

## PATIENT'S RIGHTS

The rights of patient(s) include, but are not limited to:

- 1) Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his/her care.
- 2) Considerate and respectful care.
- 3) Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians who will see him/her.
- 4) Receive information from his/her physician about his/her illness, course of treatment, and prospects for recovery in terms that he/she can understand.
- 5) Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in each and to know the name of the person who will carry out the procedure or treatment.
- 6) Participate actively in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to refuse treatment.
- 7) Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual.
- 8) Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the center. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- 9) Reasonable responses to any reasonable requests he/she may make for service.
- 10) Leave the center even against the advice of his/her physicians.
- 11) Reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing the care.
- 12) Be advised if center/personal physician proposed to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.
- 13) Be informed by his/her physician or a delegate of his/her physician of his/her continuing health care requirements following his/her discharge from the center.
- 14) Examine and receive an explanation of his/her bill regardless of source of payment.
- 15) Know which center rules and policies apply to his/her conduct as a patient.
- 16) Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- 17) Designate visitors of his/her choosing. If the patient has decision-making capacity, whether or not the visitor is related by blood or marriage, unless; (A) No visitors are allowed; (B) The facility reasonably determines that the presence of a particular visitor is detrimental to the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility; (C) the patient has indicated to the health facility staff that the patient no longer wants this person to visit.
- (18) Have the patient's wishes considered for purposes of determining who may visit if the patient lacks decision-making capacity and to have the method of that consideration disclosed in the center policy on visitation. At a minimum, the center shall include any person living in the household.
- (19) This section may not be construed to prohibit a health facility from otherwise establishing reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.
- (20) Be advised of his/her right to change his/her provider if other qualified providers are available.
- (21) The right to be informed about the Center's policy on Advance Directives, including but not limited to 'Do Not Resuscitate' (DNR) directives.
- (21) The right to be informed that Dallas Buchanan, MD has an ownership interest in this center.

Complaints may be addressed to the Administrator at (831) 588-5150 or to:

Florida Medical Board  
(850) 488-0595

Office of Medicare Beneficiary Ombudsman  
[www.medicare.gov/Ombudsman/activities.asp](http://www.medicare.gov/Ombudsman/activities.asp)  
1-800-MEDICARE

Accreditation Association for Ambulatory Health Care, Inc.  
3 Parkway North, Suite 201  
Deerfield, IL 60015  
(847) 853-6060

## Notice of Privacy Practices for Protected Health Information

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

- 1) A patient's medical information may be shared with doctors, nurses, technicians, medical students, other facility personnel involved in their care, family members, friends, and caregivers as required.
- 2) A patient's medical information may be shared with third parties involved in the reimbursement such as insurance firms, billing firms, and patients' friends and family members involved in payment.
- 3) A patient's medical information may be utilized for treatment, payment, and health care operations.
  - a. **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers.
  - b. **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.
  - c. **Health care operations** include the business aspects of running our center, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.
- 4) A patient's medical information may be utilized as part of the government's oversight of activities, including audits, investigations, licensures, and inspections required for compliance with government programs and laws.
- 5) A patient's medical information may be utilized for scheduling of procedures, treatment alternatives, fundraising activities, and research.
- 6) A patient's medical information may be shared as required by law with regard to court or administrative order, subpoena, discovery request, or other lawful process, when requested by national security, intelligence, and other federal officials, and/or when the patient is an inmate or under the custody of law enforcement.
- 7) A patient's medical information may be shared upon military command if the patient is serving in the military or are veterans.
- 8) A patient's medical information may be shared to prevent a serious threat to health and safety.
- 9) A patient's medical information may be shared with Worker's compensation representation.
- 10) A patient's medical information may be shared with local public health officials in the event of deaths, child abuse, neglect, domestic violence, problems with products, reactions to medications, product recalls, disease/infection exposure, and to prevent/ control disease, injury or disability.
- 11) Each patient has the right to copy and inspect their medical information.
- 12) Each patient has the right to amend medical information contained in their medical information.
- 13) Each patient has the right to receive an accounting of disclosures of their medical information.
- 14) Each patient has the right to request restrictions on the disclosure of their medical information.
- 15) Each patient has the right to request confidential communications regarding their medical information.
- 16) Each patient has the right to receive a paper copy of this notice upon request.
- 17) If a patient has paid for their healthcare treatment out-of-pocket and in full, and if the patient requests that we limit disclosure of information to a health plan for purposes of payment or healthcare operations, the Center will abide by that request.
- 18) This facility is responsible for reserving the right to make changes to this notice upon notification from HIPAA of changes to requirements and to post the effective date and posting location.
- 19) If you would like to submit a comment or complaint about privacy practices, you can do so by contacting the Center and requesting a privacy practices complaint form or letter outlining your concerns to the Privacy Officer at the Center. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint. The privacy contact for the center can be reached at:

Privacy Officer: Michelle Buchanan, NP

Address: 1000 W. Kennedy Blvd., #202, Tampa, FL 33606

Phone Number: (813) 588-5150

## **PATIENT'S RESPONSIBILITIES**

The responsibilities of the patient at this center are as follows:

1. To provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
2. Follow the treatment plan prescribed by his/her provider.
3. Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider. Inform his/her provider about any living will, medical power of attorney, or other advance directive that could affect his/her care.
4. Accept personal financial responsibility for any charges not covered by his/her insurance.
5. Be respectful of all the health care providers and staff, as well as other patients.
6. To follow preparation instructions and to call with any questions or problems.
7. To follow the physician's post-procedure instructions.

**If a patient is found to be in non-compliance with the Patient Responsibilities set forth by the Center, or if the patient violates any rules or regulations set forth by the Center, the Center reserves the right to dismiss the patient from the premises and/or refuse treatment or services.**

## **PATIENT GRIEVANCES NOTIFICATION**

### **POLICY:**

Occasionally, situations may arise that are difficult to resolve. Thus, the grievance process is available to patients who wish to have a problem formally reviewed.

The Grievance review will progress up to the center Medical Director or his/her designee if necessary. The decision by the Medical Director or designee will be binding on all parties involved. The objective is to reach a decision that is mutually satisfactory to all parties involved.

### **PROCEDURE:**

- A patient who wishes to utilize the Grievance procedure must do so in the prescribed manner.
- A patient may submit a problem orally or in writing to the Medical Director within three (3) working days after the problem becomes known to the patient.
- The Medical Director will attempt to resolve the patient's grievance during the initial meeting. If unable to reach a mutually agreed upon settlement, the Medical Director will investigate the situation further and will make a best effort, within thirty (30) working days, to send to the patient a written notification of the decision.
- The center will document how the grievance was addressed.
- The notification to the patient will contain the name of the center's contact person, the steps taken to investigate the grievance, the results of the investigation and the date the investigation was finalized.
- If the patient isn't satisfied then they may then file an external grievance with the U.S. Department of Health and Human Services.

### **GRIEVANCE PROCEDURE GUIDELINES**

- Established center policy or procedure is not, itself, subject to the grievance procedure. It is only the interpretation or execution of these policies that can create a grievance.
- Every grievance should be submitted orally or in writing within three (3) working days after the problem becomes known to the patient.
- The grievance procedure is available to all patients and visitors of the center.
- A person may file an external grievance by filing a complaint of discrimination on the basis of handicap with the U.S. Department of Health & Human Services, Office for Civil Rights.
- The Grievance Coordinator at this center will be the Medical Director.

***Please contact the Administrator at VIVIFY Surgery Center at (831) 588-5150***