Patient’s Rights and Responsibilities Statement

Winter Haven Ambulatory Surgical Center (WHASC) respects the basic human rights and personal dignity of each patient. As a patient, you have the right and responsibility to be informed and participate in decisions involving your care and treatment. When you are either incapacitated, incompetent or a minor, your rights can be exercised by a legally authorized person.

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

Patient’s Rights

As a patient, you have the right to:

- Impartial access for medical treatment or accommodations, regardless of race, national origin, religion, physical handicap or source of payment.
- Treatment for any emergency medical conditions that will deteriorate from failure to provide treatment?
- Be treated with courtesy and respect, with appreciation of individual dignity, and with protection of your need for privacy.
- Prompt and reasonable response to questions and requests.
- Know who is providing medical service and who is responsible for your care.
- Know what patient support services are available, including whether an interpreter is available if you do not speak or understand English.
- Know what rules/regulation apply to your conduct. To be given information concerning diagnosis planned course of treatment, alternatives, risks and prognosis.
- Refuse any treatment except as otherwise provided by law.
- Be given upon request, full information and necessary counseling on the availability of known financial resources for your care.
- If eligible for Medicare the right to know, upon request and in advance of treatment, whether provider or facility accepts the Medicare assignment rate.
- Receive upon request and prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of a reasonably clear and understandable, itemized bill and upon request to have the charges explained to you.
- To express grievances regarding any violation of your rights, as stated in the Florida law, through the grievance procedure of the health care provider or health care facility which served his or her and to the appropriate state licensing agency.
• This is to inform you that certain physicians that perform procedures at WHASC have a partnership in the facility. If you have any questions regarding your physician please do not hesitate to ask.

• Your physician may not carry malpractice coverage. If you have a question about malpractice coverage, please discuss those with your physician.

• Anesthesia services are provided by Anesthesia Associates of Florida with Dr. Patrick Ruddy MD as Medical Director. If you prefer a different provider please notify us.

**Patient’s Responsibility**

**As a patient, you are responsible to:**

• Provide to the health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

• Report unexpected changes in your condition to the health care provider.

• Report to the health care provider whether you comprehend a contemplated course of action and what is expected.

• Follow the treatment plan recommended by the health care provider.

• Keep appointments and, if unable to do so for any reason, for notifying the health care provider or health care facility.

• For your actions if you refuse treatment or do not follow the health care providers instructions.

• Assure that the financial obligations of his or her health care are fulfilled as promptly as possible.

• Follow health care facility rules and regulations affecting patient care and conduct.