

NOTICE OF PATIENT'S RIGHTS AND RESPONSIBILITIES

Our office is committed to the care and satisfaction of our patients. We encourage patients and families to have clear knowledge of, and to participate in, matters and decisions relating to their medical care.

Each patient receiving services in this facility shall have the following rights:

1. To be informed of these rights, as evidenced by the patient's written acknowledgment, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
2. To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate; to be provided with information to assist in changing specialty physicians if other qualified physicians are available;
3. To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
4. To receive from the patient's physician, in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s).
5. To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
7. To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;

9. To protect confidential information about the patient. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the Florida Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;

10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;

11. To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance local, State, and Federal laws and rules;

12. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient; and

13. To not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.

Patients receiving services in this facility shall have the following responsibilities:

1. It is the Patient's responsibility to read all permits and/or consents that he/ she signs. If the patient does not understand, it is the patient's responsibility to ask the nurse or physician for clarification.

2. It is the Patient's responsibility to answer all medical questions truthfully to the best of his/her knowledge.

3. It is the Patient's responsibility to read carefully and follow the preoperative instructions that his/her physician has given.

4. It is the Patient's responsibility to notify the organization if he/she has not followed the preoperative instructions.

5. It is the Patient's responsibility to provide transportation as directed to and from the organization appropriate to the medications and/or anesthetics that he/she will be receiving.

6. It is the Patient's responsibility to read carefully and to follow the postoperative instructions that he/she receives from the physician or nurses. This includes postoperative appointments.

7. It is the Patient's responsibility to contact his/her physician if he/she has any complications.

8. It is the Patient's responsibility to understand their insurance benefits and to assure that all payments for services rendered are made in a timely manner. All charges are ultimately the patient's responsibility, regardless of the insurance coverage he/she may have. Patients are responsible for payment of all charges including co-pay, coinsurance, deductible and non-covered services.

9. It is the Patient's responsibility to notify the Business Manager if he/she feels that any of his/her Patient's Rights have been violated or if he/ she has a significant complaint or a suggestion to improve services or the quality of care. This can be done by filling out our patient satisfaction questionnaire, by direct contact or by telephone/fax/ email.

Complaints and suggestions may be sent to:

Podiatry Health Services LLC.
Attn: Michaele Morrison
1846 SE Port St Lucie Blvd., Port St Lucie FL, 34952

By signing, you acknowledge that you have read and agreed to the patient's rights and responsibilities as outlined in this document. I understand that a copy of this document will be provided to me upon request.