



Patient Bill of Rights

As one of our patients, you have choices, rights, and responsibilities.

All individuals should have the right:

- To be informed of client rights during the admission process.
- To receive safe, high-quality, medical care without discrimination based on race, color, ethnicity, national origin, age, size, disability, religion, culture, language, socioeconomic status, military service, marital status, pregnancy status, income, status with regard to public assistance, sex assigned at birth, sexual orientation, and gender identity or expression.
- To be treated with dignity, respect, and made to feel welcome no matter who you are.
- To receive a Good Faith Estimate if the appointment is scheduled within 3 days, an explanation of service fees, if any, before services are provided and an itemized bill once services are rendered.
- To affirmative care that is in align with their true gender identity. To be called by their chosen name and pronouns and access to inclusive restrooms.
- To know the name(s) and role(s) of their care team members and accept or refuse their treatment, examination, and observation. The health care provider will explain the medical consequences of refusing the recommended treatment. To have the right to ask for a second opinion.
- To be advised of the name of the person to whom their comments on services can be directed and addressed.
- To have their diagnosis, treatment, alternatives, outcomes, and results of tests and procedures performed, explained in understandable terms and receive honest answers to any questions asked.
- To participate in research or decline to participate in research without compromising access to care, treatment and/or services.
- To access private and confidential treatments, communications, and medical records, except as otherwise validly provided by law and to see information in their medical record within a reasonable amount of time.
- To be free from neglect, exploitation, and verbal, mental, physical or sexual abuse.
- To receive all the information needed to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- To be referred elsewhere for related care that Planned Parenthood of Southwest and Central Florida does not provide.
- To receive information about continuing their health care at the end of the visit.
- To express complaints without fear and to have them addressed. Complaints can be directed to the Privacy Officer at (833) 431-8083 ext. 1999

All individuals have the responsibility:

- To give as complete and accurate information as possible about their health history to Planned Parenthood of Southwest and Central Florida.
- To notify Planned Parenthood of Southwest and Central Florida immediately if instructions for continuing care between visits cannot be followed or if health problems (including reproductive or sexual) develop.
- To ask questions about aspects of their health care they do not understand.
- To pay the agreed-upon fees (if any) and to make those payment arrangements as due at the time of service.
- To keep appointments made with PPSWCF or to notify 24 hours in advance if they cannot be kept.

**Naples
Health Center**
239-262-0301

**Kissimmee
Health Center**
407-246-1788

**St. Petersburg
Health Center**
727-898-8199

**East Orlando
Health Center**
407-246-1788

**Lakeland
Health Center**
863-665-5735

**Ft. Meyers
Health Center**
231-481-9999

**Sarasota
Health Center**
941-953-4060

**Tampa
Health Center**
813-980-3555

**North Tampa
Health Center**
813-443-9694

