

**THIS IS A DOCTOR'S
OFFICE REGULATED
PURSUANT TO THE
RULES OF THE
BOARD OF MEDICINE
AS SET FORTH IN RULE
CHAPTER 64B8, F.A.C.**

PATIENT'S RIGHTS AND RESPONSIBILITIES

The patient has the right to:

1. considerate, respectful care with preservation of his/her dignity and respect for his/her psychosocial, spiritual and cultural values.
2. complete and current information from his or her physician regarding his/her diagnosis (to the degree known), and treatment and prognosis in terms that the patient can be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to a legally authorized individual.
3. reasonably informed participation in decisions involving his/her healthcare prior to the initiation of proposed procedures/treatments. To the degree possible, this is based on a clear, concise explanation of his/her condition and all proposed procedures/treatments, including the medically significant risks involved, potential problems related to and duration of recuperation and the probability of success. Where medically significant alternatives for care exist, or when the patient requests information concerning medical alternatives, the patient will be so informed. The patient has the right to know who is responsible for authorizing and performing the procedures or treatment.
4. refuse treatment to the extent permitted by law, and to be informed of the medical consequences of this refusal. The patient has the right to be advised if this facility participates in or plans to participate in human experimentation affecting his/her care or treatment, and the patient has the right to refuse participation in any such activity.
5. personal and informational privacy. Any discussion or consultation involving his/her case will be conducted discreetly, and individuals not directly involved in his/her care will not be present without the patient's permission. All communications and records pertaining to his/her care will be treated as confidential.
6. a complete explanation (when medically feasible) of the need for and the alternatives to transfer prior to transfer to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
7. to know the identity and professional status of individuals providing care to him/her and know which physicians are primarily responsible for his/her care. The patient has the right to obtain information as to any relationship of this facility to other health care and educational institutions with regard to his/her care. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him/her.
8. reasonable continuity of care. The patient has the right to know in advance what appointment times and physicians are available and where. The patient has the right to be informed by his/her physician of any continuing health care requirements following discharge.
9. request and receive a detailed and itemized bill regardless of the source of payment.
10. know what facility rules and regulations apply to his/her conduct as a patient.

The patient has the responsibility to:

1. provide, to the best of his/her knowledge, accurate and complete information regarding past and present illnesses, medications, allergies and other matters relating to his/her health. The patient is responsible for reporting unexpected changes in his/her condition prior to and throughout the course of treatment and recovery to the responsible physician.
2. follow the treatment plan recommended by the physician responsible for his/her care and ask questions concerning his/her own health care that he/she feels are necessary.
3. fully participate in decisions involving his/her own health care and to accept the consequences of these decisions.
4. fulfill financial obligations to the practice as agreed.
5. be considerate of the rights of other patients and staff.

ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY
PRACTICES*

I hereby acknowledge that I have received the Notice of Privacy Practices from the office of Andres G. Sarraga, M.D., F.A.C.S.

Printed Name of Patient

Patient's Signature

Date