



FLORIDA PATIENT'S RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

You have the right to:

- Be treated with courtesy and respect, with appreciation of individual dignity, and with protection of privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for your care.
- Know what patient support services are available, including whether an interpreter is available if you do not speak English.
- Bring any person of your choosing to the patient-accessible areas of the office to accompany you while you receive inpatient or outpatient treatment, unless doing so would risk the safety or health of the patient, other patients, or staff of the office or cannot be reasonably accommodated by the facility or provider.
- Know what rules and regulations apply to your conduct.
- Be given by the provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- 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 care primarily used by you and your family.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A copy of a reasonably clear and understandable, itemized bill and, upon request, to 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.
- Know if medical treatment is for purposes of experimental research and to give consent or refusal to participate.
- Know, upon request and in advance of treatment, whether the provider accepts the Medicare assignment rate.

YOUR RESPONSIBILITIES

You are responsible for:

- Providing to the provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your or your child's health.
- Reporting unexpected changes in your condition to the provider.
- Reporting to the provider whether you comprehend a contemplated course of action and what is expected of you.
- Following the treatment plan recommended by the provider.
- Keeping appointments and be on time or call our office when you are going to be late or can't keep the appointment.
- Your actions if you refuse treatment or do not follow the provider's instructions.
- Assuring that the financial obligations of your health care are fulfilled as promptly as possible.
- Following health care facility conduct rules and regulations.

COMPLAINTS & GRIEVANCES

If you experience a problem that is not resolved to your satisfaction, you may file a complaint or grievance with the Practice Manager at your medical home office location. All complaints and grievances are reviewed, recorded, and addressed as appropriate. You may also file a written complaint by emailing our Customer Relations at customerservice@pediatricassociates.com, or our Privacy Office at privacy@pediatricassociates.com. If you are a Florida Medicaid recipient, you may also contact Agency for Health Care Administration (AHCA) 888-419-3456, Florida Department of Financial Services: 800-342-2762, or Florida Relay Service (TDD): 800-955-8771.