

## **BayCare Surgery Center-Trinity**

2020 Trinity Oaks Blvd.  
Trinity, FL 34655

### **Patient Rights & Responsibilities**

At the Surgery Center, we want our patients to have the best possible care. We want you to know your rights as a patient as well as your responsibilities to yourself, your physician and the Surgery Center. We support these rights and responsibilities and have developed them with utmost concern and respect for our patients, physicians and team members.

#### **As a patient, you have a right:**

- To receive reasonable and fair medical treatment or services without regard to race, color, creed, national origin, age, gender or handicap
- To receive considerate and respectful care at all times. Care is delivered with respect for your spiritual and cultural beliefs, personal and ethical values and educational needs.
- To be provided with adequate assessment of and interventions for relief of pain or discomfort.
- To have any ethical issues concerning your care addressed by the facility and to be included in the ethical decisions regarding your care.
- To receive complete and current information from your physician concerning your diagnosis, treatment and prognosis, in terms you understand, and to have your questions answered promptly.
- To receive from your physician complete information necessary to give informed consent prior to the start of your procedure and/or treatment, including the nature and risks of any procedure.
- To know the people involved in your care by name and role.
- To refuse treatment, except as otherwise provided by law, to be informed of the medical consequences of your action, and to leave against medical advice, understanding that you will be requested to sign a form to that effect .
- To participate in decisions involving your care and assist in planning your discharge and home care needs, and to select another person to make health care decisions in the event you are unable to.
- To be provided with education for you and your family or support person regarding your care.
- To every consideration of your dignity and privacy.
- To the confidentiality of your medical record and the right to access information from it.
- To information regarding any professional relationships among individuals, by name, who are treating you.
- To expect reasonable continuity of care and to know in advance what and when appointment times and physicians are available.
- To expect the facility to provide a safe environment.
- To be informed of outcomes of care including any unanticipated outcomes that affects your care.

- To voice grievances and complaints, including abuse or suspected abuse, neglect or any violation of your rights; to recommend changes in policies and services without fear of reprisal; and to receive a prompt written response to your concerns.
- To review your medical record and to approve or refuse the release or disclosure of its contents to any health care practitioner and/or facility
- To make decisions throughout the care process when involved in investigative studies and clinical trials, including the right to agree or refuse participation.
- To receive upon request, information about advance directives, such as a Living Will or health care proxy. For people who have an advance directive for "no resuscitation" a hospital may be a more appropriate setting for care. Please discuss any such directive with your physician and or nurse.
- To know, on request and prior to treatment, whether Medicare assignment is accepted.
- Receive on request and prior to treatment, a reasonable estimate of charges for medical care and counseling on available financial resources.
- To receive an explanation of your bill and, on request, an itemized bill with charges explained when requested. To know if your physician has a financial interest in the surgery center and to know of other facilities in which you may receive care by your physician if you so chose. See signage in the center for physician investor names.

**As a patient, you have the responsibility:**

- To arrange to have a responsible adult with you for transportation and home care after procedures where sedation is given.
- To provide complete information about your health, including past illnesses, hospitalizations, allergies and medications.
- To ask questions to find out information or clarify things you do not understand, and to tell your physician if you decide to stop or do not understand the treatment plan.
- To follow the care provided by your physician, nurses and or health care workers, and to accept the responsibility for your actions if you refuse recommended treatment or do not follow instructions.
- To advise your doctor or healthcare provider of any dissatisfaction you have in regard to the quality of your care.
- To inform your physician or healthcare provider if you have an advanced directive or have a designated person to make health care decisions in the event you are unable to.
- To provide the name and telephone number of the person you would want contacted in the event of an emergency.
- To fulfill financial obligations associated with your care as promptly as possible.
- To follow rules and regulations on patient care and conduct.
- To keep appointments or notify the health care provider or facility if you cannot.

**Physicians**

Any physician and/or surgeon providing services to you including, but not limited to, radiologists, anesthesiologists and pathologists, are independent contractors and are not employees of the facility. You will receive a separate bill for their professional services.

**Complaints**

If we should ever fall short of your expectations, we would appreciate hearing from you. We are committed to investigating all concerns.

**Step 1** Please tell your physician, nurse, technologist or health care representative about your concern or complaint. They will make every effort to correct the situation.

**Step 2** If your concern or complaint is not handled to your satisfaction, please tell the supervisor or manager. When necessary, they will refer your concern to the appropriate administrator, or you may contact:

**Administration at 727-394-6747 or the Risk Management Department at 727-519-1275.**

**Step 3** If you are still not satisfied, you may also register a complaint about the center, a physician, or an HMO with the Agency for Health Care Administration or the Joint Commission. To contact these agencies write or call:

**Agency for Health Care Administration**

Consumer Assistance Unit  
2727 Mahan Drive  
Tallahassee, FL 32308  
888-419-3456

**The Joint Commission**

1-800-994-6610

**Medicare Beneficiary Ombudsman at**

<http://www.cms.hhs.gov/center/ombudsman.asp>