



Consumer Access Welcome Packet

Thank you for choosing AdventHealth for your healthcare needs. This packet will include copies of the forms pertaining to your registration. Please use these forms as reference during the signature process.

Included in this packet:

Departure Acknowledgment Form

Admission and Treatment Consent

Notice of Patient Privacy Practices

Patient Bill of Rights

Regarding your Hospital Charges

Hospital Quality Measures and Patient Safety Information Form

No Surprises Act Model Disclosure Notice

Opioid Alternatives Flyer

Citizenship Status Acknowledgment

Acknowledgment Form

We want to give you the best care while you're here. It's important to know that leaving before your treatment is done can be risky. These risks include your condition getting worse, taking longer to get better, or other problems you might not expect.

If you decide to leave before finishing your treatment, please tell a nurse or other medical staff. This way, we can note your decision and give you additional instructions.

Acknowledgment

You acknowledge that:

1. You understand the risks of leaving the Hospital include, but are not limited to, the worsening of my / the patient's medical condition, placing my / the patient's health (or with respect to a pregnant patient, the health of the woman or the unborn child) in serious jeopardy, serious impairment to bodily functions, serious dysfunction of any bodily organ, part or limb, permanent injury, disability and / or death.
2. You know it's important to stay and finish your treatment for the best results.
3. If you decide to leave, you will tell a nurse or medical staff.

Formulario de Reconocimiento

Queremos brindarle la mejor atención durante su estancia. Es importante saber que salir antes de que finalice su tratamiento puede ser riesgoso. Estos riesgos incluyen el empeoramiento de su condición, una recuperación más lenta o la aparición de otros problemas inesperados.

Si decide irse antes de terminar su tratamiento, por favor informe a una enfermera u otro miembro del personal médico. De esta manera, podremos registrar su decisión y brindarle instrucciones adicionales.

Reconocimiento

Usted reconoce que:

1. Entiende que los riesgos de salir del hospital incluyen, entre otros, el empeoramiento de mi / la condición médica del paciente, poner en grave peligro mi / la salud del paciente (o, en el caso de una paciente embarazada, la salud de la mujer o del feto), deterioro grave de funciones corporales, disfunción grave de cualquier órgano, parte o extremidad del cuerpo, lesiones permanentes, discapacidad y / o la muerte.
2. Sabe que es importante quedarse y completar su tratamiento para obtener los mejores resultados.
3. Si decide irse, informará a una enfermera o al personal médico.

Patient Name: _____

MRN: _____

Date of Birth: _____

ADVENTHEALTH TREATMENT AND CONSENT AGREEMENT

AdventHealth operates facilities including, but not limited to, hospitals, outpatient centers, medical groups, and Centra Care locations (referred to all together in this document as “AdventHealth”) across many states. Many of these facilities are separate legal entities. You may ask us for a list of AdventHealth entities. This AdventHealth Treatment and Consent Agreement (“Agreement”) may be signed one time each year to provide consent for treatment at all these AdventHealth facilities, unless you tell us you want to sign a new form at your appointment, or we update this form. This Agreement must be signed by the Patient or by the Patient’s Legal Representative acting for the Patient (for example, a parent signing for their minor child). All references to “I”, “me”, “my”, “you” and “your” refer to the Patient.

CONSENT TO TREATMENT:

1. Services. I consent to diagnostic and treatment procedures, examinations and laboratory procedures or inpatient admission, prescribed medications or other items (“Services”) needed for my treatment during my admission to or treatment at AdventHealth by doctors (“Physicians”), and other medical professionals, residents, students, integrated physician networks, health plan networks, and AdventHealth employees, contractors, and personnel (collectively “Care Providers”). I understand I will be told about my treatment and will be able to ask questions about the risks, options and hoped for outcome of the treatment before I let the treatment be done. I agree that no promises have been given to me as to the outcome of any treatment.

2. Photography. I consent to photographs, video monitoring or audio recordings being taken of me for verifying my identity and/or my treatment.

3. Video Visits. If I want to schedule a Video Visit or if my Physician thinks a Video Visit will work best for my care, I consent to be treated through electronic communications online that will connect me with my Physician or Care Provider in another location. I understand that during a Video Visit there is a risk of technical failures beyond the control of AdventHealth which could make the images harder to see correctly, or cause my health record to be breached or not accessible, or delay my treatment. I also understand that a Video Visit may be more efficient and allows me to stay at home for treatment or be treated by a distant specialist. I understand that other persons may be present during the Video Visit.

4. Independent Contractors. I understand that many of the Physicians and Care Providers who provide treatment to me at a hospital, ambulatory surgery center, free standing emergency department or urgent care facility are not employees or agents of AdventHealth. I understand that these independent contractors may, as permitted by law, bill me on their own for the Services they provide. Independent contractors are responsible for their own actions. AdventHealth is not responsible for Services provided to me by these independent contractors. AdventHealth does not pay for the errors or mistakes or failure to act by any of these independent contractors.

5. Patient Rights. I understand a copy of AdventHealth’s Patient Rights and Responsibilities information will be offered to me as required by law.

6. Advance Directives. I have been able to tell AdventHealth about my current choices for Advance Directives by filling out a new form or giving them a copy of my earlier Advance Directives. AdventHealth,

Physicians and Care Providers are not required to follow Advance Directives they do not know about. Please select which option(s) below applies to you:

- ☐ I am under 18 years of age and have no Advance Directives.
- ☐ I have Advance Directives and I have given a copy to AdventHealth.
- ☐ I have Advance Directives, but I have not given AdventHealth a copy. I understand I must give AdventHealth a copy.
- ☐ I do not have Advance Directives.
- ☐ I would like information about Advance Directives.

7. Legal Representative. I have been able to tell AdventHealth about my current choice for my Legal Representative by giving them a copy of my legal documents outlining my decision. AdventHealth, Physicians and Care Providers are not required to involve my Legal Representative in my treatment if they do not know who my Legal Representative is or if there are changes to this delegation they do not know about. I understand that I am responsible to tell AdventHealth, Physicians and Care Providers when I change my Legal Representative, or when the powers of the Legal Representative end.

8. Personal Property/Valuables. Where applicable, I will give any personal property or valuables to AdventHealth for storage in a secure location if I want to ensure my personal property and valuables are safe. AdventHealth shall not be liable in any event for loss or damage to personal property or valuables in excess of \$100. I release AdventHealth from liability for any personal property or valuables that are not given to AdventHealth for safekeeping.

