

**FILING COMPLAINTS –
MEDICARE OMBUDSMAN**
<http://www.medicare.gov/claims-and-appeals/medicare-rights/medicare-rights-overview.html> or Call 1-800 MEDICARE

By mail: 7500 Security Boulevard
Baltimore, Maryland 21244-1850

If you have a fraud complaint against a physician, provider or supplier, contact the Office of Inspector General Hotline by: Phone - 1-800-447-8477, Fax - 1-800-223-8164 (no more than 10 pages), OIG.HHS.GOV/Report-Fraud, or write to the address listed below:

US DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF THE INSPECTOR GENERAL
OIG HOTLINE OPERATORS
PO BOX 23489
WASHINGTON, DC 20026

If you have a complaint against a laboratory's operation you may contact the Centers for Medicare and Medicaid Services (CMS) Central Office, Division of Laboratory Services (CLIA), in Baltimore, Maryland at (410) 786-3531 locally or at (877) 267-2323 (toll free) extension 63531.

NOTICE OF POLICY REGARDING ADVANCE DIRECTIVES

Compliance with the 1990 "Patient Self-Determination Act" is intended for inpatient hospital admissions **not for ambulatory care centers**. The term "advance directive" stands for a document that communicates the person's wishes as to what medical or surgical care that the patient wants to receive if he/she is unable to convey those directions. If patient has executed advance directives the facility must document and maintain a copy in the patient's medical record. There are many types of advance directives, but the two (2) most common forms are:

Living Wills – These generally state the type of medical care an individual wants or does not want if he/she becomes unable to make his/her own decision.

Durable Power of Attorney for Health Care – This is a signed, dated, and witnessed document naming another person as an individual's agent or proxy to make medical decisions for that individual if he/she should become unable to make his/her own decisions.

In the ambulatory care setting, if a patient should suffer a cardiac or respiratory arrest or other life threatening situation, resuscitation and transfer to a higher level of care are generally implied. Therefore, in accordance with federal and state law, the facility is notifying you it will in every instance of an emergency or a life-threatening situation that basic life support procedures will be instituted and the patient will be transported to a higher level of care. These documents can be reviewed and acted upon at the higher level of care. If you disagree, you must address this issue with your physician.

The purpose of requesting a patient's Advance Directive is to know his/her wishes and have them documented in the event of an occurrence where he/she may require continuity of care at another facility.

In the event of a transfer to another medical facility, the receiving facility will be notified in advance of the transfer regarding any known executed Advance Directives.

OWNERSHIP

Boca Grande Health Clinic, Inc. is a not-for-profit 501(3)(c) corporation.

Only local anesthesia services are provided by clinic physicians.

Please be advised of the following:

- A schedule of typical fees for services provided by the facility is available at your request.
- You have the right to choose where to receive services.
- Without recommending or endorsing them, set forth below are alternative service providers:
Other primary care physicians in community, yellow pages and/or hospital physician referral services.

For emergency services call 911 or go to Sarasota Memorial Hospital, Venice Regional Medical Center, Englewood Community Hospital, Sarasota Memorial Hospital's free-standing Emergency Department in North Port, Peace River Regional Medical Center or Fawcett Memorial Hospital.



320 Park Avenue
PO Box 517
Boca Grande, Florida 33921
Telephone Number: (941) 964-2276
Fax Number: (941) 964-0158

Boca Grande Health Clinic, Inc. respects the basic human rights and personal dignity of each patient. As a patient, you have the right and responsibility to be informed and participate in decisions involving your care and treatment. When you are either incapacitated, incompetent or a minor, your rights can be exercised by a legally authorized person. Florida law requires that your physician and a health care facility recognize your rights while you are receiving medical care and that you respect the physician and health care facility's right to expect a certain behavior on your part. You may request a copy of the full text of this law from your physician or health care facility. A summary of your rights and responsibilities is as follows:

PATIENT RIGHTS:

- A patient has 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 patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know the name, function, and qualifications of each health care provider who is providing medical services to the patient. A patient may request such information from his or her responsible provider or the health care facility in which he or she is receiving medical services.
- A patient has the right to know what patient support services are available, including language interpreter services if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to obtain from his/her healthcare provider complete and current information concerning, his/her diagnosis, planned course of treatment, alternatives, risks, treatment, and prognosis in terms the patient can be reasonably

expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his/her behalf.

