



PATIENT'S BILL OF RIGHTS

A 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.**
- ✓ **A prompt and reasonable response to questions and requests.**
- ✓ **Know who is providing medical services and who is responsible for his or her care, their name, function and qualifications.**
- ✓ **Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.**
- ✓ **Reasonable attempts being made by health care professionals and other staff to communicate in the language or manner primarily used by patients.**
- ✓ **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. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.**
- ✓ **Refuse any 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 a reasonably clear and understandable, itemized bill and, upon request have the charges explained.**
- ✓ **Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.**
- ✓ **Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.**
- ✓ **Receive clear and concise written instructions for after hours care.**
- ✓ **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.**
- ✓ **Express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her.**
- ✓ **Make informed decisions about their medical care and to participate in the development and implementation of their plan of care, except when such participation is contraindicated for medical reasons.**
- ✓ **Change primary or specialty physicians if other qualified physicians are available**

If you have questions or concerns about your rights and responsibilities please feel free to discuss them with one of our Patient Care Staff or contact the CEO at the Bonita Community Health Center at 239-949-6115.

**If you have a complaint against the ambulatory surgical center, call the Consumer Assistance Unit at 1-888-419-3456 (press 1) or write to the following address:
Agency for Health Care Administration, Consumer Assistance Unit, 2727 Mahan Drive Bldg. 1,
Tallahassee, FL 32306**

**If you have a complaint against a health care professional and want to receive a complaint form call the Consumer Assistance Unit at: 1-888-419-3456 (press 2) or write to: Agency for Health Care Administration, Consumer Assistance Unit, P.O. Box 14000, Tallahassee, FL 32317-4000 or you may call contact the CMS-Ombudsman at:
1-800-MEDICARE or 1800-633-4227 or email: www.cms.hhs.gov/center/ombudsman.asp**