CONSENT TO PAYMENT:

1. Payment. I, or (where permitted by law) my Legal Representative signing this Agreement for me, must pay for the Services received during my treatment today and any related future Services provided by AdventHealth, Physicians and Care Providers ("Account"), including any required co-pays, with cash, check, credit card and/or insurance. I understand that no credit is being given to me and that the Account is due and payable right away. **If I cannot pay my Account in full when due, AdventHealth's Financial Services Office will determine if I qualify for any financial assistance.** If I do not pay for all my Services and AdventHealth sends my Account to an attorney or collection agency, I agree to pay the attorneys' fees and collection expenses as permitted by law up to 25% of the money I owe.

FOR ADVENTHEALTH FACILITIES IN COLORADO: I understand that if I am receiving treatment in Colorado, there are certain times when balance billing (when an out-of-network provider bills you for the difference between their billed charge and the amount your health insurance or plan pays) is prohibited. If a patient has or may have insurance, balance bills are prohibited under some state and federal laws when a patient receives:

- Emergency services;
- Non-emergency services from an out-of-network provider (like an anesthesiologist or radiologist) at an in-network facility, such as a hospital;
- Emergency services from a private ground ambulance provider (not from a fire department or government entity); and
- Services from an out-of-network air ambulance provider.

In these circumstances, some state and federal laws prohibit providers from sending me a surprise balance bill, and I cannot be charged for more than in-network cost-sharing for these services. I acknowledge I have received disclosures related to balance bills.

I also understand that in Colorado there is no guarantee of reimbursement or payment from any insurance company or other payer. I understand this Agreement is a contract and that it obligates me to pay all charges for my treatment not paid by my insurer or any other payer source, unless specifically prohibited by applicable law. I understand the hospital has pre-determined the charges for certain procedures, supplies, and treatments, which these charges are listed in the hospital's Chargemaster, and these prices are incorporated by reference into this Agreement. I acknowledge it may not be possible to state in advance which specific supplies and services will be part of my treatment. I acknowledge I have the right to request an estimate of the facility's average charge for treatments that are frequently performed on in-patient, outpatient, or surgical procedures. If I receive an estimate of charges, I acknowledge that the hospital is acting in good faith by providing such an estimate. I acknowledge that any estimate is not binding and that the charges I am personally obligated to pay may be more than the estimated charge for my specific treatment. I acknowledge this Agreement means I personally have full financial responsibility for, and agree to pay, all charges of the hospital and of physicians rendering services not otherwise paid by my health insurance or other payer based upon the hospital's pre-determined Chargemaster rates, unless specifically prohibited by applicable law.

I hereby acknowledge and agree that the hospital has not made any implied representations about the charges I am personally obligated to pay. I understand the charges I will be charged for my treatment are pre-determined rates based upon the Chargemaster in effect at the time of my treatment. I have agreed to pay the hospital's Chargemaster rates for the treatment I receive in Colorado.

2. Credit Card Payments. If I pay for the Services with my credit card, I certify that I am the credit card holder and authorize payment of the Services.

3. Insurance Payments and Assignment of Benefits. If I am entitled to benefits under: (i) the Medicare program, the Medicaid program, other kinds of government insurance (the "Program"); (ii) Employee Retirement Income Security Act ("ERISA") health benefit plans; or (iii) any insurance policy or other health benefit plan (covering me or anyone legally responsible for me) or from any other source (the "Benefit Plan"), including as a result of injuries sustained by me, in consideration for admission to and/or for Services provided to me by AdventHealth, Physicians and Care Providers, which includes independent contractors, I irrevocably assign, transfer and convey the Program and Benefit Plan benefits payable and all right, title and interest in and to such benefits, compensation or payment received or to be received for the Services provided to me by AdventHealth, Physicians and Care Providers (collectively "Benefits") to AdventHealth, Physicians, Care Providers, and their assignees. I irrevocably authorize payment of my Benefits directly to AdventHealth, Physicians, Care Providers and their assignees, to be applied to my Account. I understand that assigning my payment of Benefits will not relieve me of obligations to pay AdventHealth, Physicians, Care Providers, and their assignees, for charges that are not covered by this assignment. If assignment or direct payment is not permitted, I agree to direct my Benefit Plan to make checks or drafts jointly payable to (i) the beneficiary or covered person and (ii) AdventHealth, Physicians, Care Providers, or their assignees, and to send payment to me in care of AdventHealth, Physicians, Care Providers, or their assignees. I also give permission for AdventHealth, Physicians and Care Providers to seek payment in full for charges from parties who injure me or others who may be obligated to pay for my care and their insurers even if Benefits are payable by a managed care payer on my behalf. I agree to pay the difference between the amount my insurance pays and AdventHealth, Physicians or Care Providers' charges (as limited by law or contract) except when AdventHealth, Physicians or Care Providers have a contract(s) with a Benefit Plan that will not let them collect that difference from me and/or the subscriber.

If my Benefit Plan includes a self-funded/insured plan under ERISA or other type of Benefit Plan, in order to help me get my Benefits: I irrevocably authorize and appoint AdventHealth, Physicians, Care Providers or their assignees to be my representative and attorney-in-fact, when AdventHealth, Physicians, Care Providers or their assignees agree in writing to so act in taking all actions needed to get payment, appealing any adverse benefit determination or requesting any reconsideration and to receive notices on my behalf for this purpose. I will follow the procedures required by ERISA or my Benefit Plan for this authorization, if any.

4. Honesty and Cooperation Statement. I promise that my (i) payment sources and insurance coverage information and (ii) any completed insurance applications are true and correct to the best of my knowledge. I agree to give my insurance or financial assistance information timely. I agree to pay all charges that could have been filed if deadlines are missed due to my dishonesty or non-cooperation.

5. Consumer Report Consent. I authorize AdventHealth, Physicians and Care Providers, or their assignees, to get consumer reports about me from one or more consumer reporting agencies to assist AdventHealth, Physicians and Care Providers, or their assignees, with their business activities related to billing, collecting, instituting payment arrangements, and/or determining eligibility for uncompensated care and/or government programs for past, current or upcoming Services at the hospital or outpatient center (whether or not such Service did, may, or will involve an extension of credit) or to resolve any outstanding Account balances. I understand AdventHealth, Physicians and Care Providers or their assignees may obtain consumer reports about me for Services at the hospital or outpatient center without my written permission under some circumstances as permitted by law. Consumer reports will not be pulled for Services provided at AdventHealth Medical Group or Centra Care locations.

