

ORLANDO OPHTHALMOLOGY SURGERY CENTER PATIENT'S RIGHTS AND RESPONSIBILITIES

Scope of Care

We respect the dignity and pride of each individual we serve. We comply with applicable Federal civil rights laws and do not discriminate on the basis of age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state or local law. Each individual shall be informed of the patient's rights and responsibilities in advance of administering or discontinuing patient care. We adopt and affirm as policy the following rights of patients who receive services from our facility.

PATIENT RIGHTS

Considerate and Respectful Care

- To receive **ethical, high-quality, safe and professional care** without discrimination
- To be free from all forms of **abuse and harassment**
- To be treated with **consideration, respect and recognition** of their individuality, including the need for privacy in treatment. This includes the right to request the facility provide a person of one's own gender to be present during certain parts of physical examinations, treatments or procedures performed by a health professional of the opposite sex, except in emergencies, and the right not to remain undressed any longer than is required for accomplishing the medical purpose for which the patient was asked to undress

Information regarding Health Status and Care

- To be **informed of his/her health status** in terms that the patient can reasonably be expected to understand and to participate in the development and the implementation of his/her plan of care and treatment
- The right to be informed of the **names and functions** of all physicians and other health care professionals who are providing direct care to the patient
- The right to be informed about any **continuing health care requirements** after his/her discharge from the surgery center, and each patient will be provided with written discharge instructions and when necessary, overnight supplies. The patient shall also have the right to receive assistance from the physician and appropriate staff in arranging for required follow-up care after discharge
- To be informed of **risks, benefits and side effects** of all medications and treatment procedures, particularly those considered innovative or experimental
- To be informed of all appropriate **alternative treatment procedures**
- To be informed of the **outcomes** of care, treatment and services
- To appropriate **assessment and management of pain**
- To be informed if the surgery center has authorized **other health care and/or education institutions** to participate in the patient's treatment. The patient shall also have a right to know the identity and function of these institutions and may refuse to allow their participation in his/her treatment

Decision Making and Notification

- To choose a person to be his/her **healthcare representative and/or decision maker**. The patient may also exercise his/her right to exclude any family members from participating in his/her healthcare decisions
- To have a family member, chosen representative and/or his or her own physician notified promptly of **admission** to the hospital
- **To request or refuse treatment**. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate
- To be included in **experimental research** only when he or she gives informed, written consent to such participation. The patient may refuse to participate in experimental research, including the investigations of new drugs and medical devices
- To formulate **advance directives** and be informed prior to receiving treatment how the surgery center will or will not comply with these directives
- To **leave the surgery center** against your physician's advice to the extent permitted by law

Access to Services

- A patient receiving care in a health care facility or in a provider's office has the right to **bring any person of his or her choosing to the patient accessible areas** of the healthcare facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient 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 the office or cannot be reasonably accommodated by the facility or provider
- To receive, as soon as possible, the free services of a **translator and/or interpreter, telecommunications devices** and any other necessary services or devices to facilitate communication between the patient and the surgery center's health care personnel (e.g. qualified interpreters, written information in other languages, large print, accessible electronic formats)
- To bring a **service animal** into the facility, except where service animals are specifically prohibited pursuant to facility policy (e.g. operating rooms, areas where invasive procedures are performed, etc.)
- To **pastoral counseling** and to take part in **religious and/or social activities** while in the surgery center, unless your doctor thinks these activities are not medically advised
- To **safe, secure and sanitary accommodation** and limited refreshments prior to discharge
- To access people outside the facility by means of verbal and written **communication**
- To have accessibility to facility buildings and grounds. We recognize the Americans with Disabilities Act, a wide-ranging piece of legislation intended to make American society more accessible to people with disabilities. The policy is available upon request
- To a prompt and **reasonable response to questions and requests** for service

Access to Medical Records

- To have his/her **medical records**, including all computerized medical information kept confidential and to access information within a reasonable time frame. The patient may decide who may receive copies of the records except as required by law
- Upon leaving the healthcare facility and in accordance with the surgery center's policies regarding records requests, patients have the right to obtain copies of their medical records.

Ethical Decisions

- To participate prior to receiving treatment in **ethical decisions** that may arise in the course of care including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawal of life sustaining treatment and participation in investigational studies or clinical trials
- If the healthcare facility or its team decides that the patient's refusal of treatment prevents him/her from receiving appropriate care according to ethical and professional standards, the **relationship with the patient** may be terminated

Protective Services

- To access **protective and advocacy services**
- To be **free from restraints** of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff
- To all **legal and civil rights** as a citizen unless otherwise prescribed by law
- To have upon request to patient's physician an impartial review of **hazardous treatments** or irreversible surgical treatments prior to implementation except in emergency procedures necessary to preserve your life
- To impartial review of alleged **violations of patient rights**
- To expect **emergency procedures** to be carried out without unnecessary delay
- To give **consent** to a procedure or treatment and to access the information necessary to provide such consent
- To not be required to perform **work for the facility** unless the work is part of the patient's treatment and is done by the choice of the patient
- To file a complaint with the Department of Health, Federal, State and/or Local Agencies, or other quality improvement, accreditation or other certifying bodies if he/she has a concern about **patient abuse**, neglect, about misappropriation of a patient's property in the facility or other unresolved complaint, patient safety or quality concern

