

**Suncoast Endoscopy Center of Sarasota
Federal Disclosure Form**

Bill of Rights – In recognition of the responsibility of this facility in the rendering of patient care, these rights are affirmed in the policies and procedures of Suncoast Endoscopy of Sarasota:

- TO be treated with respect, consideration and dignity.
- TO be provided with the appropriate privacy.
- TO expect that all disclosures and records are treated confidentially, except when required by law, and to be given the opportunity to approve or refuse the release.
- TO be provided, to the degree known, complete information concerning their diagnosis, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient to be the legally authorized person.
- TO be given the opportunity to participate in decisions involving their healthcare, except when participation is contraindicated for medical reasons.
- TO receive, from his/her physician, information necessary to give informed consent prior to the start of any procedure and/or treatment, except in emergencies. Such information for informed consent should include the specific procedure and/or treatment, significant medical risks involved, and the probable duration of incapacitation. Where significant alternatives for medical care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information and the consequences of not complying with therapy. The patient has the right to know the name of the person responsible for the procedures and/or treatment.
- To be informed, when appropriate, of treatment policy for an unemancipated minor not accompanied by an adult.
- TO refuse treatment and be informed of consequences of refusing treatment or not complying with therapy.
- TO be informed as to:
Expected conduct and responsibilities as a patient, services available from the facility, provisions for after-hours and emergency care, fees for services, payment policies, the right to refuse participation in experimental research, methods for expressing grievance and suggestions to the facility, and the procedure for reporting public health concerns to the appropriate authorities.
- TO be informed of their rights to change primary or specialty physicians if other qualified physicians are available.
- In the event the patient would like to report complaints, the web site is www.medicare.gov/ombudsman.

Patient Responsibilities:

- TO exhibit behavior that shows respect and consideration for other patients, family, visitors, and personnel of the facility.
- TO assure that the financial obligations for healthcare rendered are paid in a timely manner.
- TO accept consequences of their actions if they should refuse a treatment or procedure, or if they do not follow or understand the instructions given to them by the doctor or their healthcare team member.
- TO provide the facility, to the best of their knowledge, with an accurate and complete medical history about present complaints, past illnesses, hospitalizations, surgeries, existence of advance directives, medications and other pertinent data.
- TO follow the plan of treatment recommended by the doctor primarily responsible for the patient's care and/or other personnel authorized by the facility to so instruct the patient.
- TO notify the facility of any change in their condition.
- TO keep their appointment for scheduled procedure. If they anticipate a delay or must cancel the scheduled procedure, it is their responsibility to notify the facility as soon as possible.
- TO carry out their pre-op instructions as supplied by the office or facility.
- TO hold the responsibility of the disposition of their valuables, as the facility does not assume this responsibility.
- TO know what their rights are as a patient, and to be able to request a copy of these rights if desired.

Notice of Ownership Information:

Suncoast Endoscopy of Sarasota is owned by the following local physicians: **F. Scott Corbett, M.D., Douglas Kuperman, M.D., Brent Murchie, M.D.** FDHS Anesthesia, LLC. is owned by the following local physicians: **F. Scott Corbett, M.D., Douglas Kuperman, M.D.** These physicians have become owners as a result of their commitment to quality healthcare and service to their patients. Under current Florida law, a physician-owned facility may not provide items or services to a patient unless the patient signs a written notice disclosing certain matters. You have the right to choose where to receive services, including an entity in which your physician may have financial relationship.

Notice of Policy Regarding Advance Directives:

In compliance with the Self Determination Act and Florida law and rules regarding advance directives, be advised that your signature below acknowledges receipt of the following information regarding Advance Directives. Advance Directives are statements that indicate the type of medical treatment wanted or not wanted in the event an individual is unable to make those determinations and who is authorized to make those decisions. The advance directives are made and witnessed prior to serious illness or injury. Two common advance directives are: Living Wills and Durable Power of Attorney for Health Care. In the ambulatory setting, if a patient should suffer cardiac or respiratory arrest or other life threatening situations, the signed consent implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with federal and state law, the facility is notifying you it will not honor previously signed advance directives for any patient. If you disagree, you must address this issue with your physician before you sign this form. **INITIAL _____ DATE _____**

This Federal Disclosure Form has been discussed with me and explained to my full satisfaction and understanding.

Patient Name (Printed) _____ Date Signed _____

Patient Signature _____ Date of Birth _____

Witness of Signature _____ Date _____