6. Credit Balances. I give permission to apply any credit balances to pay for amounts due to AdventHealth, Physicians, and Care Providers for current Accounts or accounts I have not paid yet.

7. Hospital Laboratory Bills. Testing of fluids/specimens in AdventHealth's laboratory at the hospital is performed under the supervision of a Physician (i.e., pathologist) who may not perform the test or review results, but who does supervise and monitor reporting of the laboratory test results to ordering Physicians. As permitted by law, I AUTHORIZE PAYMENT BY MY BENEFITS FOR THE PHYSICIAN/PATHOLOGIST SUPERVISORY SERVICES. I understand I will not be billed for these supervisory services at the AdventHealth laboratory if my Benefits deny reimbursement.

CONSENT TO SHARING HEALTH INFORMATION:

I give consent to AdventHealth, Physicians and Care Providers to share the following health information as permitted by law and described below:

a. What Health Information: My name, address, contact information, financial information, diagnoses, treatment information which includes HIGHLY CONFIDENTIAL SUBSTANCE ABUSE, MENTAL HEALTH AND HIV/AIDS INFORMATION AS WELL AS INFORMATION IDENTIFIED IN THE ADVENTHEALTH JOINT NOTICE OF PRIVACY PRACTICES AS SUBJECT TO SPECIAL STATE LAWS, and any other information that is part of my health record with AdventHealth.

b. For What Purposes: Treatment, payment, and healthcare operations and as further described in the AdventHealth Joint Notice of Privacy Practices.

c. To Whom:

- Any person or entity responsible for (i) paying for or determining if I am eligible for payment for my treatment or for assigning my Benefits, and (ii) their healthcare operations.
- Physicians or Care Providers or my referring physician and any health care practitioner, nursing home, health care facility, ambulance service, home health agency, hospice, government or private agency which may provide medical, mental health, rehabilitation, social or related Services to me during a visit with, or during or upon my discharge or transfer from an AdventHealth facility.
- Physicians who have not treated me at AdventHealth, but who have my written permission to access my health information.

- Business partners (and their agents and vendors used to provide the services) of AdventHealth, Physicians or Care Providers who provide administrative, operational, financial, billing and collection, legal and technical support services.
- AdventHealth's affiliates, which are other entities owned or managed by AdventHealth or other physicians who are part of integrated physician or plan networks.
- AdventHealth's institutionally related foundation for fundraising purposes, but only when I have received treatment at the hospital and then only my name, address, contact information, age, gender, dates of services, health insurance status, department where services were provided in the hospital, treating physician(s), and outcome information.
- Recipients who are required or permitted by law to have access to my health information.

d. How Will It Be Shared: Hand delivery, mail, and electronically such as but not limited to electronic mail, facsimile, and through health information exchanges. Health information exchanges are entities that store and/or transfer health information electronically among providers to treat patients. This consent means that AdventHealth, Physicians and Care Providers may access my health information through health information exchanges and share my health information with other health care providers through health information exchanges. I understand my highly confidential information will be part of my health information shared or accessed.

e. Can I Stop Sharing My Health Information: Please review the AdventHealth Joint Notice of Privacy Practices and ask AdventHealth for the Request to Restrict Use and Disclosure of Protected Health Information form.

_____ (Initial Here) I give consent to AdventHealth, Physicians and Care Providers to use, share and access my health information as permitted by law and described above.

CONSENT TO CONTACT:

By signing this Agreement, I understand that I am giving permission to AdventHealth, Physicians, and Care Providers, and their independent contractors, agents, and assignees to call me and send messages (for example, text messages, emails, and chat messages etc.) to me at any time, at any telephone number including any current or subsequently obtained cellular or wireless number that I am a user or subscriber of that is provided by me or given to AdventHealth by a third party helping AdventHealth collect my debt, by using an automatic telephone dialing system or an artificial or prerecorded voice, for any purpose related to my healthcare and treatment, including prescription refill and appointment reminders, billing or collecting payment for my care (including financial assistance options), recommending possible treatment options or health-related benefits and services, and transportation arrangements. Consent to contact you for payment as described above continues until you tell us to cancel your consent or you make payment in full or AdventHealth, Physicians or Care Providers waive or cancel your payment.

You may opt out of receiving text messages from AdventHealth at any time by texting STOP each time a message is sent to you from us. You may also select certain communication choices within the AdventHealth app. You may contact AdventHealth at any time to opt out of receiving auto-dialed or pre-recorded voice calls. AdventHealth reserves the right to have an AdventHealth staff member personally call you at any time about your treatment or payment for our Services.

EFFECTIVE PERIOD:

_____ (Initial Here) I understand this Agreement is effective during the calendar year I sign it and until I sign it again.

ANY HANDWRITTEN CHANGES TO THIS FORM SHALL NOT BE LEGALLY BINDING OR ENFORCEABLE. I HAVE READ THIS AGREEMENT OR HAVE HAD IT READ TO ME. IT HAS BEEN EXPLAINED TO MY SATISFACTION.

DATE: _____ TIME: _____ Signature: _____

IF THE SIGNATURE ABOVE IS NOT THE PATIENT'S, WRITE THE NAME AND RELATIONSHIP OF THE PERSON SIGNING FOR THE PATIENT BELOW.

DATE: _____ TIME: _____ Relationship: _____
(e.g., Parent, Guardian, Health Care Surrogate, Guarantor, Proxy, Power of Attorney)

Printed Name: _____

EMPLOYEE SIGNATURE IF PATIENT OR LEGAL REPRESENTATIVE IS NOT ABLE/UNWILLING TO SIGN.

Reason Patient Unable/Unwilling To Sign: _____

DATE: _____ TIME: _____ Signature: _____

IF INTERPRETER SERVICES ARE USED.

DATE: _____ TIME: _____ Signature: _____

Please write the interpreter name, badge ID number, language translated, method of translation (phone, video, or in-person), and interpreter signature if translation is in-person:

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Joint Notice of Privacy Practices

Effective Date: April 1, 2024

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you.

If you have any questions about this notice, please contact our Privacy Officer at 800-906-1794/TTY: 407-200-1388.

Section A: Who Will Follow This Notice

This notice describes AdventHealth's practices and that of:

- Any health care professional authorized to enter information into your medical record maintained by an AdventHealth facility, such as doctors, nurses, physician assistants, technologists and others.
- All departments and units of AdventHealth facilities, including hospitals, outpatient facilities, physician practices, skilled nursing facilities, home health agencies, hospices, urgent care centers, and emergency departments.
- All employees, staff, students, volunteers and other personnel of AdventHealth facilities.
- All third-party business partners that assist AdventHealth with providing technology tools or other healthcare operations.