- A patient has the right to be informed of their right to change their health care provider(s) if other qualified providers are available.
- A patient has the right to access any mode of treatment that is, in his or her own judgment and the judgment of his or her health care provider, in the best interests of the patient, including alternative health care treatments, in accordance with the provisions of Florida Statute 456.41.
- A patient's rights are exercised by the person appointed under law to act on the patient's behalf, if the patient is adjudged incompetent under applicable health and safety laws by a court of proper jurisdiction. If a court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with the law may exercise the patient's rights to the extent allowed by law.
- A patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of refusal or noncompliance with prescribed therapy.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained regardless of the source of payment.
- A patient has the right to expect confidential treatment for disclosures of records.

- A patient has the right to be given the opportunity to approve or refuse the release of such information, except when release is required by law.
- A patient has the right to receive impartial access to medical treatment or accommodations regardless of race, color, age, sex, sexual orientation, religion, marital status, handicap, national origin, sponsor or source of payment.
- A patient has the right to receive impartial access to medical treatment or accommodations free from all forms of abuse, harassment or any act of discrimination or reprisal.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to 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.
- A patient has the right to express complaints/grievances to a health care provider, a health care facility, an accrediting body or the appropriate state licensing agency regarding alleged violations of patients' rights. A patient has the right to know the health care provider's or health care facility's procedures for expressing a complaint/grievance.
- A patient has the right to express complaints/grievances related to the quality of care received and that presentation of complaints/grievances, in itself, will not serve to compromise a patient's future access to care.
- A patient has the right to expect to be given the opportunity to participate in decisions involving his/her health care, unless contraindicated by concerns for the patient's health.
- A patient has the right to be informed as to the services available from the organization and the provisions for after hours and emergency care.
- A patient has the right to participate in decisions regarding pain and symptom management and acknowledgement of the psychosocial and spiritual needs and that of their family regarding any terminal illness.

- A patient has the right to bring any person of his or her choosing to the patient accessible areas of the healthcare 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 and health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.

PATIENT RESPONSIBILITIES:

- A patient is 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.
- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A patient is responsible to inform his/her provider about any living will, medical power of attorney, or other advance directive that could affect his/her care.
- A patient is responsible to provide a responsible adult to transport him/her from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider, as appropriate.
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for 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.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible to accept personal financial responsibility for any charges not covered by his/her insurance.

- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.
- A patient is responsible to be respectful of the rights of other patients and health care personnel and to be respectful of the property of other persons and of the facility.

Resources to express a complaint or grievance:

Internal: Contact Chief Executive Officer/Designee at (941) 964-2276.

External:
If you have a complaint against a health care facility call the Consumer Assistance Unit at: 1-888-419-3456 (Press # 1) or write to the address listed below:

AGENCY FOR HEALTH CARE ADMINISTRATION
2727 MAHAN DRIVE
TALLAHASSEE, FL 32308
OR

AGENCY FOR HEALTH CARE ADMINISTRATION
CONSUMER ASSISTANCE UNIT
DOH/MQA-CSU
4052 BALD CYPRESS WAY, BIN C-75
TALLAHASSEE, FL 32399-3275

If you have a complaint against a health care professional and want to receive a complaint form, call the Consumer Services Unit at 1-850-245-4339 or write to the address below:

DIVISION OF MEDICAL QUALITY ASSURANCE
CONSUMER SERVICES UNIT
4052 BALD CYPRESS WAY, BIN C-75
TALLAHASSEE, FL 32399-3275
www.FLHealthsource.com

If you have a complaint against a hospital or ambulatory surgical center, you may contact Accreditation Association for Ambulatory Health Care (AAAHC) at: 1-847-853-6060 or write to the address listed below:

AAAHC INSTITUTE FOR QUALITY IMPROVMENT
5250 OLD ORCHARD ROAD, SUITE 250
SKOKIE, ILLINOIS 60077

If you have a civil rights complaint against a health care provider, you may submit a written complaint to the US Department of Health and Human Services at:

CENTRALIZED CASE MANAGEMENT OPERATIONS
US DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVENUE SW
ROOM 509F HHH BUILDING
WASHINGTON, DC 20201
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

MISSION

THE BOCA GRANDE HEALTH CLINIC, INC. (CLINIC) IS DEDICATED TO MEETING THE PRIMARY HEALTHCARE NEEDS OF THE RESIDENTS, WORKERS AND VISITORS OF THE GASPARILLA ISLAND COMMUNITY.

