
Advance Directives

In accordance with Florida law, Jacksonville Beach Surgery Center must inform you that we are **not** required to honor and **do not honor DNR directives**. A healthcare power of attorney **will** be honored.

If a patient should provide his/her advance directive a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.

At all times the patient or his/her representative will be able to obtain any information they need to give informed consent before any treatment or procedure.

In order to assure that the community is served by this facility, information concerning advance directives is available at the facility. While the state of Florida does not have required a specific form for an advanced directive, free sample forms are available at <http://ahca.myflorida.com> or by calling 1-888-419-3456.

I understand that if an emergency medical condition should occur I will be transferred to the closest hospital for further evaluation and treatment. I understand that if I have an advanced directive or living will, the surgery center will not honor any requests not to resuscitate and will transfer me to a hospital which will make decisions about following any advance directives or living will. If I should be transferred to a hospital, I authorize to the hospital to release copies of my medical records to the surgery center to review the episode of case.

I have the following:

- Living Will
- Health care surrogate, proxy or durable power of attorney
- Power of Attorney
- Evidence of Guardianship
- None of the Above

Copy Given to Surgery Center:

- []
- []
- []
- []
- []

Physician Participation

This is to inform you that your physician might have a financial interest or ownership in this center. An interest in this facility enables them to have a voice in the administration and medical policies of this health care institution. This involvement helps to ensure the finest quality surgical care for our patients. This involvement helps to ensure the finest quality surgical care for their/our patients. It is your right and responsibility to inquire with your physician/surgeon as to their financial interest or investment in this ambulatory surgery center. The following are physicians who have a direct or indirect ownership interest.

Surgery Partners, Inc. 50 Burton Hills Blvd, Nashville, TN, 37215

Dr. Lee Epstein
Dr. Karim Samara
Dr. Charles Duss

Dr. Jeffrey Brink
Dr. Roberto Garcia
Dr. Sofia Kirk

Dr. Shawn Agee
Dr. David Greenwald
Dr. Neil Shmunes

You have the right to choose where to receive your services, including an entity in which your physician may have a financial relationship. Two reasonable alternative sources of services available are Jacksonville Surgery Center and/or Baptist Medical Center – Beaches.

Patient Signature

Witness

Patient Rights Notification

Each patient at the center will be notified of their rights in the following manner:

- A written notice provided in advance of the day of their surgery in a language and manner the patient understands.
- A verbal notice provided in advance of the day of their surgery in a language and manner the patient understands.
- A posted notice visible by patients and families waiting for treatment.

Date sent / presented to patient: _____ Patient Signature and Date: _____

By (staff signature): _____
Center retains a copy for file

Rights of Patients

The following list of patient rights is not intended to be all inclusive. Patients receiving care at our center have a right to:

- Receive care that respects your individual, cultural and spiritual and social values regardless of race, color, creed, nationality, age, gender, disability or source of payment.
- Request and receive medically appropriate treatment and services within the surgery center's capacity and mission and to know what services are available at the facility.
- Receive respectful, considerate and compassionate care that manages your pain as well as possible, and promotes your dignity, privacy, safety and comfort.
- Receive a full explanation, in understandable language, of diagnosis, evaluation, treatment and progress in terms that are easily understood and that include benefits, risks involved, significant complications, and the outcome and alternative treatments available.
- When medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person. This person shall receive all of the patient rights and responsibilities and shall exercise these rights.
- Expect that efforts will be made to provide you with the best of care during and after your procedure.
- To know at all times the identity and professional status of all individuals providing any type of service. To request a second opinion or change physicians if other qualified providers are available. To know the credentials of the health care professionals providing your care. To be aware that the facility and its healthcare providers have malpractice insurance coverage.
- To participate in the decisions about your medical care and receive prompt / reasonable responses to questions or requests, except when such participation is contraindicated for medical reasons.
- To accept or refuse recommendations test or treatments, to the extent the law permits. To refuse to sign consent forms if there is anything you do not understand or agree to. To change your mind about any procedure to which you have consented.
- Receive services that are accessible to those individuals with communications barriers such as visual impairment, hearing impairments, communication disorders, inability to read or follow directions, and non-English speakers.
- Be informed and to give or withhold consent if our Facility proposes to engage in or perform research associated with your care or treatment.

- Be informed of Advanced Directives specific to the state in which the Facility operates.
 - Expect that your advance directive / living will is honored ethically possible and in accordance with state law. The Facility will, in an emergency, employ all life saving measures while you are under our care for reasons of conscience as noted in the Facility policy on Advances Directives. You have the right to choose to have your care provided at another Facility which will honor all aspects of your advanced directives.
 - Have their disclosures and records treated confidentially, and given the opportunity to approve or refuse their release, except when release is required by law.
 - Receive marketing materials from the Facility that are accurate and not misleading; to receive accurate reflection of the Facility's accreditation.
 - To be made aware of the Facility's fee for services and payment policies.
 - Have the right to voice grievances, written and/or verbal regarding treatment of care that is (or fails to be) furnished.
 - Informed of available resources for resolving disputes, grievances and conflicts; without fear of reprisal, and to be free from all forms of abuse (verbal, mental, sexual or physical) mistreatment, neglect, harassment or discrimination, and have access to Facility level, state and federal assistance in clarifying ethical issues guiding treatment decisions.
 - Know that all alleged violations / grievances will be fully documented.
 - All allegations must be immediately reported to a person of authority at the Facility.
 - Only substantiated allegations must be reported to the State authority or the local authority, or both. To participate in the resolution of those issues.
 - Ask that your medical record be corrected if you believe it is not accurate or not complete, or to be told how to add a statement that you disagree with information in the record.
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Patient Responsibilities

The care a patient receives depends partially on the patient. Therefore, in addition to these rights, a patient has certain responsibilities that are presented to the patient in the spirit of mutual trust and respect. Patient 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.
 - Make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her
 - Follow the treatment plan prescribed by his/her provider.
 - Keep appointments and notify surgery center or physician when unable to do so.
 - Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
 - Accept responsibility for his/her actions should he/she refuse treatment or not follow his/her physician's orders
 - Accept personal financial responsibility for any charges not covered by his/her insurance.
 - Follow our facility's policies and procedures
 - Be respectful of all the health care providers and staff, as well as other patients.
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Patient Guardian

The patient's guardian, next of kin, or legally authorized responsible person has the right to exercise the rights delineated on the patient's behalf, to the extent permitted by law, if the patient:

- has been adjudicated *incompetent* in accordance with the law.
 - has designated a legal representative to act on their behalf.
 - is a minor.
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Patient Grievances

The patient and family are encouraged to help the facility improve its understanding of the patient's environment by providing feedback, suggestions, comments and/or complaints regarding the service needs, and expectations.

A complaint or grievance should be registered by contacting the center and/or a patient advocate at the Florida Department of Health or Medicare. The surgery center will respond in writing with notice of how the grievance has been addressed.

Contacts: Jacksonville Beach Surgery Center
Facility Administrator
3316 South Third Street, Suite 200
Jacksonville Beach, Florida 32250
904-247-8181

Agency for Health Care Administration
Consumer Assistance Unit
2727 Mahan Drive
1-888-419-3456
1-850-487-3183

Accreditation Association for Ambulatory Health Care, Inc.
5250 Old Orchard Road, Suite 200
Skokie, Illinois 60077
1-847-853-6060

Medicare Beneficiary Ombudsman
1-800-MEDICARE
(1-800-633-4227)

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