Payment and Administration

- To examine and receive an explanation of the patient's **healthcare facility's bill** regardless source of payment and may receive upon request, information relating to the availability of known financial
- 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 the Medicare assignment rate
- To receive, upon request, prior to treatment, a reasonable **estimate of charges** for medical care
- To be informed in writing about the **facility policies and procedures** for initiation, review and resolution of patient complaints, including the address and telephone number of where complaints may be filed

Additional Patient Rights

- Except in emergencies, the patient may be **transferred to another facility** only with a full explanation of the reason for transfer, provisions for continuing care and acceptance by the receiving institution
- To initiate their own contact with the **media**
- To get the **opinion of another physician**, including specialists, at the request and expense of the patient
- To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment
- To request a transfer to another area (if medically appropriate) if another patient or a visitor in the room is unreasonably disturbing him/her

PATIENT RESPONSIBILITIES

The care a patient receives depends partially on the patient him/herself. Therefore, in addition to the above rights, a patient has certain responsibilities. These should be presented to the patient in the spirit of mutual trust and respect.

- To provide accurate and complete information concerning his/her health status, medical history, hospitalizations, medications and other matters related to his/her health
- To report perceived risks in his/her care and unexpected changes in his/her condition to the responsible practitioner
- To report comprehension of a contemplated course of action and what is expected of the patient, and to ask questions when there is a lack of understanding
- To follow the plan of care established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders
- To keep appointments or notifying the facility or physician when he/she is unable to do so
- To be responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders
- To assure that the financial obligations of his/her healthcare care are fulfilled as promptly as possible
- To follow facility policies, procedures, rules and regulations
- To be considerate of the rights of other patients and facility personnel
- To be respectful of his/her personal property and that of other persons in the facility
- To help staff to assess pain, request relief promptly, discuss relief options and expectations with caregivers, work with caregivers to develop a pain management plan, tell staff when pain is not relieved, and communicate worries regarding pain medication
- To inform the facility of a violation of patient rights or any safety concerns, including perceived risk in his/her care and unexpected changes in their condition
- To provide a responsible adult who, in accordance to the surgery center's directives, will remain at the facility for the duration of his/her stay, transport him/her home from the facility and remain with him/her for the initial 24 hours after surgery/anesthesia, if required by his/her physician

VISITATION RIGHTS

We recognize the importance of family, spouses, partners, friends and other visitors in the care process of patients. We adopt and affirm as policy the following visitation rights of patients/clients who receive services from our facility:

- To be informed of their visitation rights, including any clinical restriction or limitation of their visitation rights
- To designate visitors, including but not limited to a spouse, a domestic partner (including same sex), family members, and friends. These visitors will not be restricted or otherwise denied visitation privileges on the basis of age, race, color, national origin, religion, gender, gender identity, gender expression, sexual orientation or disability. All visitors will enjoy full and equal visitation privileges consistent with any clinically necessary or other reasonable restriction or limitation that facilities may need to place on such rights
- To receive visits from one's attorney, physician or clergyman at any reasonable time
- To speak privately with anyone he/she wishes (subject to surgery center visiting regulations) unless a doctor does not think it is medically advised
- To refuse visitors
- Media representatives and photographers must contact the Administrator/surgery center spokesperson for access to the surgery center

Health Care Advance Directives

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment

When a competent adult becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature has enacted legislation pertaining to advance directives (Chapter 765, Florida Statutes). 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.

There are three types of advance directives:

1. **Living Will**- a written or oral statement describing the kind of medical care you want or do not want if you become unable to make you own decisions. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

2. **Health Care Surrogate Designation**- a document naming another person to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.
3. **Anatomical Donation**- a document that indicates your wish to donate at death, all or part of your body. This can be organ or tissue donation to persons in need or donation of body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office). Signing a uniform donor form, or expressing your wish in a living will.

You may request more information about advance directives or request forms from the personnel who gave you this information.

Advance Directive Notification

All patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. **Orlando Ophthalmology Surgery Center** respects and upholds those rights.

Our team is dedicated to delivering the highest quality care in a safe environment that places the patient at the center of our care. We respect your rights to participate in make decisions regarding your care and self-determination and will carefully consider your requests. After careful consideration and reviewing the applicable state regulation (Chapter 765, Florida Statutes), the leadership of the facility has established a policy to initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. The majority of procedures performed at Orlando Ophthalmology Surgery Center are considered to be of minimal risk, hence the risk of you needing such measures are highly unlikely. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.

You have the option of proceeding with care at our facility or having the procedure at another location that may not set the same limitations. Having been fully informed of our Statement of Limitations, you choose to proceed with your procedure at Orlando Ophthalmology Surgery Center.

Patient Signature _____ Date _____

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

Patient Complaint or Grievance

- To report a complaint or grievance you can contact the facility Administrator by phone at:

Tammy Holt RN, LHRM

407-428-0040 Ext 104

Orlando Ophthalmology Surgery Center
105 Bonnie Loch Court
Orlando, Florida 32806

- Complaints and grievances may also be filed through:

Agency for Health Care Administration
Department of Health Quality Assurance

400 W. Robinson Street

Orlando, Florida 32801

407-316-4852

http://ahca.myflorida.com/Contact/call_center.shtml

Local Department of Health
Administrator, Orange County Health Dept

6101 Lake Ellenor Drive

Orlando, Florida 32809

407-521-2630

Center for Medicare and Medicaid Services (CMS)

1-800-633-4227

TTY Users Call 1-877-486-2048

Office of Medicare Beneficiary Ombudsman Website

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

This posting is per the Florida Transparency Law