

SUMMARY OF THE FLORIDA  
**PATIENT'S BILL OF 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 REASONABLE BEHAVIOR ON THE PART OF PATIENTS. YOU MAY REQUEST A COPY OF FULL TEXT OF THAT LAW FROM YOUR HEALTH CARE PROVIDER OR HEALTH CARE FACILITY. A SUMMARY OF YOUR RIGHTS AND RESPONSIBILITIES ARE AS FOLLOWS:**

**A PATIENT HAS THE RIGHT...**

- To be treated with courtesy and respect, with dignity, and with protection of his/her privacy.
- To confidential handling of medical records, and except when required by law, to be given the chance to approve or refuse their release.
- To know who is providing medical services and care. To know who your medical home team is and that they will work together to explain the things that are important to you, and to support you every step of the way.
- To know how to reach their medical home after hours.
- To be treated for any emergency medical condition that will deteriorate from failure to provide treatment.
- To impartial access to medical treatment or accommodations, regardless of race, color, sex, national origin, disability, religion, age, sexual orientation or source of payment.
- To know what patient support services are available, and whether or not an interpreter is available, if he or she does not speak English.
- To be given by the health care provider information concerning his/her diagnosis, evaluation, treatment plans, risks, prognosis, choices and to be given prompt response to questions and requests.
- To refuse any treatment except as otherwise provided by law.
- To know upon request and in advance of treatment whether the health care provider or health care facility accepts the Medicare or Medicaid assignment rate.
- To know if medical treatment is for purposes of experimental research and to give his/her consent or refusal to participate in that research.
- To be given upon request and prior to treatment, a reasonable estimate of fees for medical care, full information and necessary counseling on the availability of known financial resources for medical care.
- To receive a copy of a clear, understandable itemized bill and upon request, to have charges explained.
- To know what rules and regulations apply to his/her conduct.
- To express grievance of any violation of his/her rights, as in Florida law, through the grievance process of the care provider or health care facility which served him and to the appropriate state agency.
- To seek healthcare treatment and services from any physician, clinic, hospital or other provider and is not required or encouraged to seek healthcare treatment or services from providers affiliated with Premier Community HealthCare Group, Inc.

**A PATIENT HAS THE RESPONSIBILITY...**

- To provide to his/her health care provider, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications including over the counter and dietary supplements, allergies, and other matters about his/her health.
- To report unexpected changes in his/her condition to the provider.
- To report to his/her health care provider if he/she does or does not understand the course of action and what is expected of him/her. Be sure to know the things you need to work on before your next appointment.
- To follow the treatment plan recommended by his/her provider and to take responsibility for his/her actions if he/she refuses treatment or does not follow the provider's instructions.
- To keep appointments and when he/she is unable to do so for any reason, to notify the provider or the health care facility.
- To assure that the financial obligations of his/her health care are fulfilled as quickly as possible.
- To follow health care facility conduct rules and regulations affecting patient care and conduct.

**\*AHCA/MEDICAID HOTLINE NUMBER\***

**1(888) 419-3456**

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