If you would like a list of AdventHealth affiliated entities, please send a written request to the Privacy Officer at the address below in Section G.

Section B: Our Pledge Regarding Your Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated or maintained by AdventHealth facilities, whether made by our employees or your personal doctor. If your personal doctor is not employed by AdventHealth, your personal doctor may have different policies or notices regarding your doctor's use and disclosure

of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- ♦ Use our best efforts to keep medical information that identifies you private;
- ♦ Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- ♦ Follow the terms of the notice that is currently in effect.

Section C: How We May Use and Disclose Medical Information About You

We may share your medical information in any format we determine is appropriate to efficiently coordinate the treatment, payment, and health care operation aspects of your care. For example, we may share your information orally, via fax, on paper, or through electronic exchange.

We also ask you for consent to share your medical information in the admission documents you sign before receiving services from us. This consent is required by state law for some disclosures and allows us to be certain that we can share your medical information for the reasons described below. You may view a list of the main state laws that require consent (Attachment A) by clicking here <https://www.adventhealth.com/legal/patient-privacy-hipaa>, or you may ask the registration clerk for a paper copy. If you do not want to consent to these disclosures, please contact the Privacy Officer to determine if we can accept your request.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other AdventHealth personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of AdventHealth also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside AdventHealth who may be involved in your medical care for referrals, or your family members, friends, clergy or others we use to provide services that are part of your care.

- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at AdventHealth may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at AdventHealth, so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.
- **Health Care Operations.** We may use and disclose medical information about you for AdventHealth's operations. These uses and disclosures are necessary to run AdventHealth and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may use and disclose your information as needed to conduct or arrange for legal services, auditing, or other functions. We may allow your medical information to be accessed, used or disclosed by our business associates that help us with our administrative and other functions. These business associates may include consultants, lawyers, accountants, software licensors and other third parties that provide services to us. For example, we license software with certain artificial intelligence enabled technology that processes data about you that is then reviewed by your physician or care provider to help treat you (e.g., the software within fetal heart monitors, and EKG and MRI machines) or to help your physician or care provider be more efficient (e.g., dictation software). The business associates may re-disclose your medical information only as necessary for our treatment, payment, health care operations and related functions, or for their own permitted administrative functions, such as carrying out their legal responsibilities. We may also combine medical information about many patients to decide what additional services AdventHealth should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other AdventHealth personnel for review and learning purposes. We may also combine the medical information we have with medical information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. Once we have removed information that identifies you, we may use the data for other purposes. We may also disclose your information for certain health care operation purposes to other entities that are required to comply with HIPAA if the entity has had a relationship with you. For example, another health care provider that treated you or a health plan that provided insurance coverage to you may want your medical information to review the quality of the services you received from them.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or

medical care at AdventHealth.

- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for AdventHealth and its operations. We may disclose information to a foundation related to AdventHealth so that the foundation may contact you to raise money for AdventHealth. We would release only contact information, such as your name, address, phone number, gender, age, health insurance status, the dates you received treatment or services at AdventHealth, the department you were treated in, the doctor you saw, and your outcome information. If you do not want AdventHealth to contact you for fundraising efforts, you must notify us in writing as set forth in Section G.
- **Patient Directory.** Unless you tell us otherwise, we may include certain limited information about you in AdventHealth's patient directory while you are a patient at AdventHealth. This information may include your name, location in AdventHealth, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Unless you tell us otherwise, your religious affiliation may be given to a member of the clergy, such as a minister, priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in AdventHealth and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you tell us otherwise, we may release medical information about you to a friend or family member who is involved in your medical care; we may give information to someone who helps pay for your care; or we may tell your family or friends your condition and that you are in an AdventHealth facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes including to our research affiliates. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects involving people, however, are subject to a special approval process by an Institutional Review Board. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, unless most or all of the patient identifiers

are removed, the project will have been approved through this research approval process. We may, however, provide limited read-only access to medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review remains protected. If required by law, we will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at AdventHealth.

- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law. For example, when our patients have certain transmissible diseases, suffer from abuse, neglect or assault, or for state registries such as the Office of Vital Statistics or tumor registries. Another example would be for work related injuries or illnesses, or workplace related medical surveillance.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Section D: Special Situations

- **Organ and Tissue Donation.** We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may also disclose information to entities that determine eligibility for certain veterans' benefits.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at AdventHealth; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of AdventHealth to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your

health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Section E: Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. When your medical information is contained in an electronic health record, as that term is defined in federal laws and rules, you have the right to obtain a copy of such information in an electronic format and you may request that we transmit such copy directly to an entity or person designated by you, provided that any such request is in writing and clearly identifies the person we are to send your PHI to. If you request a copy of the information, we may charge a fee for the costs of labor, copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting

the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the healthcare entity. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ♦ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ♦ Is not part of the medical information kept by or for the healthcare entity;
- ♦ Is not part of the information which you would be permitted to inspect and copy; or
- ♦ Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you. The accounting will exclude certain disclosures as provided in applicable laws and rules such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members

involved in your care, disclosures for notification purposes and certain other types of disclosures made to correctional institutions or law enforcement agencies. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request, except in limited circumstances where you have paid for medical services out-of-pocket in full at the time of the service and have requested that we not disclose your medical information to a health plan. To the extent we are able, we will restrict disclosures to your health plan. We will not be able to restrict disclosures of your medical information to a health plan if the information does not relate solely to the health care item or service for which you have paid in full. For example, if you are having a hysterectomy that will be paid for by your health plan, and you request to pay cash for a tummy tuck that you want performed during the same surgery, to avoid disclosure to your health plan, you would either have to pay cash for the entire procedure or schedule the procedures on separate days. Please also know that you have to request and pay for a restriction for all follow-up care and referrals related to that initial health care service that was restricted in order to ensure that none of your medical information is disclosed to your health plan. You, your family member, or other person may pay by cash or credit, or you may use money in your flexible spending account or health savings account. Please understand that your medical information will have to be disclosed to your flexible spending account or health savings account to obtain such payment.

If we do agree, we will comply with your request unless the disclosure is otherwise required or permitted by law. For example, we may disclose your restricted information if needed to provide you with emergency treatment.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to

be contacted.

