

**St. John's Surgery Center
Notice Of Patient Rights and Responsibilities**

You have rights and a role regarding your treatment and care. This brochure has questions and answers to help you find out about your rights and role as a patient. Knowing your rights and role can help you make better decisions about your care.

This facility and medical staff have adopted the following list of patient right. This list shall include, but not be limited to, the patient's rights to:

- be informed about the care you will receive.
- make decisions about your care, including refusing care without discrimination or reprisal.
- know the names of the caregivers who treat you.
- Considerate, respectful and safe care.
- know when something goes wrong with your care.
- get an up-to-date list of all of your current medicines.
- be listened to and be treated with courtesy and respect.
- confidential treatment of all communications and records pertaining to your care. Your written permission shall be obtained before your medical records can be made available to anyone not directly concerned with your care.
- voice grievances regarding treatment or care that is (or fails to be) furnished.

What are your responsibilities?

- You must provide accurate and complete information concerning your present complaints, past medical history and other matters about your health. You must state whether you clearly comprehend the course of your medical treatment and what is expected of you.
- You are responsible for keeping appointments and notifying the facility or physician when you are unable to do so.
- You are responsible for your actions should you refuse treatment or do not follow your physician's orders.
- You are responsible for assuring that the financial obligations of your care are discussed as promptly as possible.
- You must inform the Center if you have an Advanced Directive, and supply a copy. If you do not, and would like more information please visit www.uslivingwillregistry.com/forms.shtm

Complaints can be directed toward:

Department of Health Inspector General 4052 Bald Cypress Way, BIN A03 Tallahassee, FL 32399-1704 850-245-4141	Secretary of the U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201 202-619-0257 or Toll Free 877-696-6775
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Web site for the Office of the Medicare Beneficiary Ombudsman:
<www.cms.hhs.gov/center/ombudsman.asp>

Patient Signature: _____

Date: _____