know who is providing medical services and availability of other qualified providers if change is requested

Know what patient support services are available, including whether an interpreter is available if he/she does not speak English

Know what rules and regulations apply to his/her conduct

Be given, by the health care provider, information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis

Receive impartial access to medical treatment or accommodations, without fear of discrimination or reprisal.

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/her consent or refusal to participate in such experimental research

Participate in decisions involving their health care, unless contraindicated by concerns for their health

Participate in an appropriate assessment and management of pain

Refuse treatment, except as otherwise provided by law

Be given, upon request, full information and necessary counseling on the availability of known financial resources for his/her care

Know, upon request and in advance of treatment, whether the health care provider of health care facility accepts the Medicare assignment rates

Receive, upon request, prior treatment, a reasonable estimate of charges for medical care

Receive a copy of reasonably clear and understandable, itemized bill and upon request, have charges explained

Be advised prior to care in the event any facility providers do not have Malpractice insurance

Express grievances regarding any violation of his/her rights, as stated in applicable state and/or Federal law, through the grievance procedure of the health care provider or health care facility, which served him/her and to the appropriate state licensing agency

Receive treatment in a safe environment free of all forms of abuse and harassment.

**A patient is responsible for providing the healthcare team with:**

To the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, dietary supplements, over-the-counter medications, allergies as well as reactions, and other matters relating to his/her health

A complete list of current medications including over-the-counter products and dietary supplements and any allergies or sensitivities

Report of unexpected changes in his/her condition to the health care provider

Confirmation to the health care provider whether he/she comprehends a contemplated course of action and what is expected of him/her

Full participation with the treatment plan recommended by the health care provider

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

Punctuality at appointments and when he/she is unable to do so for any reason, notifying the health care facility

Accountability for his/her actions if he/she refuses treatment or does not follow the health care provider’s instructions

Fulfillment of his/her financial obligations for health care provided by the facility as promptly as possible

Cooperation in following facility rules and regulations affecting patient care and conduct

Information regarding his/her living will, medical power of attorney, or other directive that could affect his/her care

Consideration and respect of the facility staff and property

Any concerns or questions regarding what to expect relative to pain, pain management and other options available

Filing Complaints

If you have concerns about the care you received at this center, call the facility

**Director of Nursing: Jennifer Rausch, RN**

**(352) 728-1952**

You may also choose to contact the licensing agency of the state,

Agency for Health Care Administration 2727 Mahan Dr., Tallahassee, FL 32308

(888) 419-3456

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227) or online at http://medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html