



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.
- Be notified in the event of a breach of patient confidentiality.
- If the organization maintains electronic PHI, obtain electronic copies of his/her PHI.



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- 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 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