



PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS AS A PATIENT

RESPECT AND DIGNITY: You have the right to considerate, respectful care at all times regardless of your cultural, personal values, beliefs and preferences, and under all circumstances, with recognition of your personal dignity.

QUESTIONS: You have the right to prompt and reasonable responses to questions and requests made by you or your health care provider.

IDENTITY: You have the right to know the name, function, and qualifications of individuals providing services to you, and to know which physician or other practitioner is primarily responsible for your care. This includes your right to know of the existence of any professional relationship among individuals who are treating you, as well as the relationship to any other health care or educational institutions involved in your care.

SUPPORT SERVICES: You have the right to know of all support services available in the health care facility. If you do not speak or understand the predominant language of the community, then you have the right to access language assistance services that are free of charge, accurate, timely and protect your privacy. If you are a person with either impaired sensory, cognitive, manual or speaking skills, then you also have the right to access free auxiliary aids and services. Whenever your child is a patient, you and your family will be involved in the assessment, treatment, and continuing care of your child. If your child is experiencing a particularly severe illness, or one that may have an effect on his/her physical or psychological development, then you and your family will be assisted in coping with the circumstances. You have the right to access protective and advocacy services as appropriate.

FACILITY RULES & REGULATIONS: You have the right to be informed of the facility rules and regulations applicable to your conduct as a patient.

INFORMATION: You have the right to obtain, from the practitioners responsible for coordinating your care, complete and current information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis necessary to enable you to make treatment decisions. This information should be communicated in terms you can reasonably be expected to understand. When it is not medically advisable to give such information to you, the information should be made available to a legally authorized individual. After discharge, you have the right to review or obtain a copy of your medical and billing records. You have the right to access, request amendment to, and obtain information on disclosures of your health information, in accordance with law regulation.

DECISIONS REGARDING CARE: You have the right, in collaboration with your physician, to make decisions involving your health care; including the right to accept medical care or refuse treatment to the extent permitted by law. You have the right to include your family in the care, treatment and services decisions in accordance with law and regulation.

FACILITY CHARGES: You have the right to receive a reasonable estimate of charges for non-emergent medical care, if requested prior to treatment. This estimate will be presented in a comprehensible language. If requested, you have the right to be notified of the estimate charges; however, this shall not preclude the health care provider from exceeding the estimate, or making additional charges, based on your condition or treatment needs. If you do not have health insurance, then you have the right to receive the estimate within seven (7) business days of notifying the facility and having the facility confirm your uninsured status; and you also have the right to receive any information regarding the facility's discount or charity policies for which you may be eligible. You have the right to request and receive a copy of a reasonably clear and understandable itemized and detailed explanation of your total bill for services rendered in the facility. Upon request, you have the right to have these charges explained. You have the right to obtain, upon request, information and counseling of known financial resources for your care. You have the right to timely notice prior to termination of your eligibility for reimbursement by any third party payer for the cost of your share. You have the right to access the facility's performance outcomes and financial data through its website: www.browardhealth.org.

MEDICARE: If you are eligible for Medicare, then you have the right to know, upon request and prior to receiving treatment, whether the health care provider or facility accepts the Medicare assignment rate as payment in full.

ACCESS TO CARE: You have the right to be afforded impartial access to treatment or accommodations that are available and medically indicated, regardless of your race, color, ethnicity, national origin, age, sex, gender identify, sexual orientation, religion, culture, language, disability, or sources of payment.

EMERGENCY TREATMENT: You have the right to treatment for any emergency medical condition.

RESEARCH/ INVESTIGATION/ CLINICAL TRIALS: You have the right to know if medical treatment is for purposes of experimental research and/or educational projects. Your participation is voluntary, and you have the right to refuse such experiments.

GRIEVANCE RIGHTS: You have the right to express grievances regarding any violation of your rights, as stated in Florida law or Federal, through the grievance procedure of the health care provider or health care facility which served you, and to the appropriate state licensing agency or Federal regulatory body. You are entitled to information regarding the facility's mechanism for initiation, review, and resolution of patient complaints and grievances.

ETHICAL RIGHTS: You, or your designated representative, have the right to participate in the consideration of ethical issues that arise in your care. The organization has in place a mechanism for the consideration of ethical issues arising in the care of patients and to provide education to caregivers and patients on ethical issues on health care.

Consideration will be given to psychosocial, cultural, and spiritual variables that influence the perception of disease.

