

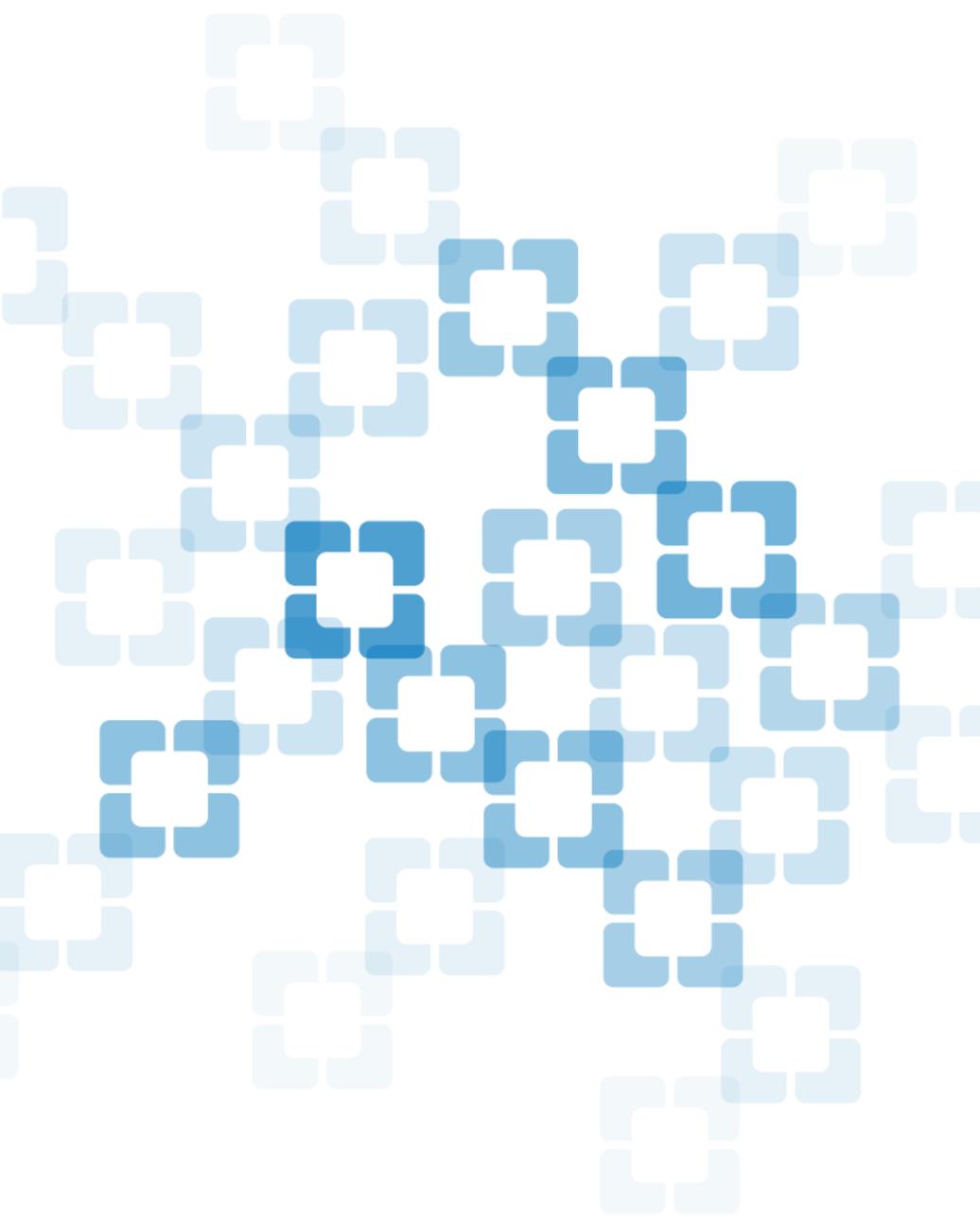


Cleveland Clinic

Indian River Hospital

Patient Rights and Responsibilities





As a patient, you have the right...

Personal Privacy/visitation

- To be treated with courtesy and respect.
- To have your individual dignity respected and appreciated.
- To have your identifiable health information kept protected and confidential.
- To enjoy personal privacy and a safe, clean environment and to let us know if you would like to restrict your visitors or phone calls.
- To decide and consent to who can visit you (family members, friends, spouses, partners, including same-sex spouses and partners) and to withdraw or deny that consent at any time.
- To designate a support person who will designate visitors on your behalf should you be unable to do so.
- To be accompanied by a support person of your choosing to patient-accessible areas when you are receiving inpatient or outpatient treatments or consulting with your health care provider, unless doing so would risk the safety or health of you, other patients, or the caregivers of the facility or office, or if it cannot be reasonably accommodated by the facility or provider.

Security

- To be free from all forms of abuse or harassment.
- To access protective and advocacy services.
- To know that restraints will be used only when necessary to assure safety to you and others.

Cultural and Spiritual Values

- To have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
- To have access to pastoral and other spiritual services.

Access to Care

- To receive impartial care regardless of your age, race, color, national origin, culture, ethnicity, language, socioeconomic status, religion, physical or mental disability, sex, sexual orientation, or gender identity or expression, or manner of payment.
- To treatment for any emergency medical condition, that will deteriorate from failure to provide treatment.
- To ask for a change of provider or second opinion.

