

Patient Name: _____

Date of Birth: _____

Patient's Bill of Rights and Responsibilities

Section 381.026, Florida Statutes

A PATIENT HAS THE RIGHT TO:

- Be treated with courtesy and respect, with appreciation of higher dignity, and with protection of privacy.
- Receive a prompt and reasonable response to questions and requests.
- Know who is providing medical services and is responsible for his/her care.
- Know what patient support services are available, including if an interpreter is available if the patient does not speak English.
- Know what rules and regulations apply to his/her conduct.
- Be given by the health care provider information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Be given full information and necessary counseling on the availability of known financial resources for care.
- Know whether the health care provider or facility accepts the Medicare assignment rate, if the patient is covered by Medicare.
- Receive prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of an understandable itemized bill and, if requested, to have the charges explained.
- Receive medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for purposes of experimental research and to give his/her consent or refusal to participate in such research.
- Express complaints regarding any violation of his/her rights.

A PATIENT IS RESPONSIBLE FOR:

- Giving the health care provider accurate information about present complaints, past illnesses, hospitalizations, medications including over-the-counter/Dietary Supplements, and any other information about his/her health.
- Reporting unexpected changes in his/her condition to the health care provider.
- Reporting to the health care provider whether he/she understands a planned course of action and what is expected of him/her.
- Following the treatment plan recommended by the health care provider.
- Keeping appointments and, when unable to do so, notifying the health care provider or facility.
- His/her actions if treatment is refused or if the patient does not follow the health care provider's instructions.
- Making sure financial responsibilities are carried out.
- Following health care facility conduct rules and regulations.

FILING COMPLAINTS

- If you have a complaint against a hospital or ambulatory surgical center, call the Consumer Assistance Unit at 1-888-419-2456 (Press 1) or write to the address below:
AGENCY FOR HEALTHCARE ADMINISTRATION
CONSUMER ASSISTANCE UNIT
2727 MAHAN DRIVE, BUILDING 1
TALLAHASSEE, FLORIDA 32308
- If you have a complaint about a health care professional and want to receive a complaint form, call the Consumer Services Unit at 1-888-419-3456 (Press 2) or write to the address below:
AGENCY FOR HEALTHCARE ADMINISTRATION
CONSUMER SERVICES UNIT
P.O. BOX 14000
TALLAHASSEE, FLORIDA 32317-4000
Agency for Health Care Administration
Visit us at www.FloridaHealthFinder.gov
Medicare Ombudsman, 1-800-MEDICARE

Patient's Initials _____