

Patient Bill of Rights & Advance Directive

As a Patient, You Have the Right to:

To have access to the patient rights and responsibilities established by this center.

Be treated with respect, consideration and dignity.

The right to effective communication.

The right to be respected for your cultural and personal values, beliefs, and preferences.

To be provided appropriate privacy.

The right to pain management.

The right to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.

The right to receive care in a safe setting.

The right to information in a manner tailored to the patient's age, language, and ability to understand.

The center provides interpreting and translation services.

The center communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that fits the patient's need.

To be free from all forms of abuse or harassment.

To be fully informed about a treatment or procedure and the expected outcome before the procedure is performed.

The organization respects the patient's right to receive care in a safe setting.

Appropriate information regarding the absence of malpractice insurance coverage.

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 the state law, may exercise the patients' rights to the extent allowed by state law.

To see posted written notice of the patient rights in a place or places within the ASC likely to be noticed by patients (or their representative, if applicable) waiting for treatment. The written poster will include name, address, and telephone number of a representative of the state agency to whom the patient can report complaints, as well as the web site for the Office of the Medicare Beneficiary Ombudsman (MBO).

Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.

Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or a legally authorized person.

Patients are informed of their right to change their provider if other qualified providers are available.

Patients are given the opportunity to participate in decisions involving their healthcare, treatment, or services, except when such participation is contraindicated for medical reasons.

The center involves the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.

The center provides the patient, or surrogate decision-maker, with the information about the outcomes of care, treatment, or services that the patient needs in order to participate in current and future health care decisions.

The center informs the patient, or surrogate decision-maker, about unanticipated outcomes of care and treatment.

Marketing or advertising regarding the competence and capabilities of the organizations is not misleading to patients.

Patients are informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.

The patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished.

The patient has the right to exercise his or her rights without being subject to coercion, discrimination, reprisal, or interruption of care that could adversely affect the patient.

Advance Notice Rights

The patient has the right to receive verbal and written notice in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands regarding. The center gives brochures to each patient being admitted with the center's written policies and the nurse making the preoperative call informs the patient verbally.

Patient Rights and Responsibilities

The center's policy on Advance Directives: To provide the patient, or as appropriate, the patient's representative in advance of the date of the procedure, with information concerning its policies on advance directives, including a description of applicable state health and safety laws and if requested, official state advance directive information forms. (The Surgery Center must document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.) Because of the elective nature of ambulatory surgery, this center chooses to **not** honor advanced directives. Copies of advanced directive information are available at the center.

Patient Grievance Procedure: Patients are informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.

Disclosure of Ownership: To receive written information about their physician's possible ownership in the Surgery Center. Patients are informed about physician ownership prior to their procedure.

The Patient Has the Right to Information Concerning:

Patient rights, conduct and responsibilities.

Services available at the organization.

Provisions for after hour emergency care.

Fee for services.

Payment policies.

Patient's right to refuse participation in experimental research.

Advance directives, as required by state and/or federal law and regulations.

The credentials of health care professionals.

Patient Responsibilities

Prior to receiving care, patients are informed of their responsibilities. These responsibilities require the patient 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.

Follow the treatment plan prescribed by his/her provider.

Provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider.

Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

Accept personal financial responsibility for any charges not covered by his/her insurance.

Be respectful of all the health care providers and staff, as well as other patients.

Advance Directive: Statement of Limitation

This facility does not provide implementation of advance directives; on the basis of conscience (the scheduled procedure is an elective procedure), regardless of the contents of any advance directive or instructions from a health care surrogate or attorney. If an adverse event occurs at this facility, we will initiate resuscitative or other stabilizing measures and transfer patient to an acute care hospital for further evaluation. The receiving hospital will implement further treatment or withdrawal of treatment measures already begun in accordance with patient wishes, advance directive or health care power of attorney.

Disclosure of Ownership

Suncoast Surgery Center, in Ft Myers and Naples, is a Limited Liability Corporation, which is owned by: Jonathan Frantz, MD

Grievance Procedure

The center strives to provide quality care and achieve patient satisfaction. Patient grievances or

complaints provide a means to measure achievement of this goal and to identify need for performance improvement. Patients shall be provided with a means to register a complaint concerning any aspect of the service/care provided by the center.

Grievance/Complaint: Grievance are defined as related to treatment or care that the ASC provided or allegedly failed to provide.

Neglect: Failure to provide goods, and services necessary to avoid physical harm, mental anguish, or mental illness. (42 CFR 488.3001)

Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain or mental anguish. (42 CFR 488.301)

The Director or his/her designee will attempt to address and resolve the concern by telephone or in person within three (3) days of receipt of it. A full copy of the grievance procedure is available upon request.

