

****PLEASE BRING THIS COMPLETED FORM WITH YOU ON THE DAY OF YOUR PROCEDURE****

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN INFORMED DECISIONS REGARDING THEIR CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE PRIOR TO THE PROCEDURE/SURGERY.

Florida law requires that your health care provider or health care facility recognize your rights while you receive medical care and that you respect the health care 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. A summary of your rights and responsibilities follows:

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.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Bring any person of his or her choosing to the patient- accessible areas of the healthcare facility to accompany the patient while the patient is receiving treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or cannot be reasonably accommodated by the facility or provider
- 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.
- Be informed of their right to change providers if other qualified providers are available.
- 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.
- Patient who is has Medicare has the right to know, upon request and in advance of treatment: whether the health care 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 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 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 and to the appropriate state licensing agency.
- If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

A patient is responsible for:

- Providing to the health care provider, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- Reporting unexpected changes in their condition to the health care provider.
- Reporting to the health care provider whether they comprehend a course of action and what is expected of them.
- Following the treatment plan recommended by the health care provider.
- Keeping appointments. When they are unable to do so for any reason, they must notify the health care provider or health care facility.
- Their actions should they refuse treatment or do not follow the health care provider's instructions.
- Assuring that the financial obligations of their health care are fulfilled as promptly as possible.
- Following health care facility rules and regulations affecting patient care and conduct.
- Being respectful of all the healthcare professionals and staff, as well as other patients.

Patient is responsible for providing a driver to remain with them at the facility and transport them home.

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| PATIENT NAME | SOCIAL SECURITY # (Last 4 Digits) | DATE OF BIRTH |
| BY SIGNING BELOW, YOU, OR YOUR LEGAL REPRESENTATIVE, ACKNOWLEDGE THAT YOU HAVE RECEIVED, READ BOTH SIDES OF THIS FORM, AND UNDERSTAND THIS INFORMATION (VERBALLY AND IN WRITING) AND HAVE DECIDED TO HAVE YOUR PROCEDURE PERFORMED AT THIS CENTER. | | |
| Signature of Patient or Patient's Legal Representative | Date | |
| Name of person accompanying you the day of your procedure _____ (DRIVER IS REQUIRED TO STAY) | | |
| Relationship _____ Driver's cell phone# _____ | | |
| May we speak to your driver today regarding your medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| What is the best Phone# to call tomorrow to see how you are doing? _____ | | Do Not Call <input type="checkbox"/> |
| May we leave message on voicemail? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| May we speak to anyone else when we call you? WHO: _____ | | No One <input type="checkbox"/> |
| Are you providing us with a copy of your Advance Directives (living will)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Patient is responsible for providing a driver to remain with them at the facility and transport them home.

If you need an interpreter, please let us know and one will be provided. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

Rights and Respect for Property and Person

- The patient has the right to:*
- Exercise his or her rights without being subjected to discrimination or reprisal.
 - Voice a grievance regarding treatment or care that is, or fails to be furnished.
 - Be fully informed about a treatment or procedure and the expected outcome before it is performed.
 - Confidentiality of personal medical information.

Privacy and Safety

- The patient has the right to:*
- Personal privacy
 - Receive care in a safe setting
 - Be free from all forms of abuse or harassment

Statement of Nondiscrimination:

Palm Endoscopy Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
 Palm Endoscopy Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
 Palm Endoscopy Center respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.
 Palm Endoscopy Center 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Advance Directives: You have the right to information regarding advance directives, this facility’s policy on Advance Directives, and information regarding state regulations concerning advance directives. Applicable state forms are available from the center and will be provided upon request.

When a person becomes unable to make decisions due to a physical or mental change or condition, they are considered incapacitated. To make sure that an incapacitated person’s decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures: to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions: and/or to indicate the desire to make an anatomical donation after death. The state rules that address this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code and Florida statute Title XLIV, Chapter 765.

Palm Endoscopy Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient’s condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

Complaints/Grievances

If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notice of actions taken.

The following are the names and/or agencies you may contact:

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| Palm Endoscopy Center 623 Maitland Ave Altamonte Springs, FL 32701 Babs Pearce, Center Director Babette.Pearce@amsurg.com | Agency for Healthcare Administration Consumer Assistance Unit 2727 Mahan Drive Tallahassee, FL 32399-3275 www.AHCA.myflorida.com | Accreditation Association for Ambulatory Healthcare 5250 Old Orchard Rd Suite 200 Skokie, IL 60077 847-853-6060 www.AAAHC.org |
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If you decide not to use the internal grievance process, the Medicare Beneficiary Ombudsman will help with Medicare related complaints, grievances, and information requests.

Medicare Ombudsman website: <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>
 Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) Office of the Inspector General: <http://oig.hhs.gov>

Physician Ownership

Physician Financial Interest and Ownership: The center is owned, in part, by the physicians. The physicians(s) who referred you to this Center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with Federal regulations.

THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER:

Dr. Harry H. Shephard, Dr. Barry R. Katz, Dr. Raaj K. Popli, Dr. Sanjay K. Reddy, and Dr. Jorge A. Zapatier