LAKE ENDOSCOPY CENTER
17355 SE 109 Terrace Road, Summerfield, FL 34491
(352) 245-0846

PATIENT'S RIGHTS, RESPONSIBILITIES, and NOTIFICATION OF PHYSICIAN OWNERSHIP

Every patient has the right to be treated as an individual and to actively participate in and make informed decisions regarding his/her care. The facility and medical staff have adopted the following patient rights and responsibilities, which are communicated to each patient or the patient's representative/surrogate prior to the procedure/surgery.

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

Patient's Rights:

- 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.
- To a prompt and reasonable response to questions and requests.
- To know who is providing medical services and who is responsible for his or her care.
- To know what patient support services are available, including whether an interpreter is available, if he or she does not speak English.
- To know what rules and regulations apply to his or her conduct.
- To be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- Has the right to be informed of their right to change providers if other qualified providers are available.
- 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 or her care.
- To receive, upon request, 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, handicap, or source of payment.
- To treatment for 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 or her consent or refusal to participate in such experimental research.
- To express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts Medicare assignment rate.
- To bring any person of his or her choosing to the patient accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving in-patient or out-patient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.

If you need an Interpreter:

If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you, please make arrangements to have them accompany you on the day of your procedure.

Privacy and Safety:

The patient has the right to:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

Patient's Responsibilities:

- To provide the health care provider, to the best of his or her knowledge, accurate and complete information about the present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Following the treatment plan recommended by the health care provider.
- Keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- Assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- For their actions should they refuse treatment or does not follow the healthcare provider's instructions.
- Following health care facility rules and regulations affecting patient care and conduct.
- Being respectful of all the healthcare professionals and staff, as well as other patients.

Rights and Respect for Property and Person:

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice a grievance regarding treatment or care that is, or fails to be furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality of personal medical information.

PATIENT NOTIFICATION and ADVANCE DIRECTIVES

Physician Financial Interest and Ownership:

The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

Complaints/Grievances:

If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and or agencies you may contact:

Center Director
Lake Endoscopy Center
17355 SE 109 Terrace Rd
Summerfield, FL 34491
(352)-245-0846

Office Manager
Gastroenterology Associates
1901 SE 18th Ave
Suite #400
Ocala, FL 34471
(352)-732-8905

You may contact the state to report a complaint:

Florida Department of Health
Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32399-3275
Phone (850) 245-4339 or TF 1-888-419-3456
http://www/doh.state.fl.us/mqa/enforcement/enforce_csu.html

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman at:

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

Medicare: www.medicare.gov
or call 1-800-MEDICARE (1-800-633-4227)

Office of the Inspector General:
This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or grievances may also be filed through:

AAAHC
5250 Old Orchard Road
Suite 200
Skokie, IL 60077
847-853-6060 or email info@aaahc.org
http://oig.hhs.gov

Advance Directives:

You have the right to information regarding advance directives, this facility's policy on advance directives, and information regarding state regulations concerning advance directives. Applicable state forms are available from the center and will be provided upon request.

When a person becomes unable to make decisions due to a physical or mental change or condition, they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statues). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death. The state rules that address this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code and Florida stature Title XLIV, Chapter 765.

The Lake Endoscopy Center respects the right of the patient to make informed decisions regarding their care. We honor Advance Directives; however, due to reasons of conscience the Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of actions to be taken regarding the patient's care.

Patient, Patient's representative, or Patient's Surrogate verifies the following information:

- ☐ Yes, I have an Advance Directive.
- ☐ No, I do not have an Advance Directive. The staff offered Advance Directive information to me, and I:
  - ☐ Accepted
  - ☐ Declined

By signing this document I acknowledge that I was informed prior to my procedure, both verbally and in writing, about Patient Rights and Notifications of Physician Ownership.

Signature: _____ Date: _____

Verbally Explained to Patient

By: _____

Date: _____