

When a person becomes unable to make decisions due to a physical or mental change or condition, they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death. The state rules that address this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code and Florida statute Title XLIV, Chapter 765.

Space Coast Endoscopy Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

#### **Complaints/Grievances:**

If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and or agencies you may contact:

**Space Coast Endoscopy Center**  
**Center Director: Nancy Dean**  
1974 Rockledge Blvd.  
Rockledge, FL 32955  
321-504-4440  
[ndean@amsurg.com](mailto:ndean@amsurg.com)

You may contact the state to report a complaint: Agency for Health Care Administration  
2727 Mahan Drive  
Tallahassee, FL 32308  
(888) 419-3456 / (800) 955-8771  
[www.AHCA.myflorida.com](http://www.AHCA.myflorida.com)

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman at  
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

**Medicare:** [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227)

**Office of the Inspector General:**  
<http://oig.hhs.gov>

This facility is accredited by the

**Accreditation Association for Ambulatory Health Care (AAAHC).** Complaints or grievances may also be filed through:

**AAAHC**  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
847-853-6060 or email: [info@aaahc.org](mailto:info@aaahc.org)

#### **Physician Financial Interest and Ownership:**

The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

#### **The following physicians have a financial interest in this center:**

Rex L. Gomez, M.D.  
Francisco Aguilo-Seara, M.D.  
Andrew Tobkes, M.D.  
Murali Krishna, M.D.  
William Rylander, M.D.  
Justin M. Gomez, M.D.

Revised September 2018



#### **Patient's Rights and Notification of Physician Ownership**

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISION REGARDING HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE PRIOR TO THE PROCEDURE/SURGERY.

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.

- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to be informed of their right to change providers if other qualified providers are available.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment; whether the health care provider or healthcare facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

#### **Patient's Responsibilities:**

- The patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- The patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- The patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

- A patient is responsible for his or her actions should he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.
- A patient is responsible for being respectful of all the healthcare professionals and staff, as well as other patients.

#### **If you need an interpreter:**

If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

#### **Rights and Respect for Property and Person:**

##### ***The patient has the right to:***

Exercise his or her rights without being subjected to discrimination or reprisal. Voice a grievance regarding treatment or care that is, or fails to be furnished. Be fully informed about a treatment or procedure and the expected outcome before it is performed. Confidentiality of personal medical information.

#### **Privacy and Safety:**

***The patient has the right to:***

Personal privacy.

Receive care in a safe setting.

Be free from all forms of abuse or harassment.

#### **Statement of Nondiscrimination**

##### **Space Coast Endoscopy Center**

complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

##### **Space Coast Endoscopy Center**

cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

##### **Space Coast Endoscopy Center**

respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

##### **Space Coast Endoscopy Center**

遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

#### **Advance Directives:**

***You have the right to information regarding advance directives, this facility's policy on advance directives, and information regarding state regulations concerning advance directives. Applicable state forms are available from the center and will be provided upon request.***