



Bascom Palmer Ambulatory Surgery Center Patient Information

The physicians practicing at this surgery center do not have financial interest in this facility. They are credentialed through the School of Medicine of the University of Miami and are afforded privileges at this facility based upon the established criteria of Bascom Palmer Eye Institute.

The owner of the surgery center is:

**University of Miami 12S2
Memorial Drive Ashe Building,
Room 230
Coral Gables, FL. 33146
University of Miami**

Patients' Rights and Responsibilities:

(UHealth patient rights and responsibilities pertaining to the Ambulatory Surgery Center)

YOUR RIGHTS

As a patient, you have:

1. The right to not be discriminated against on the basis of race, color, religion, national origin, disability, age, gender identity or expression or sexual orientation, in admission, treatment or participation in our programs, services and activities.
2. The right to be treated with courtesy and respect, appreciation of your individual dignity and protection of your need for privacy.
3. The right to a prompt and reasonable response to questions and requests.
4. The right to know who is providing medical services and who is responsible for your care.
5. The right to know about available patient support services if you do not speak English or are sight or hearing impaired.
6. The right to know the Rules and Regulations that applies to your conduct.
7. The right to information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis (this information should be provided by your health care provider).
8. The right to refuse treatment, except as otherwise provided by law.
9. When requested, the right to full information and necessary counseling about available financial resources for your care.
10. If you are eligible for Medicare, the right to know and to learn in advance, whether the health care provider or health care facility accepts the Medicare assignment rate.
11. When requested prior to treatment, the right to a reasonable estimate of charges for your medical care.
12. The right to a copy of a clear and understandable, itemized bill and, when requested, to have charges explained.
13. The right to impartial access to medical treatment or accommodations, regardless of age, race, color, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or depression, national origin, or veteran status.
14. The right to treatment for any emergency medical condition that will deteriorate if treatment is not provided.
15. The right to know if medical treatment is for experimental research and the right to give your consent or to refuse to participate in experimental research.
16. The right to express grievances to the appropriate state licensing agency regarding any violation of your rights as stated in Florida law using the grievance procedure of your health care provider or facility (refer to the listings later in this packet).

17. The right to participate in the development and implementation of your plan of care.
18. The right to have a family member or representative or physician notified promptly of your admission to the hospital.
19. The right to receive care in a safe setting.
20. The right to personal privacy
21. The right to be free from all forms of abuse or harassment.
22. The right to confidentiality of your clinical records.
23. The right to access information contained in your clinical records.
24. The right to be involved in your medical care decisions, including managing pain effectively.
25. The right to quick responses to complaints of pain.
26. The right to appropriate assessment and management of pain.
27. The right to change providers if other qualified providers are available.
28. The right to contact regulatory agencies for safety and quality care concerns, without compromising patient care, including:

Florida Agency for Health Care
Administration 2727 Mahan Drive
Tallahassee, Florida 32308
Online Complaint Form: <http://apps.ahca.myflorida.com/hcfc>
1-888-419-3 456

Medicaid Fraud

To report suspected Medicaid fraud, please call AHCA Medicaid Program Integrity toll-free at **(1-888-419-3456)** or the Attorney General toll-free at **(1-866-966-7226)**

Abusive, Neglectful, or Exploitative Practices

To report abuse, neglect, or exploitation, please call the Florida Department of Children and Families toll-free at **(1-800-962-2873)**

YOUR RESPONSIBILITIES

As a patient, you are responsible:

1. For providing your health care provider with accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health to the best of your knowledge.
2. For reporting unexpected changes in your condition to your health care provider.
3. For reporting to your health care provider whether you understand the suggested course of action and what is expected of you.
4. For following the treatment plan recommended by your health care provider.
5. For keeping appointments, when unable to do so for any reason, for notifying your health care provider or health care facility.
6. For the result if you refuse treatment or do not follow your health care provider's instructions.
7. For being considerate and respectful of other patients and their visitors, hospital staff, and property.
8. For making sure the cost of your health care is paid as promptly as possible.
9. For following health care facility rules and regulations affecting patient care and conduct.
10. For working with physicians and nurses in assessing and developing a pain management plan.
11. For requesting pain relief when pain first begins.
11. For informing your physician or nurse if pain persists or if you have worries about taking pain medications.