

# Florida Patient Rights and Responsibilities

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 will be informed on admission about your rights and responsibilities. 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.

## AS A PATIENT OF THIS FACILITY YOU, OR YOUR PARENTS AND/OR GUARDIANS, HAVE THE FOLLOWING RIGHTS:

1. To be granted access to treatment or accommodations that are available or medically necessary, regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expressions, and sources of payment for care.
2. Each patient (or their Support Person) will be informed in writing of their visitation rights including: (1) patient's right to receive the visitors whom they designate, including, but not limited to, a spouse, a domestic partner (including same sex domestic partner), another family member, or a friend; (2) patient's right to withdraw or deny such consent at any time; (3) justified Clinical Restrictions which may be imposed on a patient's visitation rights; (4) all visitors designated by the patient (or Support Person when appropriate) shall enjoy full and equal visitation privileges consistent with patient preference. Nemours Children's Hospital does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender, identity, sexual orientation or disability.
3. To be treated with respect and courtesy in an environment that: preserves your individual dignity, fosters a positive self-image, protects the individual's need for privacy, and is free from mental, physical, sexual or verbal abuse, neglect and exploitation.
4. To receive care in a manner that respects your cultural and personal values, beliefs, and preferences.
5. To receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
6. To receive care that supports your emotional, educational, religious, spiritual, and developmental needs.
7. When informed consent is needed, to receive effective communication about the potential risks, alternatives (including nontreatment) and benefits associated with proposed procedures, care, treatment and services.
8. To be provided with the opportunity to ask questions and expect a prompt and reasonable response with questions answered to your satisfaction.
9. To obtain complete and current information about your diagnosis, planned course of treatment, alternatives, risks, prognosis, and proposed future health care needs from your care provider in a manner tailored to your needs which should include a consideration of age, primary language, disabilities and ability to understand.
10. To participate in care decisions.
11. To be informed of any experimental treatments or research studies that may directly affect your care and the potential risks, benefits, discomforts and alternatives. And you have the right to give your consent or refusal to participate in such experimental research.
12. To have pain assessed and the ability to participate in decisions regarding how pain is managed.
13. To refuse treatment in accordance with the law and to be informed of the medical consequences of that refusal.
14. To express grievances regarding any violation of your rights through the grievance procedure of the health care provider which served you and to the appropriate state licensing agency. This includes being informed about the hospital's processes to help resolve problems or concerns about your hospital stay and/or care. You may express your concerns to your attending physician, or any member of the health care team. You may also contact the Patient Relations Department. You or your family member may share your concerns with the State of Florida Agency for Health Care Administration or the Joint Commission with contact information as follows:  
  
**State of Florida Agency for Health Care Administration**  
**Phone:** 888.419.3456  
**Web:** <http://www.ahca.myflorida.com>  
**Mail:** Florida Agency of Health Care Administration  
Consumer Services Unit - 4052 Bald Cypress Way  
Bin C-75, Tallahassee, Florida 32399-3275  
  
**The Joint Commission**  
**Phone:** 800.994.6610  
**Mail:** The Joint Commission  
Office of Quality Monitoring  
1 Renaissance Boulevard  
Oakbrook Terrace, IL 60181
15. To know the names and qualifications of your caregivers. You have the right to know who is providing medical services and who is responsible for your care. You, your parent and/or guardian has the right to know if the hospital has relationships with outside parties that impact your treatment and care. These relationships may be with educational institutions, other health care providers or insurers.
16. To have your parent and/or guardian and/or an adult member of the health care team present as a chaperone\* at all times when you are examined or treated.
17. To have your medical record information treated confidentially, as described in the Nemours Children's Health Notice of Privacy Practice.
18. To expect that your visit will be as safe and comfortable as possible and that any form of restraint and/or seclusion will be used only when medically necessary.
19. To have family members and others visit you, your parent and/or guardian during normal visiting hours and as much as possible to support the provision of emotional support. To be given an explanation from the health care team when clinical or other reasonable restrictions on visitors are necessary. You also have the right to refuse visitors at any time.
20. To designate a family spokesperson to work with the staff if ethical issues arise in your care.
21. To not be transferred to another facility unless the need for transfer and the alternatives to the transfer are completely explained to you. The transfer should occur only if acceptable to you and the receiving facility.

22. To receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
23. To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
24. To receive upon request, full information and necessary counseling on the availability of known financial resources for your care.
25. If you are eligible for Medicare, you have the right to know, upon request, and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
26. To be informed at a time of admission or outpatient treatment about patient rights and responsibilities.
27. To be informed about access to child and adult protective services if the need for those services is apparent.
28. To have a family member or representative of choice and your own physician notified promptly at the time of admission to the hospital if requested.
29. To be informed about the outcomes of care, treatment and services, including unanticipated outcomes by a licensed independent practitioner on your health care team.
30. To have wishes addressed related to end of life decisions and to be informed about advance directives, if 18 years of age or older.
31. To be a recipient of effective communication from the health care team which includes the sharing of information regarding patient support services that are available, including whether an interpreter is available if you do not speak English or you have visual or hearing impairments. The interpreter is supplied at no cost to you.
32. To be informed and give written consent regarding the production of the recordings, films or other images that may be used for purposes other than your care, and to request the production of these images be stopped at any time or your consent withdrawn before recording, film or image is used.
33. To be permitted to access, request amendments to, and obtain information on disclosures of your health information, in accordance with law and regulation.

## YOU, YOUR PARENT AND/OR GUARDIAN HAS THE FOLLOWING RESPONSIBILITIES:

1. Your parent and/or guardian should provide comfort and support you as much as possible, in the special way that only families can provide.
2. To work with the health care team to ensure the best possible treatment, rehabilitation and discharge planning.
3. To provide, to the best of your ability and knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
4. To report unexpected changes in your condition to the health care team.
5. To be available to your health care team either personally or by telephone.
6. To voice any concerns about your care to the health care team or any associate of the Patient- and Family-Centered Care Team.
7. To let your health care team know if you do not understand the contemplated course of health care plan, what is expected of you in this plan if the health care instructions supplied are not understood or cannot be followed.
8. To follow the prescribed treatment plans and keep appointments. If you are unable to keep the appointments, you must notify the hospital or office. You, or your parent/guardian, are responsible for the medical consequences if treatment is refused or the prescribed treatment plan is not followed by you.
9. To recognize that the needs of other patients and families may sometimes be more urgent.
10. To treat staff and other families in a considerate, courteous and cooperative manner.
11. To respect the cultures, values, beliefs, privacy and confidentiality of other patients and families receiving care.
12. To ensure that your behavior, as well as the behavior of your visitors, is reasonable, responsible and considerate of the rights of other patients and staff.
13. To follow hospital and practice site rules affecting patient care and conduct.
14. To understand that Nemours Children's Hospital is a teaching facility and to cooperate with the staff in their training of health care professionals.
15. To take care of your personal property and valuables and to respect the property of the hospital or practice location.
16. To provide complete and accurate insurance information at the time of your visit or hospital admission.
17. To assure the financial obligations of your health care are fulfilled as promptly as possible.

The patient, parent and/or guardian will be informed at the time of admission or outpatient treatment and as needed thereafter about their rights and responsibilities through the Rights and Responsibilities brochure and the Nemours Children's Notice of Privacy Practices.

**\*DEFINITION: Chaperone** — An adult member of the health care team who is 21 years of age or older, acting under the direction of the physician or Nemours Children's Hospital or who is a licensed health care professional, and who is the same gender of the patient, when practicable.