

PATIENT CARE

Your Rights and Responsibilities



YOUR CARE, OUR COMMITMENT

UHealth – University of Miami Health System is committed to providing courteous, respectful, and responsive care to all of our patients, wherever they receive UHealth services. This pertains to patients seen at Bascom Palmer Eye Institute, Sylvester Comprehensive Cancer Center, University of Miami Hospital, and all of our other downtown Health District medical campus facilities and satellite locations.

University of Miami Health System respects your rights, values, and dignity. All of our physicians, care teams, and staff members are dedicated to providing patients and their families with high-quality medical care regardless of age, race, color, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, national origin, or veteran status.

This overview of your rights as a UHealth patient highlights the responsibilities that come with being a patient to ensure that your course of care is as effective as possible and to protect your well-being and that of your care providers and fellow patients.

As a patient, you are entitled to a copy of the Patient's Bill of Rights and Responsibilities brochure. A copy may be obtained from Patient Relations. Patient representatives are available to assist you and your family with any questions or concerns you might have. Please contact UHealth Patient and Visitor Services at 305-243-HELP (4357).

El folleto, Declaración de los Derechos y Responsabilidades del Paciente, está disponible en español. Por favor, consulte el centro de información para obtener una copia del folleto. O llame a el departamento de atención al paciente al 305-243-HELP (4357).

YOUR RIGHTS

As a UHealth patient, you have the following rights:

1. The right to not be discriminated against in admission, treatment, or participation in our programs, services, and activities, on the basis of age, race, color, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, national origin, or veteran status.
2. The right to be treated with courtesy and respect, appreciation of your individual dignity, and protection of your need for privacy.
3. The right to a prompt and reasonable response to questions and requests.
4. The right to know who is providing medical services and who is responsible for your care.
5. The right to know about available patient support services if you do not speak English or are sight or hearing impaired.
6. The right to know the Rules and Regulations that applies to your conduct.
7. The right to information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis (this information should be provided by your health care provider).
8. The right to refuse treatment, except as otherwise provided by law.
9. When requested, the right to full information and necessary counseling about available financial resources for your care.
10. If you are eligible for Medicare, the right to know, and to learn in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
11. When requested prior to treatment, the right to a reasonable estimate of charges for your medical care.
12. The right to a copy of a clear and understandable, itemized bill and, when requested, to have charges explained.
13. The right to impartial access to medical treatment or accommodations, regardless of age, race, color, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, national origin, or veteran status.
14. The right to treatment for any emergency medical condition that will deteriorate if treatment is not provided.
15. The right to know if medical treatment is for experimental research and the right to give your consent or to refuse to participate in experimental research.
16. The right to express grievances to the appropriate state licensing agency regarding any violation of your rights as stated in Florida law using the grievance procedure of your health care provider or facility (refer to Page 3 for information on state licensing agencies to report grievances).
17. The right to create advance directives and the right to have hospital staff and practitioners comply with these directives.
18. The right to participate in the development and implementation of your plan of care.
19. The right to have a family member or representative or physician notified promptly of your admission to the hospital.
20. The right to allow a family member, friend, or other individual to be present for emotional support during the course of stay.
21. The right to receive care in a safe setting.
22. The right to personal privacy.
23. The right to be free from all forms of abuse or harassment.
24. The right to access, request amendment to and obtain information on disclosures of your health information, in accordance with law and regulation.
25. The right to access information contained in your clinical records.
26. The right to be free from restraints of any form that are not medically necessary.
27. The right to be involved in your medical care decisions, including managing pain effectively.

28. The right to quick responses to complaints of pain.
29. The right to receive information about available pain relief measures.
30. The right to be treated by concerned staff members, who are committed to pain prevention and management.
31. The right to a dedicated pain relief specialist.
32. The right to contact regulatory agencies for safety and quality of care concerns, without compromising patient care, including:

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
1-800-994-6610
Online Complaint Form:
www.jointcommission.org/GeneralPublic/Complaint
Email: complaint@jointcommission.org

Florida Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308
Online Complaint Form:
<http://apps.ahca.myflorida.com/hcfc/>
1-888-419-3456

YOUR RESPONSIBILITIES

As a patient, you are responsible:

1. To provide your health care provider with accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health to the best of your knowledge.
2. For reporting unexpected changes in your condition to your health care provider.
3. For reporting to your health care provider whether you understand the suggested course of action and what is expected of you.
4. For following the treatment plan recommended by your health care provider.
5. For keeping appointments and when unable to do so for any reason, for notifying your health care provider or health care facility.
6. For the result if you refuse treatment or do not follow your health care provider's instructions.
7. For being considerate and respectful of other patients and their visitors, hospital staff, and property.
8. For making sure the cost of your health care is paid as promptly as possible.
9. For following health care facility rules and regulations affecting patient care and conduct.
10. For working with physicians and nurses in assessing and developing a pain management plan.
11. For requesting pain relief when pain first begins.
12. For informing your physician or nurse if pain persists or if you have worries about taking pain medications.