- **Right to a Notice of Breach.** You have the right to receive written notification of a breach if your unsecured medical information has been accessed, used, acquired or disclosed to an unauthorized person as a result of such breach, and if the breach compromises the security or privacy of your medical information. Unless specified in writing by you to receive the notification by electronic mail, we will provide such written notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, <https://www.adventhealth.com/legal/patient-privacy-hipaa>.
- **Right to Decline Participation in Health Information Exchange.**

AdventHealth has electronically connected patient medical information to the AdventHealth health information exchange application known as Epic's Care Everywhere and other related applications and services ("HIE applications"). HIE applications provide interoperability functions that connect us with other health information exchange organizations to share patient medical information to and from other health care providers, Health Information Service Providers (HISP), health plans, and government agencies. Making patient medical information available through the AdventHealth HIE applications promotes efficiency and quality of care.

You may choose not to allow your medical information to be shared through the AdventHealth HIE applications. Sharing medical information through the AdventHealth HIE applications is not a condition of receiving care. To opt-out of the AdventHealth HIE applications, send a written request to the Privacy Officer at the address or email address provided in section G below or request to sign an HIE application cancellation form when you visit an AdventHealth facility. Please note that any medical information about you previously made available through HIE applications to other recipients is not controlled by AdventHealth. To opt-out of certain other national, regional or state health information exchanges, you must contact the specific HIE applications or your other providers or insurance companies and follow their opt-out process.

Once AdventHealth processes your HIE application opt-out request, healthcare providers outside of AdventHealth can no longer view your medical information originating from AdventHealth. This means it may take longer for healthcare providers external to AdventHealth to get medical information they may need to treat you. Your opt-out request will remain in effect until you provide a written request to AdventHealth to start sharing your medical information through the AdventHealth HIE again. Even if you do not participate in a health information exchange, certain state law reporting requirements, such as the immunization

registry, will still be fulfilled through health information exchange. Some states also allow healthcare providers to access your medical information through a national, regional, or state health information exchange if needed to treat you in an emergency.

To exercise the above rights, please contact the following individual to obtain a copy of the relevant form you will need to complete to make your request:
The Privacy Officer at 800-906-1794/TTY: 407-200-1388.

Section F: Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in AdventHealth, as well as on our website. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to an AdventHealth facility for treatment or health care services, we will make available a copy of the current notice in effect.

Section G: Do You Have Complaints or Concerns?

If you believe your privacy rights have been violated, you may file a complaint with AdventHealth or with the Secretary of the Department of Health and Human Services. To file a complaint with AdventHealth, please contact: The Privacy Officer at 800-906-1794/ TTY: 407-200-1388, or email at patientrequest@adventhealth.com, or send mail to AdventHealth, 900 Hope Way, Altamonte Springs, FL 32714, Attn: Privacy Officer. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

Section H: Other Uses of Medical Information That Require Your Authorization

The following types of uses and disclosures of medical information will be made only with your written permission.

- **Psychotherapy Notes.** Psychotherapy notes are notes that your psychiatrist or psychologist maintains separate and apart from your medical record. These notes require your written authorization for disclosure unless the disclosure is required or permitted by law, the disclosure is to defend the psychiatrist or psychologist in a lawsuit brought by you, or the disclosure is used to treat you or to train students.
- **Marketing.** We must get your permission to use your medical information for marketing unless we are having a face-to-face talk about the new health care product or service, or unless we are giving you a gift that does not cost much to tell you about the new health care product or service. We must also tell you

if we are getting paid by someone else to tell you about a new health care item or service.

- **Selling Medical Information.** We are not allowed to sell your medical information without your permission and we must tell you if we are getting paid. However, certain activities are not viewed as selling your medical information and do not require your consent. For example, we can sell our business, we can pay our contractors and subcontractors who work for us, we can participate in research studies, we can get paid for treating you, we can provide you with copies or an accounting of disclosures of your medical information, or we can use or disclose your medical information without your permission if we are required or permitted by law, such as for public health purposes.

If you provide us with authorization to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Section I: Organized Health Care Arrangement

AdventHealth, its Medical Staff, and other health care providers affiliated with AdventHealth have agreed, as permitted by law, to share your medical information among themselves for purposes of your treatment, payment or health care operations at AdventHealth. We may participate in organized health care arrangements with other covered entities, like other health care providers, that are not our agents for purposes of joint utilization review, quality assessment and improvement activities, or payment activities. Each are independent entities responsible for their own activities. This enables us to better address your health care needs.

In an effort to control health care costs, while still providing quality care, AdventHealth, independent contractor members of its Medical Staff and other health care providers in the communities where AdventHealth provides services have also joined together or may be in the process of joining together to create networks of providers or accountable care organizations to provide and manage your treatment, as well as to conduct population health research to improve the quality of care in our communities. We ask you to consent to the release of your medical information and super sensitive data in our admission documents when you come to our facility. If you would like to restrict these disclosures, please contact the Privacy Officer as set forth in Section G to determine if we can accept your request. Please also contact our Privacy Officer if you would like to see a list of the networks, organized health care arrangements, affiliated covered entities, or accountable care organizations AdventHealth participates in.

SUMMARY OF THE PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Federal and state law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of your law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

1. A patient has the right to be treated with courtesy and respect, with appreciation of his or her cultural and personal values, beliefs, preferences, individual dignity, and with protection of his or her right to and need for privacy.
2. A patient has a right to religious and spiritual accommodation.
3. A patient has the right to a prompt and reasonable response to questions and requests.
4. A patient has the right to know who is providing medical services and who is responsible for his or her care.
5. A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
6. A patient has a right to access available protective and advocacy services.
7. A patient has a right to effective communication in a manner tailored to his or her age, language, and ability to understand, taking into account any vision, speech, hearing, or cognitive impairments.
8. A patient has the right to bring any person or receive visitors of his or her choosing to the patient-accessible areas of the health care 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, rights, or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider, as well as the right to withdraw or deny this consent to access at any time.
9. A patient has the right to know what rules and regulations apply to his or her conduct.
10. A patient has the right to send and receive mail promptly.
11. A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, side effects, benefits, alternatives, risks, prognosis, outcomes of care necessary to participate in health care decisions, and any unanticipated outcomes of the patient's care, treatment, and services.
12. A patient has the right to pain management.
13. A patient has the right to be fully informed regarding his or her health status, participate in the development and implementation of his or her plan of care, make informed decisions regarding care, and be informed in advance of changes to his or her plan of care.
14. A patient has the right to request or refuse any treatment, including life-prolonging procedures, except as otherwise provided by law.
15. A patient has the right to refuse treatment and life-prolonging procedures.
16. A patient has the right to be free from neglect, harassment, exploitation, verbal, physical, mental, and sexual abuse, and corporal punishment.
17. A patient has the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff and to be subjected to restraint or seclusion only by trained staff to ensure the immediate physical safety of the patient, a staff member, or others and to have it discontinued at the earliest possible time.

