



As a patient at Halifax Health you have certain rights and responsibilities which are important to us and you. We want to be certain you are aware of them and urge you to read through this summary.

## **YOUR RIGHTS**

### **Access to Care:**

You are assured of impartial access to treatment or accommodations that are available or medically indicated without regard for race, creed, sex, national origin, ability to pay, age, handicap, or whether or not you have executed advance directives.

### **Execution/Formulation of Advance Directives:**

You have the right to formulate advance directives including a living will and/or appointment of a healthcare surrogate. You have the right to have any or all advance directives made a part of your medical record, and the right to have the terms of such advance directives complied with by Halifax Health and its caregivers to the extent permitted by law.

You have the right to be transferred to another facility or to engage another physician if the facility or physician cannot respect your advance directive requests as a matter of conscience.

### **Respect and Dignity:**

You have the right to considerate, respectful care with recognition of your personal dignity, values and beliefs.

### **End of Life Care:**

You have the right to respectful, responsive end of life care.

### **Access to Pain Management:**

You have the right to expect your pain to be treated appropriately.

### **Restraint Use:**

You have the right to remain free of restraints unless clinically necessary.

### **Resolution of Conflicts:**

In the event a conflict should arise, the Bioethics Committee of the facility charged with your care may be convened to assist with a resolution that is in keeping with your desires and the laws and regulations with which we must comply.

### **Privacy and Confidentiality:**

You have the right to personal and information privacy. Pursuant to this, you may:

- Refuse to talk or see persons not connected with the hospital or directly involved in your care.
- Wear appropriate personal clothing or symbolic items if they do not interfere with diagnostic procedures, treatment or care.
- Be interviewed and examined in surroundings designed to assure visual and auditory privacy.
- Expect discussions and consultations involving your care to be conducted discreetly.
- Have medical records read only by individuals directly involved in your treatment, or individuals monitoring the quality of your care, or by individuals designated by written authorization by you or your legally authorized representative.
- Expect all communications and records pertaining to your care, including the source of payment for treatment, to be treated as confidential.
- Request transfer to another room if another patient or visitor in the room is disturbing you.
- Be placed in protective privacy when considered necessary for your personal safety and to expect at all times reasonable safety and a secure environment within Halifax Health.
- Expect that those not directly involved in your care may be present only with your permission.

### **Identity:**

You have the right to know the identity and professional status of individuals providing services to you.

### **Protective Services:**

You have the right to access protective services which may include guardianship, advocacy services, conservatorship, state survey and certification agencies, state licensure offices, protection and advocacy networks, and Medicare and Medicaid fraud and abuse offices.

Here are phone numbers at which many of these services may be reached:

Abuse Registry; Child, Adult, Elderly,	
Disabled Protective Services	800.962.2873
Medicare Customer Services	800.663.4227
Medicaid Office	800.273.5880; 904.798.4200
Agency for Health Care Administration	
Consumer Hotline	888.419.3456
Substance Abuse and Mental Health	800.663.4227
Developmental Disability Services	386.238.4607
Children & Families Program	866-762-2237

## **HALIFAX HEALTH**

MEDICAL CENTER OF DAYTONA BEACH: 303 N. CLYDE MORRIS BLVD., DAYTONA BEACH, FL 32114  
MEDICAL CENTER OF PORT ORANGE: 1041 DUNLAWTON AVE., PORT ORANGE, FL 32127  
EMERGENCY DEPARTMENT OF DELTONA: 3300 HALIFAX CROSSINGS BLVD., DELTONA, FL 32738  
TWIN LAKES SURGERY CENTER: 1890 LPGA BLVD., STE. 200, DAYTONA BEACH, FL 32117



## **Information:**

You have the right to obtain from your physician complete and current information concerning your diagnosis in terms you can reasonably understand, including unanticipated outcomes. When it is not medically advisable to provide you such information, the information should be made available to an appropriate person on your behalf.

You have the right to obtain information as to any relationship of Halifax Health to any other healthcare and educational institutions insofar as your care is concerned, and you have the right to know of the existence of any professional relationships among individuals, by name, who are treating you.

## **You Have the Right to Information Relating to Information Disclosure:**

You have the right to request information regarding:

- Corporate form of the facility (public or private; nonprofit or profit; ownership and management; affiliation with other corporate entities).
- Accreditation status.
- Whether specialty programs meet guidelines established by specialty societies or other appropriate bodies.
- Volume of certain procedures performed.
- Consumer satisfaction measures.
- Clinical quality performance measures.
- Procedures for registering a complaint and for achieving resolution of that complaint.
- The availability of translation or interpretation services for non-English speakers and people with communication disabilities.
- Numbers and credentials of providers of direct patient care.
- Whether the facility's affiliation with a provider network would make it more likely that a consumer would be referred to health professionals or other organizations in that network.
- Whether there are any Federal health programs the facility has been excluded from.

