



## **Patient's Bill of Rights and Responsibilities**

Section 381.026, Florida Statutes

As mandated by Florida Law, the purpose of this document is to promote the wellbeing and health of our patients and facilitate optimal communication standards between our healthcare providers and patients. AC Pediatric Dentistry recognizes your rights and responsibilities while you receive dental care services at this facility. You may request a full copy of patient rights and responsibilities at the front desk of this office.

### **As a patient, you have the right to:**

- Be treated with courtesy and respect, individual dignity, and with protection of your need for privacy.
- A prompt and reasonable response to any questions, requests, and concerns provided by our healthcare staff.
- Know who is responsible for providing your medical care services.
- Receive information about what support services we provide for all patients, including an language interpreter.
- Learn about what rules and regulations apply to your conduct.
- Obtain information from your healthcare provider regarding any diagnosis, treatment plans, risks, and prognosis.
- Refuse any form of treatment with exception to those mandated by law.
- Be given information and counseling about any financial resources available based on your care, if requested.
- Receive a reasonable estimate of costs and charges for any medical care services, before treatment is administered.
- Obtain a copy of a clear, readable, and reasonable bill and an explanation of the charges listed, if requested.
- Unbiased access to treatment and accommodations, regardless of race, origin, religion, disability and/or handicap, or payment.
- Receive treatment for emergency medical situations that can become serious from lack of treatment.
- Know if any medical treatment is experimental or part of experimental research and if so, to provide your consent or refusal to participate in such treatments.
- Complain about any grievances or violations of your rights as a patient through the procedure of the medical provider that served you and to the appropriate licensing agency, as stated in Florida law.

### **As a patient, you are responsible for:**

- Providing accurate, complete, and relevant information about your medical history, including current complaints, past illnesses, treatments, hospitalizations, current or past medications, and other important information regarding your health.
  - Reporting sudden or unexpected symptoms and changes in your health condition to our healthcare providers.
  - Telling our care providers whether you understand a specific treatment plan or course of action based on their health condition and what is expected of you.
  - Following the designated treatment plan as recommended by our health care providers.
  - Keeping and attending appointments and notifying our staff when you are not able to attend for any reason.
  - Your actions and conduct if you refuse treatment or do not follow our care provider's treatment plan or instructions consistently.
  - Ensuring that all financial obligations concerning your medical care at our dental facility are completed as timely as possible.
- Following our office's rules and regulations regarding patient care and conduct.