18. A patient has the right to have his or her allegations, observations, and suspected cases of neglect, exploitation, and abuse reported to appropriate authorities based on the hospital's evaluation of the suspected events or as required by law.
19. A patient has the right to written information concerning the health care facility's policies respecting advance directives, including a copy of "Health Care Advance Directives – The Patient's Right to Decide."
20. A patient has the right to formulate, review, or revise advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
21. A patient has the right, upon request, to be referred to resources for assistance in formulating advance directives.
22. A patient has the right to not have treatment or admission conditioned upon whether or not the individual has executed or waived an advance directive.
23. A patient has the right to have his or her advanced directive documented in his or her medical record.
24. A patient has a right to have, upon request, his or her wishes concerning organ donation documented and to have hospital staff and practitioners who provide care in the hospital comply with those wishes within the limits of its capability, policy, and law and regulation.
25. A patient has the right to designate a surrogate to make health care decisions on behalf of the patient in accordance with state law.
26. A patient has the right to personal privacy, to receive care in a safe setting, and to be free from all forms of abuse or harassment.
27. A patient has the right to participate in the consideration of ethical issues that arise in his or her care.
28. A patient has the right to have a family member or representative of his or her choice and his or her physician notified promptly of his or her admission to the hospital.
29. A patient has the right to involve his or her family in making decisions regarding his or her care, treatment, and services decisions, in accordance with law and regulation.
30. A patient has the right to confidentiality of his or her clinical records and to access, request amendment to, and obtain information on disclosures of his or her health information contained in his or her clinical records as permitted by law as quickly as the record keeping system permits.
31. 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.
32. 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.
33. A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
34. 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.
35. A patient has the right to receive notice of non-coverage and a right to appeal premature discharge.
36. A patient has the right to impartial access to medical treatment or accommodations, regardless of age, sex, race, color, national origin, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, gender identity or expression, or source of payment.
37. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
38. A patient has the right to receive information on alternative care, treatment, and services available.

39. A patient has the right to know if medical treatment is for purposes of experimental research, receive an explanation of the nature, purpose, expected duration, procedures to be followed, and possible consequences, benefits, risks, discomforts, and side effects before the research or experiment is conducted, and to give his or her consent or refusal to participate in such experimental research without any impact on his or her access to care, treatment, and services unrelated to the research.
40. A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
41. A patient has the right to information about procedures for initiating, reviewing and resolving patient complaints.
42. 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.
43. A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
44. A patient is responsible for asking questions or acknowledging to the health care provider when he or she does not comprehend a treatment course or care decision and what is expected of him or her.
45. A patient is responsible for supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.
46. A patient is responsible for following the treatment plan recommended by the health care provider.
47. 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.
48. 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.
49. A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
50. A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

Concerns or Complaints

Your satisfaction is important to us. If you have a concern or a complaint, please allow the person responsible for your care or their supervisor the opportunity to listen, review, and to assist you with an appropriate resolution. If your complaint is unresolved, please ask to speak to the department's manager, director or the house supervisor. If your concern cannot be resolved by the AdventHealth process indicated, please allow the facility the opportunity to address your grievance.

Central Florida	
Altamonte	Risk Management 407-200-1330
Apopka	
Celebration	
East Orlando	
Kissimmee	
Orlando	
Winter Garden	
Winter Park	

North Florida	
Fish Memorial	Risk Management 386-917-5254
Deland	Risk Management 386-943-4840
Daytona Beach	Risk Management 386-231-3185
Palm Coast	Risk Management 386-586-4229
New Smyrna	Risk Management 386-424-5052
Waterman	Risk Management 352-253-3195
West Florida	
Carrollwood	Administration 813-558-8001
Dade City	Risk Management 813-783-6119 ext. 1614
Heart of Florida	Risk Management 863-419-2506
Lake Placid	Patient Advocate 863-402-3421 OR 863-402-5333
Lake Wales	Risk Management 863-419-2506
North Pinellas	Risk Management 727-942-5069
Ocala	Risk Management 352-402-5032
Sebring	Patient Advocate 863-402-3421 OR 863-402-5333
Tampa	Risk Management 813-615-7204
Wauchula	Patient Advocate 863-402-3421 OR 863-402-5333
Wesley Chapel	Risk Management 813-929-5000
Zephyrhills	Risk Management 813-783-6119 ext. 1614

Additionally, if your concern has not been resolved, you may reach out to the AdventHealth Corporate Risk Management team, 407-357-2290. Most issues will be resolved in 30 days or less.

The following agencies may be contacted:

Facility	Accreditation Agency	Licensing Agency
Central Florida Orlando Campuses	Hospital Complaint DNV Healthcare Inc. 400 Techne Center Drive, Ste 100 Milford, OH 45150-2792 Phone: 866-523-6842	
Altamonte		
Apopka		
Celebration		
East Orlando		
Kissimmee		
Orlando		
Winter Garden		
Winter Park		
West Florida		
Tampa	Joint Commission: https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/ Mail: Print form from website and mail to: Office of Quality Monitoring The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181	Agency for HealthCare Administration Complaint Administration Unit 2727 Mahan Drive Tallahassee, FL 32308 Phone: 888-419-3456
Wesley Chapel		
North Florida		
Fish Memorial		
Deland		
Daytona Beach		
Palm Coast		
New Smyrna		
Waterman		
West Florida		
Carrollwood		
Dade City		
Heart of Florida		
Lake Placid		
Lake Wales		
North Pinellas		
Ocala		
Sebring		
Wauchula		
Zephyrhills		



As a courtesy to our patients, we are providing this explanation to help you understand your charges. Listed below are answers to questions frequently asked by our patients. Your bill may have charges in any or all these service areas:

