

Statement of Patient Rights and Responsibilities

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the healthcare provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. All patients of Hospice of Marion County (HMC) and their families have the rights and the responsibilities listed below.

The patient has the right to:

- receive care in a safe setting;
- receive care of the highest quality;
- 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;
- know what patient support services are available, including whether an interpreter is available if he or she does not speak English;
- 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;
- refuse any care or 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, if on Medicare, 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, 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 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 Hospice of Marion County and to the Agency for Healthcare Administration;
- exercise his or her rights as a patient of the hospice;
- be told what to do in case of emergency;
- voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice by calling 873-7400 or 1-888-482-5018;
- not be subjected to discrimination or reprisal for exercising his or her rights;
- receive effective pain management and symptom control;

- participate in the planning of his or her hospice plan of care;
- have access to the plan of care;
- have an advance directive, such as a living will or healthcare proxy; a patient who has an advance directive must provide a copy to the facility and his or her physician so that his or her wishes may be known;
- choose his or her attending physician;
- have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164, see <http://ecfr.gpoaccess.gov>;
- be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property;
- receive information about the services covered under the hospice benefit; and
- receive information about the scope of services that the hospice will provide and specific limitations on those services;
- confidentiality with regard to information about his or her health, social and financial circumstances and about what takes place in the home or facility;
- be advised of the availability of the toll free Agency for Healthcare Administration Consumer hotline which is 1-888-419-3456.

The patient has the responsibility to:

- indicate if they feel their privacy is being violated or their safety is being threatened;
- provide to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health;
- report unexpected changes in his or her condition to hospice staff;
- report to hospice staff whether he or she comprehends a contemplated course of action and what is expected of him or her;
- follow the recommended treatment plan;
- treat hospice staff with respect and consideration;
- keep appointments and, when he or she is unable to do so for any reason, to notify hospice staff;
- take responsibility for his or her actions if he or she refuses treatment or does not follow staff's instructions and/or plan of care;
- assure that the financial obligations of his or her health care are fulfilled as promptly as possible;
- follow Hospice of Marion County rules and regulations affecting patient care and conduct;
- sign the required consents and releases that pertain to his or her care;
- provide a safe environment in which the patients care is given either by the patient and/or caregiver;
- advise Hospice of Marion County of any dissatisfaction or problems with their care by calling 873-7400 or 1-888-482-5018;
- let hospice staff know when the principal advocate is leaving town and how to reach him or her if needed; and
- provide a patient's legal representative who has the responsibility to approve care, treatment and services when necessary;
- return resources loaned to them by Hospice of Marion County.