## Summary of the Patient's Bill of Rights and Responsibilities

In order to promote the interests and well-being of our patients, Orlando Health recognizes your rights while you are receiving medical care. We trust that you will respect Orlando Health's right to expect certain behavior of you while you are a patient at our facility. The following is a summary of your rights and responsibilities in accordance with the Florida Patient's Bill of Rights and Federal Regulations.

## Your Rights

You have the right to:

- be treated with courtesy and respect, with appreciation of your individual dignity and with protection of your need for 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 that an interpreter is available at no cost to you if you do not read, speak or understand English or have a disability affecting your ability to communicate.
- bring any person of your choosing to the patient-accessible areas of the health care facility or provider's office to accompany you while receiving inpatient or outpatient treatment or while consulting with your health care provider, unless doing so would risk your safety or health or the safety or health of other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.
- know what rules and regulations apply to your conduct.
- be given by the healthcare provider information concerning your diagnosis, planned course of treatment, alternatives, risks and prognosis.
- appropriate assessment and management of pain.
- designate a support person, determine who may visit, and understand there may be limitations placed on visits in accordance with clinical considerations.
- 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 your care.
- (if eligible for Medicare) know, upon request in advance of treatment, whether the healthcare provider or healthcare 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 reasonable, clear and understandable itemized bill and upon request, to have charges explained.
- impartial access to medical treatment or accommodations, regardless of race, national origin, religion, sexual orientation, gender identity, handicap, age 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 your consent or refusal to participate in such experimental research.
- express complaints/grievances regarding any violation of your rights, as stated in Florida or federal law, through Orlando Health using the complaint/grievance hot line (321) 841-5294 and to the appropriate state licensing agency.

## Your Responsibilities

You are responsible for:

- providing to Orlando Health, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- reporting unexpected changes in your condition to Orlando Health.
- reporting to Orlando Health whether you understand a contemplated course of action and what is expected of you.
- following the treatment plan recommended by Orlando Health.
- keeping appointments and, when you are unable to do so for any reason, for notifying the healthcare provider or healthcare facility.
- your actions, if you refuse treatment or do not follow the healthcare provider's instructions.
- ensuring that the financial obligations of your medical care are fulfilled as promptly as possible.
- following Orlando Health's rules and regulations affecting your care and conduct.

For a copy of the full text of the Florida Patient's Bill of Rights and Responsibilities, please ask your nurse or ask to speak with a Risk Management representative.

If you have any complaint against a hospital or ambulatory surgical center, call the Complaint Administration Unit at (888) 419-3456 or write to the address below:

Agency for Healthcare Administration Consumer Assistance Unit 2727 Mahan Drive Tallahassee, FL 32317-4000 www.fdhc.state.fl.us If you have complaints against a doctor, call Medical Staff Services at (407) 841-5139 or the Medical Quality Assurance, Consumer Service Office at (888) 419-3456 or write to the address below:

Healthcare Practitioners Medical Quality Assurance Consumer Services P.O. Box 1400 Tallahassee, FL 32308-4000 If you have concerns related to patient care or safety not addressed by the hospital's management contact:

The Joint Commission Office of Quality and Patient Safety One Renaissance Blvd Oakbrook, IL 60181 (800) 994-6610 www.jointcommission.org

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