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Member Rights and Responsibilities

As a member of the Health Care District, you have rights and responsibilities as follows:

Rights

- To receive considerate, courteous and respectful treatment with protection of your need for privacy.
- To receive a prompt and reasonable response to a question or request about your medical care
- To know who is providing and responsible for your medical care.
- To participate in decisions about your healthcare.
- To know what support services are available including whether an interpreter is available if you do not speak English.
- To know what rules and regulations apply to your conduct.

- To be told about any condition you may have including treatment options, risks and prognosis.
- To refuse any treatment, except as otherwise provided by the law.
- To receive, upon request, information and necessary counseling on the availability of known financial resources for care.
- To be given, upon request, prior to treatment, an estimate of charges for medical care and to receive a copy of itemized bills and an explanation of charges.
- To access medical care regardless of race, national origin, religion, physical handicap or source of payment.
- To receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To know if the medical treatment is experimental and to give consent or to refuse experimental treatment.

Responsibilities

- To tell your health care provider complete and accurate information about your current complaints, past illnesses, hospitalizations, medications or other matters related to health.
- To report any sudden change in your health to your health care provider.
- To tell the Primary Care Physician or other health provider that you do or do not understand the treatment recommended.
- To follow the treatment plan recommended by your health care provider.
- To keep appointments and to notify your Primary Care Health Center location or other health care provider when you are unable to do so for any reason.

- To be on time for all appointments and carry your membership card with you at all times.
- To show your membership card or provide information on your membership status to participating physicians or providers.
- To understand that you are responsible for any actions that may occur if you do not follow the treatment plan recommended by your Primary Care Provider or other health care provider.
- To follow the rules and regulations affecting patient care and conduct.
- To notify the Health Care District of changes; name, address, phone number, income or other insurance coverage.
- To apply for any Federal or State program (such as Medicaid or Medicare) for which you may become eligible and notify Customer Service of any changes.

Support

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[Notice of Privacy Practices \(PDF\)](#)

[Privacy Policy & Disclaimer](#)

[FEMA DR-4337-FL Public Notice \(PDF\)](#)

[FEMA DR-4468-FL EHAD Public Notice \(PDF\)](#)

[Non-discrimination Notice](#)

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[Department of Transportation Notice](#)

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Public Meetings

see all meetings

Medical Executive Committee

Date: April 06, 2020

Location:

Lakeside Medical Center

39200 Hooker Highway Belle Glade, Florida

Social Media

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