To Report a Concern:

Suncoast Surgery Center – Robin Fox, HCRM 239-791-2273

STATE DEPARTMENT OF HEALTH:

4052 Bald Cypress Way Bin #A00
Tallahassee, FL 32399

www.floridahealth.gov

AAAHc

5250 Old Orchard Rd Suite 200
Skokie, Illinois

E-mail: info@AAAHc.org

Online: <http://www.aaahc.com>

ACHA

Area Field Operations
2295 Victoria Ave Room#340

Ft Myers FL 33901

1-888-419-3456

Office of the Medicare Beneficiary Ombudsman

Online: <https://www.medicare.gov/claims-appeals/your-medicare-rights/get-help/ombudsman.html>

Visit the web site listed above or call 1-800-MEDICARE (1-800-633-4227) for more information, to ask questions, and to submit complaints about Medicare to the Office of the Medicare Ombudsman. TTY users should call 1-877-486-2048.

Health Care Advance Directives

The Patient's Right to Decide

NOTICE: FRANTZ EYECARE DOES NOT IMPLEMENT ADVANCE DIRECTIVES. THE INFORMATION PROVIDED BELOW IS FOR PATIENT REVIEW ONLY.

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment. When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), 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.

By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations (HMOs) are required to provide their patients with written information, such as this pamphlet, concerning health care advance directives.

The state rules that require this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code.

Questions About Health Care Advance Directives

What is an advance directive?

It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning.

Three types of advance directives are:

- A Living Will
- A Health Care Surrogate Designation
- An Anatomical Donation

What is a living will?

It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living.

You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

What is a health care surrogate designation?

It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

Which is best?

Depending on your individual needs you may wish to complete any one or a combination of the three types of advance directives.

What is an anatomical donation?

It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form, or expressing your wish in a living will.

Am I required to have an advance directive under Florida law?

No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative, or a close friend. The person making decisions for you may or may not be aware of your wishes. When you make an advance directive, and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

Must an attorney prepare the advance directive?

No, the procedures are simple and do not require an attorney, though you may choose to consult one. However, an advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

Where can I find advance directive forms?

Florida law provides a sample of each of the following forms: a living will, a health care surrogate, and an anatomical donation. Elsewhere in this form, we have included sample forms as well as resources where you can find more information and other types of advance directive forms.

Can I change my mind after I write an advance directive?

Yes, you may change or cancel an advance directive at any time. Any changes should be written, signed and dated. However, you can also change an advance directive by oral statement; physical destruction of the advance directive; or by writing a new advance directive.

If your driver's license or state identification card indicates you are an organ donor, but you no longer want this designation, contact the nearest driver's license office to cancel the donor designation and a new license or card will be issued to you.

What if I have filled out an advance directive in another state and need treatment in Florida?

An advance directive completed in another state, as described in that state's law, can be honored in Florida.

What should I do with my advance directive if I choose to have one?

- If you designate a health care surrogate and an alternate surrogate be sure to ask them if they agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document.
- Make sure that your health care provider, attorney, and the significant persons in your life know that you have an advance directive and where it is located. You also may want to give them a copy.

- Set up a file where you can keep a copy of your advance directive (and other important paperwork). Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.
- Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your health care provider, attorney and the significant persons in your life have the latest copy. If you have questions about your advance directive you may want to discuss these with your health care provider, attorney, or the significant persons in your life.

More Information On Health Care Advance Directives

Before deciding about advance directives, you might want to consider additional options and other sources of information, including the following:

- As an alternative to a health care surrogate, or in addition to, you might want to designate a durable power of attorney. Through a written document you can name another person to act on your behalf. It is similar to a health care surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). You can consult an attorney for further information or read Chapter 709, Florida Statutes. If you choose someone as your durable power of attorney be sure to ask the person if he or she will agree to take this responsibility, discuss how you would like matters handled, and give the person a copy of the document.
- If you are terminally ill (or if you have a loved one who is in a persistent vegetative state) you may want to consider having a pre-hospital Do Not Resuscitate Order (DNRO). A DNRO identifies people who do not wish to be resuscitated from respiratory or cardiac arrest. The pre-hospital DNRO is a specific yellow form available from the Florida Department of Health (DOH). Your attorney, health care provider, or an ambulance service may also have copies available for your use. You, or your legal representative, and your physician sign the DNRO form. More information is available on the DOH website, www.doh.state.fl.us or www.MyFlorida.com (type DNRO in these website search engines) or call (850) 245-4440. When you are admitted to a hospital the pre-hospital DNRO may be used during your hospital stay or the hospital may have its own form and procedure for documenting a Do Not Resuscitate Order.
- If a person chooses to donate, after death, his or her body for medical training and research the donation will be coordinated by the Anatomical Board of the State of Florida. You, or your survivors, must arrange with a local funeral home, and pay, for a preliminary embalming and transportation of the body to the Anatomical Board located in Gainesville, Florida. After being used for medical education or research, the body will ordinarily be cremated. The cremains will be returned to the loved ones, if requested at the time of donation, or the Anatomical Board will spread the cremains over the Gulf of Mexico. For further information contact the Anatomical Board of the State of Florida at (800) 628-2594 or www.med.ufl.edu/anatbd.
- If you would like to read more about organ and tissue donation to persons in need you can view the Agency for Health Care Administration's website <http://ahca.MyFlorida.com> (Click on "Site Map" then scroll down to "Organ Donors") or the federal government site www.OrganDonor.gov. If you have further questions you may want to talk with your health care provider.
- Various organizations also make advance directive forms available. One such document is "Five Wishes" that includes a living will and a health care surrogate designation. "Five Wishes" gives you the opportunity to specify if you want tube feeding, assistance with breathing, pain medication, and other details that might bring you comfort such as what kind of music you might like to hear, among other things. You can find out more at:

