PATIENT BILL OF RIGHTS – UF HEALTH SHANDS HOSPITAL – CP01.011

Every patient has the right to competent, considerate, respectful care in a setting that fosters the patient’s individual dignity and comfort at all times.
You are an important member of your health care team. Knowing your rights and responsibilities is a key to your full participation in your care.

You are responsible to/we ask that you:

• Provide your health care team accurate and complete information about your health.
• Share information about your health, such as a complete health history, symptoms, treatments, medicines, vitamins, supplements taken and any other information that could bear on your health.
• Be honest about what you tell us.
• Tell us about your health risks, such as allergies, or other risks that might impact your care.
• Give us copies of any legal documents that affect your health care, including any advance care plans/advance directives or health care surrogate documents.
• Meet the financial responsibilities associated with your care.
• Follow the care recommended by doctors, nurses and other care team members and remember you are responsible for your actions if you do not follow instructions or refuse treatment.
  • If you leave the hospital against the advice of your doctor, the hospital and doctors will not be responsible for any medical consequences that may occur.
• Respect the rights of other patients, families and hospital personnel.
• Keep a quiet restful environment because rest is an important part of healing.
• Not use inappropriate language such as cursing or swearing.
• Respect hospital property.
• Follow hospital rules and regulations that apply to patient conduct. Such as:
  • Not smoking on hospital grounds.
  • Refrain from behavior that is threatening to staff such as putting another person in fear of bodily injury:
    - Please do not use words, actions, or behaviors that are threatening to oneself or others and that a reasonable person would find threatening, violent and/or potentially violent.
    - This includes words, actions, or behaviors that reflects a serious intention to instill fear in another person or the intent to cause physical or mental harm that could lead to psychological or physical harm of another person.

You have the right to:

• Respectful care that is free from discrimination on the basis of race, color, national origin, religion, age, sex, physical, mental or other disability, medical condition, sexual orientation, gender identity, gender expression, pregnancy, ancestry, marital status, citizenship, status as a veteran, ownership of a firearm or other non-medically relevant factors.
• Expect certain rights to privacy and confidentiality without regard to economic status.
• Receive financial counseling so you may meet financial obligations and know what patient services are available to you.
• If you are a Medicare patient, upon request and in advance of treatment you have a right to know whether the Medicare assignment rate is accepted and you have the right to receive a “Notice of Beneficiary Discharge Rights,” “Notice of Non-coverage Rights” and “Notice of the Beneficiary Right to Appeal Premature Discharge.”
• Be called by your preferred names and pronoun.
• Know the name, function, and qualifications of the physician who has primary responsibility for coordinating your care, as well as the names and professional relationships of other providers, nurses and staff who will be involved in your care.
• Be provided sign language or medical interpreter services if you have a need at no charge to you.
• Have reasonable accommodations made for your religious or spiritual preferences.
• Upon request have your primary care provider notified of admission to the hospital.
• Have visitors.
  • To ensure the safety of all of our patients your visitors under 14 years of age should be with an adult (who is not the patient) during the visit.
  • Your visitors should be free from colds, flu or any illness that might be spreadable.
  • Reasonable restrictions are placed upon visitation, including restrictions upon the hours of visitation and number of visitors.
  • Discrimination in visitation access based on sexual orientation, gender identity or gender expression is prohibited.
• Have someone remain with you in patient-accessible areas for emotional support during your hospital stay (unless your visitor(s) compromises other patients’ rights to safety and health).

If you have any concerns about your Patient Rights and Responsibilities, please call the Patient Advocate Office at 352.265.0123.

You may also contact the following agencies:

**Agency for Health Care Administration / 2727 Mahan Drive / Tallahassee, FL 32308 / 888.419.3456 or Joint Commission on Accreditation of Healthcare Organizations / Office of Quality Monitoring / One Renaissance Boulevard / Oakbrook Terrace, IL 60181**
You have the right to (continued):

- Receive a careful evaluation, followed by polite and prompt treatment, reasonable response to a question or request, and if it is safe for you to participate, be given the choice to watch certain procedures.
- Have your pain assessed and reduced as much as safely possible with pain management.
- If you suffer from severe chronic intractable pain, the doctor may choose alternatives to opiate medication, and can provide information about physicians who specialize in the treatment of severe chronic pain.
- Receive information and instructions in ways that you understand. Your doctor will inform you about your diagnosis, planned course of treatment, any alternatives, the risks and benefits of any treatments, the prognosis, and the expected and unexpected outcomes of any treatment, unless it is medically inadvisable or impossible to give this information to you. You may refuse treatment which shall be documented by the medical provider and be informed of the medical results of this decision.
  - Please talk openly with your doctor regarding:
    - Your illness
    - Why treatments and tests are done, who does them and who will share the results of those treatment or tests with you
    - Your wish for a second opinion from another doctor
    - Your wish to change doctors and/or hospitals
    - Ethical issues about your care
- Receive treatment for any medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such research.
- Receive an explanation of all papers you are asked to sign and upon request receive an itemized bill or statement of charges.
- Express complaints regarding any violation of your rights
- Report unexpected changes in your condition to the responsible caregiver.
  - If you feel your concerns about your clinical care are not being addressed you have the right to call a Condition H.

Why are we offering this?

- To be proactive, increase patient safety and satisfaction and solidify the relationship between our patients, families and the health care team.
- To provide patients and families access to care and the ability to communicate their needs and concerns.

When could a patient or family member call Condition H?

- If a noticeable medical change occurs in the patient and the health care team is not recognizing the concern.
- If there is a breakdown in communication and/or confusion in the plan of care with the health care team.
- If you feel your concerns are not being heard and/or your needs are not recognized or met.

Patient/family first needs to:

- Identify the problem and communicate with your nurse.
- If a problem persists, contact the charge nurse who will contact the provider.
- If a problem is still not adequately addressed and you have serious concerns about how your care is being given, managed or planned, consider activating Condition H.

How to call:

- Dial “61” on any hospital telephone and put on the call light.
- Identify the call as Condition H. Provide your name, location and reason for the response request.
- A Rapid Medical Response Team will respond to assess and treat as necessary.

THE MEMBERS OF YOUR HEALTH CARE TEAM WILL:

- Introduce themselves to you.
- Speak and write respectfully to you.
- Call you by your preferred name and pronoun.
- Confirm your identity by checking wristbands or ankle bands and asking your name and date of birth before administering any medication or treatment.
- Explain their roles in your care.
- Seek your opinion about the goals of your care and take the time to listen to you.
- Consider your interests and needs, not just those related to illness.
- Honor your advance care wishes. An advance directive can express both what you want and don’t want.
- Provide opportunities for patients to grow and learn.
- Encourage you to bring your clothes from home as space permits, so that you may be more comfortable during your stay.
- Try to keep your schedule and activities as normal as possible.

What is Condition H?

- **Condition H** is a way for patients and families to call a medical emergency team when they feel they are in an emergent situation and/or their needs are not being recognized and/or met.
- **Condition H** is an important part of our patient safety program.
- H stands for HELP.

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