

Patient’s Rights and Notification of

Physician Ownership

Every patient has the right to be treated as an individual and to actively participate in AND MAKE INFORMED DECISION REGARDING his/her 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.

**Patient’s Rights:**

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 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 patient has the right to a prompt and reasonable response to questions and requests.
* A patient has the right to know who is providing medical services and who is responsible for his or her care.
* 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.
* A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider’s office to accompany the patient while the patient is receiving inpatient or outpatient 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 office or cannot be reasonably accommodated by the facility or provider.
* A patient has the right to know what rules and regulations apply to his or her conduct.
* A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
* A patient has the right to be informed of their right to change providers if other qualified providers are available.
* A patient has the right to refuse any treatment, except as otherwise provided by law.
* 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.
* 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 healthcare facility accepts the Medicare assignment rate.
* A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
* A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
* A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
* A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
* 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.
* A patient has the right to express grievances regarding any violation of his or her rights, as stated in Massachusetts 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.

**Patient’s Responsibilities:**

* The 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 including over-the- counter products, dietary supplements, and any allergies or sensitives.
* The patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
* The 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.
* A patient is responsible for following the treatment plan recommended by the health care provider and participate in their care.
* A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
* A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
* A patient is responsible for his or her actions should he or she refuses treatment or does not follow the health care provider’s instructions.
* A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible and for any charges not covered by insurance.
* A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.
* A patient is responsible for being respectful of all the healthcare professionals and staff, as well as other patients and visitors
* A patient is responsible for having a responsible adult to provide transportation home and to remain with them as directed by the provider or as indicated on discharge instructions.

**If you need an interpreter:**

If you will need an interpreter, **please let us know** and one will be provided for you. 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

**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.***

Advanced Joint and Spine Institute – Orlando, LLC 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 Advanced Joint and Spine Institute – Orlando, LLC 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 Advanced Joint and Spine Institute – Orlando, LLC 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.

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

**Facility Administrator at (937) -390-8310 or admin@ajasio.com**

To contact the State of Florida to report a complaint;

* Florida Agency for Health Care Administration (AHCA) 1 (888) 419-3456 or
* [**https://apps.ahca.myflorida.com/hcfc/**](https://apps.ahca.myflorida.com/hcfc/)

Once the Center has completed the Deemed Medicare Status Survey through its Accrediting Body, comments/suggestions/complaints can also be sent to:

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman at the **Medicare Ombudsman Web site:**

* [**https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home**](https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home)

**Medicare:**

* [www.medicare.gov](http://www.medicare.gov/) or call 1-800-MEDICARE (1-800-633-4227)

**Office of the Inspector General:**

* [http://oig.hhs.gov](http://oig.hhs.gov/)

This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC).  Complaints or grievances may also be filed at:

* The Accreditation Association for Ambulatory Health Care

3 Parkway North, Suite 201

Deerfield, IL 60015

(847) 853-6060

* Email: [info@aaahc.org](mailto:info@aaahc.org)

**Physician Ownership**

**Physician Financial Interest and Ownership:**

Max Medary, MD Ron Hudanich DO

Robert Mueret, MD Brian Vickaryous, MD

Ayman Daoul, MD Jose Torres, MD

Nizam Razack, MD Glen Manzano, MD