Aging with Dignity

www.AgingWithDignity.org

(888) 594-7437

Other resources include:

- American Association of Retired Persons (AARP) www.aarp.org (Type "advance directives" in the website's search engine)
- Your local hospital, nursing home, hospice, home health agency, and your attorney or health care provider may be able to assist you with forms or further information.
- Brochure: End of Life Issues www.FloridaHealthStat.com (Under Reports and Guides) (888) 419-3456

Living Will

Declaration made this _____ day of _____, 2_____,
I, _____, willfully and voluntarily make known my desire that my
dying not be artificially prolonged under the circumstances set forth below, and I do hereby
declare that, if at any time I am mentally or physically incapacitated and _____(initial) I have a
terminal condition, or _____(initial) I have an end-stage condition, or _____(initial) I am in a
persistent vegetative state, and if my attending or treating physician and another consulting
physician have determined that there is no reasonable medical probability of my recovery from
such condition, I direct that life-prolonging procedures be withheld or withdrawn when the
application of such procedures would serve only to prolong artificially the process of dying, and
that I be permitted to die naturally with only the administration of medication or the
performance of any medical procedure deemed necessary to provide me with comfort care or to
alleviate pain.

I do ____, I do not ____ desire that nutrition and hydration (food and water) be withheld or
withdrawn when the application of such procedures would serve only to prolong artificially the
process of dying.

It is my intention that this declaration be honored by my family and physician as the final
expression of my legal right to refuse medical or surgical treatment and to accept the
consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent
regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to
designate, as my surrogate to carry out the provisions of this declaration:

Name _____
Street Address _____
City _____ State _____ Phone _____

I understand the full importance of this declaration, and I am emotionally and mentally
competent to make this declaration. Additional Instructions (optional):

(Signed) _____

| | |
|------------------------|------------------------|
| Witness _____ | Witness _____ |
| Street Address _____ | Street Address _____ |
| City _____ State _____ | City _____ State _____ |
| Phone _____ | Phone _____ |

****At least one witness must not be a husband or wife or a blood relative of the principal.***

Definitions for terms on the Living Will form:

"End-stage condition" means an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

"Persistent vegetative state" means a permanent and irreversible condition of unconsciousness in which there is: The absence of voluntary action or cognitive behavior of any kind and an inability to communicate or interact purposefully with the environment.

"Terminal condition" means a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

These definitions come from section 765.101 of the Florida Statutes. The Statutes can be found in your local library or online at www.leg.state.fl.us.

Designation of Health Care Surrogate

Name: _____

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name _____

Street Address _____

City _____ State _____ Phone _____

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name _____

Street Address _____

City _____ State _____ Phone _____

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility. Additional instructions (optional):

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Printed Name _____

Signed Name _____

Date _____

Witnesses

1. _____

2. _____

****At least one witness must not be a husband or wife or a blood relative of the principal.***

Uniform Donor Form

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) _____ any needed organs or parts

(b) _____ only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

(c) _____ my body for anatomical study if needed. Limitations or special wishes, if any:

Signed by the donor and the following witnesses in the presence of each other:

Donor's Signature _____

Donor's Date of Birth _____ Date Signed _____

City and State _____

Witness _____ Witness _____

Street Address _____ Street Address _____

City _____ State _____ City _____ State _____

You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver's license or state identification card (at your nearest driver's license office).

The card below may be used as a convenient method to inform others of your health care advance directives. Complete the card and cut it out. Place it in your wallet or purse. You can also make copies and place another one on your refrigerator, in your car glove compartment, or another easy to find place.

Health Care Advance Directives

I, _____ have created the following Advance Directives:

____ Living Will

____ Health Care Surrogate Designation

____ Anatomical Donation

____ Other (specify) _____

Contact:

Name _____

Address _____

Phone _____ Signature _____ Date _____

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www.FloridaHealthStat.com.

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