Florida Summary of Patient Bill of Rights and Responsibilities

Florida law requires that your health care provider or health care facility recognize your rights why you are receiving medical care and that you respect the health care providers or health care facilities rights to expect certain behavior on the part of patients. A summary of your rights and responsibility follow:

1. A patient has the right to be treated with respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
2. A patient has the right to a prompt and reasonable response to questions and requests.
3. A patient has the right to know who is providing medical services and who is responsible for his or her care.
4. A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
5. a patient has the right to know what rules and regulations apply to his or her conduct.
6. A patient has a right to know to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis.
7. A patient has the right to refuse any treatment, except as otherwise provided by law.
8. A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
9. A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accept the medic air assignment rate.
10. A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
11. A patient has the right to receive a copy of reasonably clear and understandable, itemized bill and come upon request, to have the charge explained.
12. A patient has the right to impartial access to medical treatment or accommodations, regardless of race national origin, religion, handicap, or source of payments.
13. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
14. A patient has the right to 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.
15. A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedures of the health care provider or health care facility which served him or her create state licensing agency.

16. A patient is responsible for providing to the health care provider, 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.
17. A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
18. A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
19. a patient is responsible for following the treatment plan recommended by the health care provider.
20. A patient is responsible for keeping appointments and comma when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
21. A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care providers instructions.
22. A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
23. A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

Please Sign

Signatures below or acknowledgement that you have read and agree to abide by this notice of our policy practices. My signature below indicates that I have also given consent to treatment. (In case where a client is under 18 years of age, be responsible adult acting on his or her behalf.)

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

Provided by:
LaVerne M. Kalafor, EdS, LCSW, CCHt
Counseling and Consultative Services, LLC