Access to Information

- To a prompt and reasonable response to questions and requests.
- To know the rules regulating your care and conduct.
- To know that Cleveland Clinic Indian River Hospital is a teaching hospital and that some of your caregivers may be in training; to ask your caregivers if they are in training.
- To know the names and professional titles of your caregivers.
- To know what patient support services are available.
- To be told what you need to know about your health condition after hospital discharge or an office visit.
- To be informed of and participate in decisions that affect your care, health status, services or treatment.
- To understand your diagnosis, condition and treatment, plan of care, prognosis, and make informed decisions about your care after being advised of material risks, benefits, and alternatives.
- To be informed of unanticipated adverse outcomes.
- To request a review of your medical chart with your caregivers during your hospital stay.
- To receive, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- If eligible for Medicare, to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- To receive a reasonable estimate of charges for medical care upon request or prior to treatment.
- To receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

Communication

- To receive information that you can understand.
- To refuse any care, treatment, and services except as otherwise provided by law.
- To say “yes” or “no” to experimental treatment or procedures and to be advised when a physician is considering you to be part of a medical research program. All medical research goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not involve you in any medical research without going through this special process. You may refuse or withdraw at any time without consequences to your care.
- To have access to an interpreter and/or translation services at no charge. American Sign Language interpreters are available.

- To know the reasons for any proposed change in the attending physicians/professional staff responsible for your care.
- To know the reasons for your transfer either within or outside of the hospital.
- To make advance directives and have them followed.
- To legally designate someone else to make decisions for you if you should become unable to do so, and have that person approve or refuse care, treatment, and services.
- To have your family or a representative involved in care, treatment and service decisions, as allowed by law.
- To have your family or a representative you choose and your own physician, if requested, be informed of your hospital admission.
- To have your wishes followed concerning organ donation, when you make such wishes known, in accordance with law and regulation.

Pain Management

- To have pain assessed and managed appropriately.

Disclosures

- To request a listing of disclosures about your healthcare, and to be able to access and request to amend your medical record as allowed by law.
- To know the relationship(s) of the hospital to other persons or organizations participating in the provision of your care.

Recording and Filming

- To provide prior consent before the making of recordings, films, or other images that may be used externally.

Concerns, Complaints, or Grievances

- To receive reasonably prompt response to your request for services.
- To be involved in resolving issues involving your own care, treatment and services.

To express concerns, complaints and/or a grievance to your hospital personnel. You may do this by contacting your Ombudsman office at:

- **Cleveland Clinic Indian River Hospital Ombudsman Office.** Call us at 772-567-4311. Write us at 1000 36th Street, Vero Beach, Florida, 32960.

To file a grievance, you may contact the following agencies:

- **The Joint Commission**, Office of Quality and Patient Safety Information Line. Call at 800-994-6610. Fax: 630-792-5636; Mailing Address: The Joint Commission, One Renaissance Boulevard,

Oakbrook Terrace, IL 60181; Website: <https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-event/>

- **Agency for Healthcare Administration.** Call at (888) 419-3456 or (800) 955-8771 Florida Relay Service (TDD number), 2727 Mahan Dr., Tallahassee, FL, 32308. Website: <https://apps.ahca.myflorida.com/hcfc/>
- **U.S. Department of Health and Human Services,** Office of Civil Rights (OCR). Complaints may be filed electronically through the OCR complaint portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at the U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington DC, 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- **Florida Department of Health** at 1-850-245-4339. Website: <https://www.flhealthcomplaint.gov/>
- **KEPRO Quality Improvement Organization for Medicare's Beneficiaries** (BFCC-QIO). Call 888-317-0751, Local Phone 813-280-8256, TTY*855-843-4776 Toll-free, Fax**844-878-7921. Mailing Address: 5201 West Kennedy Blvd., Suite 900, Tampa, FL 33609.
- For financial concerns contact the **Division of Consumer Services** at 877-MY-FL-CFO or 877-693-5236.

As a patient, it is your responsibility . . .

Provision of Pertinent Information

- To give us complete and accurate information about your health, including your previous hospitalizations, medical history, present complaints, and all the medications you are taking.
- To inform us of changes in your condition or symptoms, including pain.

Asking Questions and Following Instructions

- To let us know if you don't understand the information we give you about your condition or treatment and what is expected of you.
- To speak up. Communicate your concerns to any employee as soon as possible – including any member of the patient care team, manager, administrator, or ombudsman.

Refusing Treatment and Accepting consequences

- To follow our instructions and advice, understanding that you must accept the consequences if you refuse.

Explanation of Financial Charges

- To pay your bills or make arrangements to meet the financial obligations arising from your care as promptly as possible.

Following Rules and Regulations

- To follow our rules and regulations.
- To keep your scheduled appointments or let us know if you are unable to keep them.
- To leave your personal belongings at home or have family members take all valuables and articles of clothing home while you are hospitalized.

Respect and Consideration

- To be considerate and cooperative towards others.
- To respect the rights and property of others.
- To show respect and courtesy without discrimination towards your caregivers.

También disponible en Español.
Disponib tou an Kreyòl.





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