



**Your Rights and Responsibilities as a  
Treasure Coast Center for Surgery Patient**

To listen to this information via phone, call 866-696-6532 (*toll free*).  
Dial ext. 5555 for English or ext. 7777 for Spanish

***You have the Right as a patient or client:***

- To receive care that respects your individual, cultural, spiritual and social values, regardless of race, color, creed, nationality, age, gender, disability or source of payment.
- To request and receive medically appropriate treatment and services within the surgery center's capacity and mission.
- To receive respectful, considerate, compassionate care that manages your pain as well as possible, and promotes your dignity, privacy, safety and comfort.
- To receive a full explanation, in understandable language, of diagnosis, proposed treatment and procedures in terms that are easily understood and that include benefits, risks involved, significant complications, and the outcome and alternative treatments available.
- To expect that efforts will be made to provide you with the best of care during and after your procedure.
- To know at all times the identity and professional status of all individuals providing any type of service. To request a second opinion or change physicians.
- To be involved in the decisions about your medical care and receive prompt/reasonable responses to questions or requests.
- To accept or refuse recommended tests or treatments, to the extent the law permits. To refuse to sign a consent form if there is anything you do not understand or agree to. To change your mind about any procedure to which you have consented.
- To receive services that are accessible to those individuals with communications barriers such as visual impairment, hearing impairments, communication disorders, inability to read or follow directions, and non-English speakers.
- To be informed and to give or withhold consent if our facility proposes to engage in or perform research associated with your care or treatment.
- To be informed of Advance Directives specific to the state of operation.
- To expect that your advance directives/living will is honored when ethically possible and in accordance with state law.
- To have patient disclosures and records treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.
- To be made aware of our fee for services and payment policies.
- To be informed of available resources for resolving disputes, grievances, and conflicts; without fear of reprisal, and to be free from all forms of abuse, harassment, or discrimination, and have access to center level, state and federal assistance in clarifying ethical issues guiding treatment decisions.
- To participate in the resolution of those issues.
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- To ask that your medical record be corrected if you believe it is not accurate or not complete, or to be told how to add a statement that you disagree with information in the record.
- This center does not provide after hours care, nor emergency care

**PATIENT RESPONSIBILITIES**

These responsibilities apply to patients, family members, significant others, and/or decision-makers when they are acting for the patient.

***You have the Responsibility:***

- To answer questions about your past illnesses, hospital stays, medicines, and other health matters when asked by a doctor or staff member; to include over-the-counter products, dietary supplements and any allergies or sensitivities.
- To cooperate with doctors and staff during your visit;
- For seeking clarification when necessary to fully understand your health problems and proposed plan of action;
- For making known to their physician, caregiver, and surgery center, any advance directives or religious/cultural beliefs to be honored. However; the center WILL NOT honor a **DNR** (**Do Not Resuscitate**). In an emergency, we will act to employ all life saving measures while you are under our care.
- Following the treatment plan as ordered by the physician responsible for care. The consequences of non-compliance or refusal of recommended treatment and instruction rests with them;
- For following rules and regulations affecting patient care, confidentiality, conduct and safety;
- For reporting any perceived safety issue to any staff member;
- For being considerate of the rights of others;
- For providing information for insurance claims and for working with our business office to make payment arrangements when necessary;
- To accept personal financial responsibility for any charges not covered by his/her insurance.
- Provide a responsible adult to transport him/her home from the center and remain with him/her for 24 hours if required by his/her provider;
- Be respectful of all health care providers and staff, as well as, other patients.

**Grievance Filing Contact Information:**

**Center:** Alex Reyes / Phone: (772) 286-8028

**State:** Patient complaints or grievances may be filed through the State of Florida Consumer Services Unit at 1-888-419-3456, or write to the addresses below:

Complaints against an ambulatory surgical center: Agency for Health Care Administration Consumer Assistance Unit 2727 Mahan Drive/Bldg. 1 Tallahassee, FL 32399-3275	If you have a complaint against a health care professional and want to receive a complaint form: Department of Health Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, FL 32399-3275	You may also contact AAAHC by mail at: Accreditation Assoc. for Ambulatory Health Care, Inc. 5250 Old Orchard Road, Suite 200 Skokie, Illinois 60077
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**Federal:** All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman’s webpage on the web at: [www.cms.hhs.gov/center/ombudsman](http://www.cms.hhs.gov/center/ombudsman)