

PEDIATRIC PATIENT RIGHTS

IN ACCORDANCE WITH HEALTH AND SAFETY CODES, THE CENTER AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING:

Patient and Patient/Guardian have the right

1. To care and services without regard to sex or culture, economic, educational, or religious background or the source of payment for your child's care.
2. For considerate and respectful care.
3. To know the name of the physician who has primary responsibility for coordinating your child's care and the names and professional relationships of other physicians who will see your child.
4. For the parent/guardian to receive information from the child's physician about the child's illness, his or her course of treatment and his or her prospects for recovery in easy to understand terminology.
5. For the parent/guardian to receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved and knowledge of the name of the person who will carry out the procedure or treatment.
6. For the patient/guardian to participate actively in decisions regarding the child's medical care. To the extent permitted by law, including the right of the parent/guardian to refuse treatment. The child will be included in all decisions as much as possible dependent on their age and developmental state.
7. Full consideration of privacy concerning the child's medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The parent/guardian has the right to know the reason for the presence of any individual.
8. To confidential treatment of all communications and records pertaining to the child and their care stay in the Center. The written permission of the parent/guardian shall be obtained before the child's medical records can be made available to anyone not directly concerned with their care.
9. To reasonable responses to reasonable requests that the parent/guardian or child may make for services including: (a) explaining to the child that it is all right to be afraid and it is okay to cry; (b) keeping the child with the parents as much as possible within the written policy and guidelines of the Center; and (c) allow the child to keep a favorite toy, blanket or the like with them at all times as appropriate.
10. For the parent/guardian to leave the Center with the child prior to the procedure and/or against the advice of the child's physicians. The Center will follow all State and Federal laws with regards to reporting suspected neglect or abuse.
11. To reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing the care.
12. To be advised if the Center/personal physician proposes to engage in or perform human experimentation affecting the child's care or treatment. The parent/guardian has the right to refuse to participate in any such research projects.
13. To be informed by your child's physician or a delegate of the physician of their continuing health care requirements following discharge from the Center.
14. To file a complaint with the Department of Health during normal work hours if you have concerns about the care being provided in this licensed ambulatory surgery center. You may also wish to discuss your concerns with the Administrative Director for this facility.

FAMILY RESPONSIBILITY

Parents/family shall have the responsibility for:

1. Continuing their parenting role to the extent of their ability.
2. Being available to participate in decision-making and providing staff with knowledge of parents/guardian whereabouts.
3. Pre-operatively receive information from the physician an explanation of the procedure, associated alternative treatment, the risks, and projected outcome of surgical procedure.
4. Full consideration of privacy concerning the child's medical care. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Parent/guardian has the right to know the reason for the presence of any individual.
5. Be advised if your child's physician proposes to engage in or perform human experimentation affecting your child's treatment.

Note: A family consists of those individuals responsible for physical and emotional care of the child on a continuous basis regardless of whether they are related.

COMPLAINTS

Please contact us if you have a question or concern about your rights or responsibilities. You can ask any of our staff to help you contact the Administrative Director at the surgery center. Or, you can call 904-247-8181.

We want to provide you with excellent service, including answering your questions and responding to your concerns.

You may also choose to contact the licensing agency of the state,

Agency for Health Care Administration
2727 Mahan Drive, Tallahassee, FL 32308
1-888-419-3456

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227) or on line at www.Medicare.gov/ombudsman/resources.asp