



Draft



# PATIENT COPY

MRN:

DOB: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

## PATIENT RIGHTS & RESPONSIBILITIES

### You have the right to:

- be treated with courtesy, respect, and dignity, and have privacy concerning your medical care.
- receive a prompt and reasonable response to your questions and requests.
- know the names of the physicians providing medical services and any other health care team members responsible for your care.
- know what patient support services are available (including help with a hearing impairment, or an interpreter in your language if you do not speak English).
- know what rules and regulations apply to your conduct as a patient.
- receive written information about Advance Directives and health care decision-making options in Florida.
- receive information about your diagnosis, planned course of treatment, alternatives, risks and prognosis.
- see your medical record in accordance with Florida law.
- accept or refuse treatment as allowed by law.
- be given upon request full information and counseling on financial resources for your care.
- know upon request whether your physician and the hospital accept the Medicare assignment rate.
- receive a reasonable estimate of charges for medical care before your treatment, if you have requested it. The actual costs may be higher based on changes in your condition or treatment needs.
- receive a copy of a clear and understandable itemized bill, and on request, have the charges explained.
- have impartial access to medical treatment or accommodations, regardless of your race, religion, source of payment, national origin, disability, or sexual orientation.
- know if your medical treatment is for research purposes. You may consent or refuse to participate in this research; your refusal will not compromise access to any other services.
- express grievances about any violation of your rights as stated in Florida law. You may call a patient representative at 265-0257 (TDD 265-0669) or the appropriate state-licensing agency. You may also contact a patient representative with any complaint about services.
- participate in decisions that involve your care, including consideration of ethical issues.
- keep and use your personal clothing and possessions if that does not interfere with medical care.
- be free from restraints or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Receive appropriate assessment and management of pain.

### It is your responsibility to:

- give your health care team accurate and complete information about your present complaints, past illnesses, hospitalizations, medications and other health matters.
- report unexpected changes in your condition to your health care team.
- tell your health care team if you don't understand a planned course of treatment or what is expected of you.
- follow the recommended treatment plan.
- keep appointments and notify the hospital when you are unable to do so.
- accept the consequences if you refuse treatment or do not follow the health care team's instructions.
- meet your financial obligations promptly.
- follow hospital rules and regulations about patient care and conduct.
- let your health care team know if you have an Advance Directive, such as a Living Will.
- respect the property of others, and of the hospital.