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Patient Bill of Rights

We consider you a partner in your hospital care. When you are well-informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. Lakeside Medical Center encourages respect for the personal preferences and values of each individual.

While you are a patient in the hospital, your rights include the following:

- **You have the right** to be treated with courtesy and respect, with appreciation of your individual dignity and with protection of your need for privacy. The hospital, your doctor, and others caring for you will protect your privacy as much as possible.
- **You have the right** to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- **You have the right** to be free from mental, physical, sexual and verbal abuse, neglect and exploitation.

- **You have the right** to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- **You have the right** to have a family member or representative of your choice and your physician promptly notified of your admission to the hospital.
- **You have the right** to know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research.
- **You have the right** to a prompt and reasonable response to questions and requests.
- **You have the right** to know what patient support services are available, including whether an interpreter is available if you do not speak English.
- **You have the right** to be well-informed about your illness, possible treatments, likely outcome and to discuss this information with your doctor in order to make informed decisions regarding your care.
- **You have the right** to know the names and roles of people treating you. You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will receive other needed and available care.
- **You have the right** to take part in the development and implementation in your plan of care. You have the right to be free from seclusion and restraints that are not medically necessary.
- **You have the right** to have an advance directive, such as a living will or health care proxy and to have hospital staff and practitioners comply with these directives. These documents express your choices about^{TOP} your future care or name someone to decide if you cannot speak for

yourself. If you have a written advance directive, you should provide a copy to the hospital, your family, and your doctor.

- **You have the right** to privacy. The hospital, your doctor, and others caring for you will protect your privacy as much as possible.
- **You have the right** to expect that treatment records and source of payment for treatment, are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
- **You have the right** to review your medical records and to have the information explained, except when restricted by law.
- **You have the right** to expect that the hospital will give you necessary health services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits and alternatives. You will not be transferred until the other institution agrees to accept you.
- **You have the right** to know if this hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.
- **You have the right** to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
- **You have the right** to be told of realistic care alternatives when hospital care is no longer appropriate.
- **You have the right** to know about hospital rules that affect you and your treatment and about charges and payment methods.
- **You have the right** to be given, upon request, full information and

necessary counseling on the availability of known financial resources for your care including, but not limited to facility discount and charity discount policies.

- **You have the right**, if you are 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.
- **You have the right** to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- **You have the right** as an uninsured person seeking planned non-emergency elective admission, a written good faith estimate of reasonably anticipated charges for the facility to treat you.
- **You have the right** to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- **You have the right** to know what rules and regulations apply to your conduct.
- **You have the right** to receive care in a safe setting providing for your emotional health as well as physical safety.
- **You have the right** to be free from all forms of abuse, exploitation or harassment.
- **You have the right** to have reports of pain accepted and acted upon by healthcare professionals.
- **You have the right** to complain. In the event you have a complaint about your care, please contact Administration through the Patient Representative by calling extension 34444. All complaints are taken seriously. Issues that can be resolved immediately will be taken care of immediately. Formal complaints will be written up and a copy given to the department manager, risk manager, hospital administrator and

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director of nursing. At the completion of an investigation, a verbal response will be given to you. This information is important to us for finding opportunities to improve.

- **You have the right** to file a complaint with the Agency for Health Care Administration by calling 1-888-419-3456 or in writing to: Agency for Health Care Administration, Consumer Assistance Unit, 2727 Mahan Drive, Tallahassee, Florida 32308. You may also contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint commission-accredited health care organization by either calling 1-800-994-6610 or e-mailing complaint@jcaho.org.

Patient's Responsibilities

- **You are responsible** for providing information about your health, including past illnesses, hospital stays, and use of medicine, as well as accurately reporting your level of pain so that we may manage it as effectively as possible.
- **You are responsible** for asking questions when you do not understand information or instructions.
- **You are responsible** for telling your doctor if you believe you can't follow through with your treatment. You, and your visitors, are responsible for being considerate of the needs of other patients, staff, and the hospital/doctor's office.
- **You are responsible** for providing information for insurance and for working with the hospital to arrange payment, when needed.
- **You are responsible** for recognizing the effect of lifestyle on your personal health.

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C. L. Brumback Primary Care Clinics Finance Committee

Date: June 26, 2019

Location:

Health Care District of Palm Beach County

1515 N. Flagler Drive, Suite 101

West Palm Beach, FL 33401

Social Media

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