## **Communication:**

You have the right of access to people outside the facility within the scope of the facility's rules. You have the right of access to an interpreter and to important documents in large print or on cassette tapes, in Spanish and in French.

## **Consent and Consultation:**

You have the right to reasonable, informed participation in decisions involving your care. Except in emergencies, such information for informed consent will include the specific procedure and/or treatment, the medically significant risks,

and benefits and alternatives. Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to such information. You also have the right to know the name of the person responsible for the procedure and/or treatment and to collaborate with your physician regarding all healthcare decisions. In addition, you have, at your own request and expense, the right to consult with a specialist.

## **Clinical Trials:**

You may be given information concerning a treatment option that is in the research stage. If this is the case, you have the right to refuse or to accept this treatment after appropriate information is given to you.

## **Refusal of Treatment:**

You may refuse treatment to the extent permitted by law and in such event will be informed of the medical consequences of your actions. When the refusal of treatment by you or your legally authorized representative prevents the provision of appropriate care in accordance with professional standards, our relationship with you may be terminated upon reasonable notice, after any immediate acute illness is resolved.

## **Transfer and Continuity of Care:**

You may not be transferred to another facility unless you have received a complete explanation of the need. The institution/physician to which you are to be transferred must first have accepted you.

You have the right to expect reasonable continuity of care, and that the hospital will provide a mechanism whereby you are informed by your physician or delegate of your continuing care requirements following your discharge from any affiliate of Halifax Health.

## **Visitation:**

The patient/representative has the right to choose who may visit during their inpatient stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including a same-sex domestic partner), or other type of visitor. The patient/representative has the right to withdraw such consent to visitation at any time.

## **Hospital Charges:**

You have the right to request and receive an itemized and detailed explanation of your total bill, regardless of the source of payment. At any time before, during or after hospitalization, patient accounting personnel are available during normal working hours to discuss financial arrangements or the details of any billing.

## **HALIFAX HEALTH**



## **Patient Complaints/Grievances:**

You have the right to expect that any concern you or your representative have, relative to your care, conditions or other issues related to our services will be taken seriously and promptly acted upon. Policies provide for follow-up and feedback to you or your representative relative to any concern. Any employee of the hospital, department managers, and/or the administrator on call will be pleased to receive and respond to your concern at any time during your stay or thereafter. Presentation of a complaint/grievance will not compromise your future access to care. You can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

1. You may contact:
  - a) Any employee of Halifax Health.
  - b) Unit/departmental manager by dialing zero (0) or by calling 386.226.4500.
  - c) Nursing Administration at extension 54006.
  - d) Administration at extension 54771.
  - e) You may also contact any of the above by dialing zero (0) using any Halifax Health phone or by calling 386.226.4500 from an outside phone line.
2. An attempt will be made to resolve your complaints/concerns/grievances immediately. If that cannot be accomplished, a thorough investigation will be conducted by appropriate personnel. It is our intent to complete a full review of the grievance and provide a written response within seven days of receipt of the grievance. If the grievance will not be resolved or if the investigation is not or will not be completed within 7 days, you will be notified. You or your representative will be given an estimated timeframe for the review to be completed.
3. You or your representative has a right to request a review by Kepro for quality of care issues. Additionally, any Medicare/Medicaid beneficiary has the right to a review by Kepro for coverage decisions and/or appeal for premature discharge. You may contact Kepro at 1-844-455-8708 with or without going through the grievance process offered by Halifax Health.

4. You or your representative may contact the Agency for Health Care Administration (AHCA) at 1.888.419.3456 and/or The Joint Commission (TJC) at 1.800.994.6610 directly with or without going through the grievance process offered by Halifax Health.
5. In its resolution of the grievance, Halifax Health will provide you with written notice of its decision that contains the name of the hospital contact person, the steps taken on your behalf to investigate the grievance, the results of the grievance process and the date of completion.

## **YOUR RESPONSIBILITIES**

### **Provision of Information:**

You have the responsibility to provide accurate and complete information about present complaints, past illnesses, hospitalizations, medication, and other matters relating to your health.

### **Compliance with Instructions:**

You are responsible for following the treatment plan developed by your physician and cooperating with the caregivers implementing that plan. You are responsible for keeping appointments or for informing the physician or hospital in a timely manner if you are unable to do so.

### **Refusal of Treatment:**

You are responsible for your actions if you refuse treatment.

### **Hospital Charges:**

You are responsible for assuring that your financial obligations are fulfilled as promptly as possible and for working with Halifax Health representatives in the provision of reliable information on which financial support or insurance filings may be based.

### **Respect and Consideration:**

As a patient you are responsible for following the rules and requirements of Halifax Health as outlined to you, and for being considerate of the rights of other patients and hospital personnel. Your assistance in the control of noise and activity in and about your room and the conduct of your visitors and guests will contribute to the quality of care shared by all patients.

## **HALIFAX HEALTH**