The Clinic:

- provides 24/7 access to primary care physicians whenever the need arises;
- coordinates other healthcare services to meet the needs of all patients;
- retains high quality, competent and caring physicians and staff;
- maintains an up-to-date, modern, well equipped facility; and
- provides timely and pertinent healthcare education for the community.

The Clinic fulfills its mission with caring and compassion for the dignity and rights of the individual and promotes a personalized approach to caring for its patients.

Aided by financial support from the community, the Clinic provides services that otherwise would not be available in the community.

VISION

The Boca Grande health Clinic is...

THE PRIMARY HEALTHCARE PROVIDER OF CHOICE

...serving the Gasparilla Island Community.

GOALS

To achieve and maintain this distinction we have established the following goals:

- **Access:**
 - ◇ Provide 24/7 primary care physician coverage on Gasparilla Island
 - ◇ Facilitate the provision of ancillary services and specialty care on Gasparilla Island for the needs and convenience of our patients and community
- **Coordination of Care:**
 - ◇ Coordinate and monitor the care of patients with specialists, hospitals and other healthcare providers
 - ◇ Facilitate the continuation of care for seasonal residents through the exchange of information and cooperation with out of area physicians, hospitals and other healthcare providers
 - ◇ Coordinate emergency care and disaster planning with Emergency Medical Services.
- **Personalized Care:**
 - ◇ Provide a setting that supports a personalized patient physician relationship
 - ◇ Communicate and dialogue with our patients about their health, their healthcare, and their issues and concerns
- **Health Status:**
 - ◇ Maintain and improve the overall health status of our patients
 - ◇ Provide patient education on disease management, prevention and wellness

- **Quality:**

- ◊ Provide qualified, well trained, competent primary care physicians and staff whose philosophies are consistent with our vision, values and goals
- ◊ Maintain a high quality referral network of specialists, hospitals and other healthcare providers, including Annex providers
- ◊ Meet or exceed established indicators for clinical quality and patient satisfaction
- ◊ Provide a pleasant, inviting and safe environment for our patients and staff
- ◊ Maintain a state of the art primary care center
- ◊ Continuously improve our quality

- **Stewardship:**

- ◊ Utilize Clinic resources efficiently and effectively to achieve this vision

- **Support:**

- ◊ Do those things necessary to earn the support of the community

GUIDELINES FOR FALL PREVENTION

- Use your assistive devices as needed; wait for the nurse to assist you.
- The facility will provide you with assistance in ambulating as needed.
- If you feel weak or dizzy when you need to get up, call for assistance.
- Do not go to the restroom unattended if you need assistance. When you are finished, someone will assist you if needed. If you feel weak or dizzy while in the restroom, use the pull cord to call for help.

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- We ask for your assistance if you see any broken furniture, wet floors, or anything blocking the walking area. Please let us know!
- Ask the nurse for help if you are connected to equipment, tubes, etc.
- Ask the nurse to make safety measures available.
- A family member or friend may sit with you before and after your procedure/treatment/visit.

SAFETY GOALS

The Administration of Boca Grande Health Clinic, Inc. is committed to protecting patient rights and providing quality care. Licensure and Accrediting Association(s) require health care facilities to improve patient safety by focusing on health care safety problems and how to resolve them. We want you to be aware of these goals as well.

With our patients being our number one (1) priority at Boca Grande Health Clinic, Inc., we have established the following safety goal(s):

WE WILL OVER “C” YOUR HEALTH CARE

C. **Communicate** Please communicate any health care concerns you may have. Ask your nurses about hand washing.

C. **Collaborate** A “Time-Out” will be performed throughout your visit at the Boca Grande Health Clinic, Inc. This is a process that includes you as the patient and all of our employees. You will be asked to be identified by stating your name and date of birth. This will happen numerous times during the course of your visit with us.

C. **Continuity** Your physician may or may not order medications for you. If medications are ordered, the nurse and/or physician will provide education regarding safe administration

C. **Consent** The nurses and physician will verify you understand any procedure and if required, signed the proper consents. If you have any questions you will have the opportunity to discuss your concerns with your physician.

C. **Compassion/Care** Our employees are rated extremely high from our patient satisfaction surveys. It is our mission to serve you. If you are cold, do not hesitate to ask for a blanket.

C. **Cost** We strive to provide quality health care services that reduce cost to the patient. Please ask our front desk receptionists should you have any questions.

C. **Community** We want to achieve long term success by providing the community with health care services that patients recommend to their families, that physicians prefer for their patients and that employees are proud to provide.