- A. **Room-Board:** These charges represent the room you were assigned, during your stay.
- B. **Radiology:** The **hospital charge** for x-rays is if you had x-rays performed: You will receive a separate bill from the radiologist who read your x-ray(s) and provided a written report to your physician. The radiology bill will be sent directly to you, from *Radiology Specialist of Florida* (866-481-7571).
- C. **Laboratory:** The **hospital charge** includes blood tests or studies, ordered by your physician. For the studies requiring pathology, you will receive a separate bill from the pathologist who interpreted these studies for the physician. Billing will be sent to you directly by *East Coast Pathology of FL, P.A.*-Patient. services (866-759-4528).
- D. **Anesthesia:** The hospital charge covers anesthesia supplies and equipment. You will receive a separate bill from the anesthesiologist. The bill will be sent to you directly from U.S. anesthesia partners JLR (407-667-0505) or Health Care Partners (866-751-3326).
- E. **Medical Supplies:** The cost of all supplies: (e.g. bandages, surgical supplies, dressings, and similar items used during your hospital visit and/or procedure[s]).
- F. **Pharmacy:** This is the cost of medications prescribed by your physician and/or administered during your stay.
- G. **Emergency Room Physician (Fee):** This represents the **emergency room physician's** bill. You will receive a separate bill from DuvaSawko-All inquiries should be directed to them-(888-311-8760).
- H. **Hospitalist Physician:** This represents the physician(s) that provide your in-hospital care. *IPC/Team Health* (888-661-7868) or *HCP* (866-751-3326).
- I. **Ambulance Services: [Volusia County]** You will receive a separate bill from Volusia County EMS [**Evac**] (800-323-3822). [**Flagler County**] You will receive a separate bill from Flagler County EMS
- J. **Radiation Therapy:** This charge is for the delivery of radiation therapy provided by Florida Hospital- You will receive a separate bill from physician's billing [Radiology Oncology Services] -(844-855-2465).

Advent Health is contracted with many HMO, PPO's and other managed care organizations. We want to be as careful as we can to ensure services provided are covered by your insurance company. We suggest contacting your insurance company before you expect to have services rendered, to verify Advent Health is a covered provider.

Additionally, hospital services can be/or are combined with consulting physician services (e.g. Cardiologists, GI and others). Please, remember to ask these providers about their network status, as Advent Health does not control their managed care contracts. While the hospital may be an "in network" provider, some of these physicians may not be.



Hospital Quality Measures/Patient Safety Information

Hospital name: ADVENTHEALTH DAYTONA BEACH

Date: 10/3/2024

Patients admitted to the hospital for treatment of medical problems sometimes experience other serious injuries, complications, or conditions. Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. These events can often be prevented if hospitals follow best practices for treating patients.

Health Care Associated Infections (HAI)

April 2022 through March 2023

HAIs are infections that occur while a patient is being treated in a hospital. Many of these infections can be prevented through the use of proper procedures and precautions. Infection reports compare the infections at a hospital to a national benchmark.

	Catheter Associated UrinaryTract Infection	Central-line Associated Bloodstream Infection	Clostridium Difficile Infections	Methicillin-resistant Staphylococcus aureus	Surgical Site Infection from Colon Surgery	Surgical Site Infection from Abdominal Hysterectomy
State Benchmark	0.658	0.652	0.481	1.063	0.937	0.726
Facility Rating	★★★	★★	★★★	★★★	★★	N/A

- ★★★ Better than the U.S. National Benchmark
★★ No different than the U.S. National Benchmark
★ Worse than the U.S. National Benchmark
N/A No results available

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

April 2022 through March 2023

Patient surveys measure satisfaction with hospital care, nurse and doctor communication, staff response to needs, and the cleanliness and quietness of the hospital.

	Overall Hospital Rating
National Average	72%
State Average	66%
Facility Overall Rating	★★★★ 74%

- ★ The star ratings range from ★ - ★★★★★ stars
(%) The percent of patients surveyed who gave the hospital the highest possible score
N/A No results available

15-Day Readmission Rate

January 2022 through December 2022

Patients should not normally be readmitted to a hospital within 15 days of a hospital stay for the same or a related condition. A low 15-Day readmission rate generally means the hospital is doing a better job of managing a patient's condition and helping arrange proper post-hospital care coordination.

	15-day Readmission Rate
Statewide Rate	6.39%
Facility Rate	5.66% (Lower than Expected)

- (%) The percentage of patients readmitted within 15 days of initial discharge
(As Expected, Lower than Expected, or Higher than Expected) is based on the severity of patients seen.
N/A No results available

For more information: FloridaHealthFinder.gov: <https://www.floridahealthfinder.gov/Compare-Care/Glossary>
HCAHPS: Patients' Perspectives of Care Survey Webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS>

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network facility, including a hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain [out-of-pocket costs](#), like a [copayment](#), [coinsurance](#), or [deductible](#). You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” means providers and facilities that haven't signed a contract with your healthplan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, including a hospital or ambulatory surgery center, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Please see below for information regarding Florida law.

Certain services at an in-network facility

When you get services from an in-network facility, including a hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

Please see below for information regarding Florida law.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

Florida Law

Florida law generally contains balance billing protections similar to those under the No Surprises Act (as described in this Notice), *except that* if you have a certain type of health plan (i.e., fully funded commercial plans, such as preferred provider ("PPO") or exclusive provider plans ("EPO")), your provider cannot bill you more than your in-network, cost-sharing amount even if you provide consent. If you have one of these plans, Florida also extends balance billing protections to covered emergency and non-emergency services provided at an urgent care center. If you are unsure whether you have one of these plans, please review your insurance card, call your insurance carrier or contact [AdventHealth patient financial services at 407-303-0500].

If you think you've been wrongly billed, contact the HHS No Surprises Helpdesk at 1-800-985-3059, which is the entity responsible for enforcing the federal balance or surprise billing protection laws. Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.

Florida also has an independent dispute resolution process to resolve claims-related issues, including disputes with your provider or insurance plan pertaining to receipt of improper balance bills. If you have received an improper balance bill from your provider, you may file a complaint with the Florida Department of Agriculture and Consumer Services by visiting <https://www.fdacs.gov/#>. If you have received an improper balance bill from your insurer, you may file a complaint with the Florida Office of Insurance Regulation, Department of Financial Services, at <https://myfloridacfo.com/division/consumers/>.

Alternatives to Opioids: Therapies

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects.
- Can reduce exposure to opioids and dependency.
- Treatment targets the area of pain—not systemic.
- Providers are licensed and regulated by the State of Florida.* (apps.mqa.doh.state.fl.us/MQASearchServices)

DISADVANTAGES:

- May not be covered by insurance.
- Relief from pain may not be immediate.
- May not be effective for severe pain.