In caring for the dying patient, comfort and dignity will be optimized by:

- Treating the primary and secondary symptoms as desired by the patient or surrogate decision maker,
- Effectively managing pain, and
- Acknowledging psychosocial and spiritual concerns of the patient and family regarding dying and the expression of grief by the patient and family

PRIVACY AND CONFIDENTIALITY: You have the right, regardless of economic status or source of payment, to personal and informational privacy, as manifested by the following rights:

To refuse to talk with or see anyone not officially connected with the facility, including visitors, or persons officially connected with the facility but not directly involved in your care.

To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.

To be interviewed and examined in surroundings designed to provide reasonable visual and auditory privacy. This includes the right to have a person of your own sex present during certain parts of a physical examination, treatment, or procedure performed by a health professional of the opposite sex, and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which you were asked to disrobe.

To expect that any discussion or consultation involving your care will be conducted discreetly and that individuals not directly involved in your care will not be present without your permission.

To have your medical record read only by individuals directly involved in your treatment or in the

monitoring of its quality. Other individuals can only read your medical record under your written authorization or that of your legally authorized representative.

To expect all communications, and other records pertaining to your care, including the source of payment for treatment, to be treated as confidential.

To request a transfer to another room if another patient or visitor in the room is unreasonably disturbing you.

To be placed in protective privacy when considered necessary for your personal safety.

To be given a copy of Broward Health's Notice of Privacy Practices for the Protection of Medical Information on your first episode of care. This document serves to inform patients of their rights as they relate to the uses and disclosures of their protected health information.

PERSONAL SAFETY: You have the right to expect reasonable safety, insofar as the facility practices and environment are concerned.

COMMUNICATION: You have the right to access people outside the facility by means of visitors, and by verbal and written communication.

CONSULTATION: You have the right, at your own request and expense, to consult with a specialist.

CONSENT: You have the right to reasonable, informed participation in decisions involving your health care. This includes discussions with your health care provider regarding complementary or alternative health care treatments. To the degree possible, this should be based on a clear, concise explanation of your condition and of all proposed technical procedures, including but not limited to the possibilities or any benefits, alternatives, risks or mortality or serious side effects, problems related to recuperation, and probability of success. You should not be subjected to any procedure without your voluntary, competent, and understanding consent or the consent of your legally authorized representative.

TRANSFER AND CONTINUITY OF CARE: You have the right not to be transferred to another facility or organization unless you have received a complete explanation of the need for the transfer and of the alternatives to such a transfer and unless the transfer is acceptable to the other facility or organization. You have the right to be informed by the practitioner responsible for your care of any continuing health care requirements following discharge from the facility.

ADVANCE DIRECTIVES: You have the right to formulate an advance directive and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law. The organization has in place a mechanism to ascertain the existence of, and assist in the development of, an advance directive at the time of your admission. The provision of care is not conditioned on the existence of an advance directive. A copy of any advance directive provided to Broward Health will be placed in your medical record and is reviewed periodically with you or your surrogate decision maker.

PAIN MANAGEMENT: You have the right to receive individualized management of your pain.

RESTRAINTS/SECLUSION: You have the right to be free from any form of restraints/ seclusion that is not medically necessary.

PATIENT VISITATION RIGHTS: Each patient (or his/her support person) will be informed in writing of their visitation rights including: (1) patient's right to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a 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. Broward Health does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, ethnicity, national origin, age, sex, gender identify, sexual orientation, religion, culture, language or disability.

Justified Clinical Restrictions – means any clinically necessary or reasonable restriction or limitation imposed by the Homeans any clinically necessary or reasonable restriction or limitation imposed by the Hospital on a patient's visitation rights which restriction or limitation is necessary to provide safe care to patients. A Justified Clinical Restriction may include, but need not be limited to one or more of the following: (1) a court order limiting or restraining contact; (2) behavior presenting a direct risk or threat to the patient, Hospital staff, or others in the immediate environment; (3) behavior disruptive to the functioning of the patient care unit; (4) reasonable limitations on the number of visitors at any one time; (5) patient's risk of infection by the visitor; (6) visitor's risk of infection by the patient; (7) extraordinary protections because of a pandemic or infectious disease outbreak; (8) substance abuse treatment protocols requiring restricted visitation; (9) patient's need for privacy or rest; (10) need for privacy or rest by another individual in the patient's shared room; or (11) when patient is undergoing a clinical intervention or procedure and the treating health care professional believes it is in the patient's best interest to limit visitation during the clinical intervention or procedure.

