



## PATIENT BILL OF RIGHTS

You are an important member of your healthcare team – knowing your rights and responsibilities is a key to your full participation in your care. We encourage all our patients to understand their rights and responsibilities as written in the Florida Statutes.

A summary of your rights and responsibilities follows:

### Our patients have the right to:

- Be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for his or her care.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.
- Know what rules and regulations apply to his or her conduct.
- Be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- If eligible for Medicare, to know upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- Receive upon request, prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- Express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

### Our patients are responsible for:

- Providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Following the treatment plan recommended by the health care provider.
- Keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- His or Her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- Assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- Following health care facility rules and regulations affecting patient care and conduct.

Upon request a copy of the Florida Statute 381.026, Florida Patients Bill of Rights and Responsibilities shall be provided to the patient or patient's representative.

For facility grievances please contact Linda Sprague – Eye Center of St. Augustine, Practice Administrator.



## NOTICE OF PRIVACY PRACTICES

This notice summarizes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Upon request the receptionist will provide a full copy of our Notice of Privacy Practices for the Eye Center of St. Augustine.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- **Treatment.** For your treatment and care coordination.
- **Payment.** To pay physicians for your care and help run their business.
- **Operations.** Improve our operations and general administrative activities.
- **Other Uses and Disclosures.** Will require written authorization.

### USES AND DISCLOSURES BEYOND TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

- **When Legally Required.** When required by federal, state, or local law.
- **When There Are Risks to Public Health.** Necessary information when public safety is at risk.
- **To Report Suspended Abuse, Neglect, or Domestic Violence.** Believed to be a victim of abuse or violence.
- **To Conduct Health Oversight Activities.** Information directly related to activity of a health oversight agency.
- **In Connection with Judicial and Administrative Proceedings.** Notify and disclose at the request of a judicial order.
- **For Law Enforcement Purposes.** Request of a law enforcement official for approved purposes.
- **To Coroners, Funeral Directors, and for Organ Donation.** Medical information consistent with applicable law.
- **For Research Purposes.** Obtained required waiver and necessary demonstrated information.
- **Limited Data Set.** Disclose data with direct identifiers removed.
- **In the Event of a Serious Threat to Health or Safety.** In good faith of your health and safety.
- **For Specified Government Function.** National security, intelligence activities, and correctional facilities.
- **For Worker's Compensation.** Comply with compensation law or similar programs.
- **To Business Associates.** Organizations that perform a function on behalf of the company in compliance with HIPAA.
- **To Personal Representative.** Individual under authority of law to make decisions on your behalf.
- **Inmates.** Correctional facility requires information for the health and safety of yourself or others.

### OTHER TYPES OF USES AND DISCLOSURES

- **With Authorization.** Your right to revoke authorization in writing.
- **Without Authorization but Opportunity to Object.** Revoke information to relevant person involved in your care.

### YOUR RIGHTS

- **Inspect and Copy Your Protected Health Information.** Receive a copy of medical record as maintained.
- **Request a Restriction on Disclosure of Health Information.** Place a specific restriction request on your health information.
- **Receive Confidential Communications.** We will accommodate reasonable request of communication.
- **Amend your Health Information.** Request an amendment, will be notified if there is a rebuttal.
- **Receive an Accounting.** The request for an accounting must be made to our privacy officer.
- **Obtain a Paper Copy of this Notice.** Upon request we will print a full copy of our notice of privacy practices.
- **Notified of Breach of Your Unsecured Health Information.** Will notify you if we're hacked.

### OUR DUTIES

The Company is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We encourage you to express any concerns, you will not be retaliated against in any way for filing a complaint.

### COMPLAINTS

If you have any issues with this Notice, please contact our Privacy Officer at Eye South Partners:

Latonya Izzard, JD

5775 Glenridge Drive, Atlanta, GA 3032B

Building B, Suite 500

The Privacy Officer can be contacted by telephone at 404-920-8622.

This revised Privacy Notice is effective April 7, 2022.