Sources: American College of Surgeons, Centers for Disease Control and Prevention, National Institutes of Health, the Food and Drug Administration, Harvard Health and Wexner Medical Center (Ohio State University)

THERAPIES	DESCRIPTIONS, ADDITIONAL ADVANTAGES & DISADVANTAGES
Self-care	Cold and heat: Ice relieves pain and reduces inflammation and swelling of intense injuries; heat reduces muscle pain and stiffness. Can provide short-term and long-term relief from pain. <i>Too much heat can increase swelling and inflammation.</i> Exercise and movement: Regular exercise and physical activity can relieve pain. Simply walking has benefits. Mind-body practices like yoga and tai chi incorporate breath control, meditation and movements to stretch and strengthen muscles. <i>Maintaining daily exercise and overcoming barriers to exercise can be a challenge.</i>
Complementary Therapies	Acupuncture: Acupuncturists* insert thin needles into the body to stimulate specific points to relieve pain and promote healing. Can help ease some types of chronic pain: low-back, neck and knee pain, and osteoarthritis pain. Can reduce the frequency of tension headaches. <i>Bleeding, bruising and soreness may occur at insertion sites.</i> Chiropractic: Chiropractic physicians* practice a hands-on approach to treat pain including manual, mechanical, electrical and natural methods, and nutrition guidance. Can help with pain management and improve general health. <i>Aching or soreness in the spinal joints or muscles sometimes happens—usually within the first few hours after treatment.</i> Osteopathic Manipulative Treatment (OMT): Osteopathic physicians* use OMT—a hands-on technique applied to muscles, joints and other tissues—to treat pain. Clinically-proven to relieve low-back pain. <i>Soreness or stiffness in the first few days after treatment is possible.</i> Massage therapy: Massage therapists* manually manipulate muscle, connective tissue, tendons and ligaments. Can relieve pain by relaxing painful muscles, tendons and joints. Can relieve stress and anxiety—possibly slowing pain messages to and from the brain. <i>At certain points during a massage, there may be some discomfort—especially during deep tissue massage.</i> Transcutaneous electrical nerve stimulation (TENS): TENS is the application of electrical current through electrodes placed on the skin with varying frequencies. Studies have shown that TENS is effective for a variety of painful conditions. The intensity of TENS is described as a strong but comfortable sensation. <i>Allergic reactions to adhesive pads are possible.</i>
Rehabilitation Therapies	Occupational therapy: Occupational therapists* treat pain through the therapeutic use of everyday activities. Can relieve pain associated with dressing, bathing, eating and working. Therapy includes activities that increase coordination, balance, flexibility and range of motion. <i>Therapy interventions and recommendations will not help if the patient does not practice as instructed.</i> Physical therapy: Physical therapists* treat pain by restoring, enhancing and maintaining physical and functional abilities. <i>Therapy interventions and recommendations will not help if the patient does not practice as instructed.</i>
Behavioral and Mental Health Therapies	Psychiatrists*, clinical social workers*, marriage and family therapists* and mental health counselors* provide therapies that identify and treat mental disorders or substance abuse problems that may be roadblocks to pain management. <i>When used to manage pain, these therapies can take time.</i>

**Talk to your health care provider about how to treat your pain.
Create a safe and effective treatment plan that is right for you.**

Alternatives to Opioids: Medications

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects.
- Can reduce exposure to opioids and dependency.

DISADVANTAGES:

- May not be covered by insurance.
- May not be effective for severe pain.

**Florida
HEALTH**

NON-OPIOID MEDICATIONS	DESCRIPTIONS, ADDITIONAL ADVANTAGES & DISADVANTAGES
Acetaminophen (Tylenol)	Relieves mild-moderate pain, and treats headache, muscle aches, arthritis, backache, toothaches, colds and fevers. <i>Overdoses can cause liver damage.</i>
Non-steroidal Anti-inflammatory Drugs (NSAIDs): Aspirin, Ibuprofen (Advil, Motrin), Naproxen (Aleve, Naprosyn)	Relieve mild-moderate pain, and reduce swelling and inflammation. <i>Risk of stomach problems increases for people who take NSAIDs regularly. Can increase risk of bleeding.</i>
Nerve Pain Medications: Gabapentin (Neurontin), Pregabalin (Lyrica)	Relieve mild-moderate nerve pain (shooting and burning pain). <i>Can cause drowsiness, dizziness, loss of coordination, tiredness and blurred vision.</i>
Antidepressants: Effexor XR, Cymbalta, Savella	Relieve mild-moderate chronic pain, nerve pain (shooting and burning pain) and headaches. <i>Depending on medication, side effects can include: drowsiness, dizziness, tiredness, constipation, weight loss or gain.</i>
Medicated Creams, Foams, Gels, Lotions, Ointments, Sprays and Patches: Anesthetics (Lidocaine), NSAIDs, Muscle Relaxers, Capsaicin, Compound Topicals	Can be safer to relieve mild-moderate pain because medication is applied where the pain is. Anesthetics relieve nerve pain (shooting and burning pain) by numbing an area; NSAIDs relieve the pain of osteoarthritis, sprains, strains and overuse injuries; muscle relaxers reduce pain by causing muscles to become less tense or stiff; and capsaicin relieves musculoskeletal and neuropathic pain. Compounded topicals prepared by a pharmacist can be customized to meet a patient's specific needs. <i>Skin irritation is the most common side effect. Capsaicin can cause warmth, stinging or burning on the skin.</i>
Interventional Pain Management	Includes anesthetic or steroid injections around nerves, tendons, joints or muscles; spinal cord stimulation; drug delivery systems; or permanent or temporary nerve blocks. Medicates specific areas of the body. Can provide short-term and long-term relief from pain. <i>Certain medical conditions and allergies can cause complications.</i>
Non-opioid Anesthesia	Opioids can be replaced with safer medications that block pain during and after surgery. A health care provider or an anesthesiologist can provide options and discuss side effects.



CITIZENSHIP STATUS ACKNOWLEDGEMENT

AdventHealth is required by Florida law to ask you for your citizenship status.

You are not required to produce any documents or papers to verify your answers to these questions.

Emergency care will not be withheld to ask or get an answer to these questions.

You are not required to answer these questions to get treated.

Your answers to these questions will not be reported to law enforcement.

Based on the answers to these questions, AdventHealth is required to report back to the State of Florida four times per year with the number of US citizens or persons legally present in the US, the number of persons unlawfully present in the US, and the number of patients that declined to answer these questions during the prior 3-month period. **No specific information that will identify you will be included in this report. The information is de-identified.** This report will help the State of Florida know how much money is paid each year for uncompensated care related to individuals unlawfully present in the US.

Once you have read and understand this notice, please let us know so we can ask you questions about your citizenship status.

I have read and understand this form.