RIGHTS AND RESPONSIBILITIES: You have the right to know of your rights and responsibilities as a patient.

YOUR RESPONSIBILITIES AS A PATIENT

PROVISION OF INFORMATION: You have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to your health care provider. You are responsible for reporting whether you clearly comprehend a contemplated course of action and what is expected of you.

COMPLIANCE WITH INSTRUCTIONS: You have the responsibility of following the treatment plan recommended by the practitioners primarily responsible for your care; including following instructions given by nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible practitioner's orders, and enforce the applicable facility rules and regulations. You have the responsibility to keep appointments or to notify the responsible practitioner/facility when you are unable to do so for any reason.

REFUSAL OF TREATMENT: You hold the responsibility for your actions if you refuse treatment or do not follow the practitioner's instructions.

FACILITY CHARGES: You have the responsibility for assuring that the financial obligations of your health care are fulfilled as promptly as possible.

FACILITY RULES AND REGULATIONS: You have the responsibility for following facility rules and regulations affecting patient care and conduct.

RESPECT AND CONSIDERATION: You are responsible for being considerate of the rights of other patients and facility personnel and for assisting in the control of noise and the number of visitors. You are responsible for being respectful of the property of other persons and of the facility.

Broward Health has a standard Patient's Bill of Rights and Responsibilities. This is formatted for your convenience into a pamphlet to promote ease in reading and understanding.

1. At the time of admission, you will be asked if you have received a copy of Broward Health's informational form called "THE PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES".
2. If you have not received the form, then the Broward Health representative will give a copy of the form to you.
3. Additionally, the Broward Health representative will be responsible for distributing "THE

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES" to any facility patient or visitor who requests one at any time.

FILING COMPLAINTS

If you wish to file a complaint against a Broward Health facility, please contact the Patient and Visitor Relations Department, or the facility's administrator:

BROWARD HEALTH MEDICAL CENTER
1600 South Andrews Avenue
Fort Lauderdale, FL 33316
954.468.8069

BROWARD HEALTH CORAL SPRINGS
3000 Coral Hills Drive
Coral Springs, FL 33065
954.344.3121

BROWARD HEALTH NORTH
201 East Sample Road
Deerfield Beach, FL 33064
954.786.5199

COMMUNITY HEALTH SERVICES
1608 SE 3rd Ave., #506
Fort Lauderdale, FL 33316
954.320.2830

BROWARD HEALTH IMPERIAL POINT
6401 North Federal Highway
Fort Lauderdale, FL 33308
954.776.8599

BROWARD HEALTH WESTON
2300 N. Commerce Parkway
Weston, FL 33326
954.217.3500

You may also file a complaint through any of the following agencies:

Florida Agency for Health Care Administration

(For complaints against a health care facility)

Call 1.888.419.3456.

Or write to the following address:

Agency for Health Care Administration
2727 Mahan Drive, Tallahassee, FL 32308

Florida Department of Health

(For complaints against a licensed health care practitioner)

Download a complaint form at
www.floridashealth.com/mqa/enforcement/enforce_csu.html

The Joint Commission

Submit an online complaint at
https://www.jointcommission.org/report_a_complaint.aspx

Or write to the following address:

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard, Oakbrook Terrace, IL 60181

U.S. Department of Health and Human Services

Office of Civil Rights (For complaints of discrimination on the basis of color, national origin, sex, age, or disability electronically through the Office of Civil Rights Complaint Portal, available at):

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHS Building
Washington, DC 20201

1.800.868.1019, 800.537.7697 (TDD)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.874.3972.

ATANSYON: Si w pale Kreyòl Ayisyen, gen2 sèvis èd pou lang ki disponib gratis pou ou. Rele 1.866.874.3972 .

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.874.3972.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.866.874.3972.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.874.3972.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.866.874.3972.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.874.3972.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.874.3972.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.866.874.3972.

اللغة خدمات ف إن المساعدة ال لغوية تة توافر لك ب اللغة المجان. اتصل ب رقم - 1-866-874-3972 (رقم إناك نتة تحدث اذكر

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.874.3972.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.866.874.3972 まで、お電話にてご連絡ください

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.874.3972.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1.866.874.3972.

אידיש, זענען פארהאן פאר אייך שפראך היילף סערוויסס פריי פון אפצאל. רופט 1-866-874-3972. אויפמערקונגס: אויב איר רעדט