



14410 US Highway 1  
Sebastian, FL 32958  
Phone: (772) 589-8111  
Fax: (772) 589-7561

## Patient Rights and Responsibilities

*In recognition of our responsibility in rendering patient care, these rights and responsibilities are affirmed in the policies and procedures of **Riverside Surgery Center**.*

### *The patient has the right to:*

- Be treated with courtesy and respect, with appreciation of his or her individual dignity and with protection of his or her need for privacy and Protected Health Information (PHI).
- Be informed of his/her right to change their provider if other qualified providers are available.
- Be accurately notified of the accreditation status of the facility, reflecting AAAHC as the accrediting entity
- Know that any marketing or advertising regarding the competence and capabilities of the organization is not in any way misleading to the patient.
- Know who is providing medical services and availability of other qualified providers if change is requested.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Know what rules and regulations apply to his or her conduct.
- Be given, by the health care provider, information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- Receive impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical 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 or her consent or refusal to participate in such experimental research.
- Participate in decisions involving their health care, unless contraindicated by concerns for their health.
- Participate in an appropriate assessment and management of pain.
- Refuse treatment, except as otherwise provided by law.
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- Know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- Be advised prior to care in the event any facility providers do not have Malpractice insurance.
- Express grievances regarding any violation of his or her rights, as stated in applicable state and/or Federal law, through the grievance procedure of the health care provider or health care facility, which served him or her, and to the appropriate state-licensing agency.



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- Be notified in the event of a breach of patient confidentiality
- If the organization maintains electronic PHI, obtain electronic copies of his/her PHI
- If treatment is paid for out-of-pocket in full, request organization not notify insurance company of treatment

***A patient is responsible for providing the healthcare team with:***

- To the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, dietary supplements, over-the-counter medications, allergies as well as reactions, and other matters relating to his or her health.
- A complete list of current medications including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Report of unexpected changes in his or her condition to the health care provider.
- Confirmation to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Full participation with the treatment plan recommended by the health care provider.
- A responsible adult to transport him/her home from the facility and remain with him/her for twenty-four hours (24), if required by his/her provider.
- Punctuality at appointments and when he or she is unable to do so for any reason, notifying the health care facility.
- Accountability for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- Fulfillment of his or her financial obligations for health care provided by the facility as promptly as possible.
- Cooperation in following facility rules and regulations affecting patient care and conduct.
- Information regarding his/her living will, medical power of attorney, or other directive that could affect his/her care.
- Consideration and respect of the facility staff and property
- Any concerns or questions regarding what to expect relative to pain, pain management and other options available.
- A request for electronic PHI if available and desired
- A request for restricted disclosure of PHI for insurance purposes if treatment is paid out-of-pocket in full.

***Filing Complaints***

If you have concerns about the care you received at this center, call the facility and request to speak with the Director of Nursing, Pascale Colquhoun at 772-589-1734.

If you have a complaint against an ambulatory surgical center, or practitioner call the Agency For Healthcare Administration at (888) 419-3456.

If you are a Medicare recipient and have a complaint against a health care professional or facility you may contact the Office of the Medicare Beneficiary Ombudsman by calling 1-800-MEDICARE or

[www.medicare.gov](http://www.medicare.gov)