

# Signage/Notices

Claire Lester BA CRCE  
Baycare Health Systems

- 
- \* This is not a complete representation of all Signage/Notices.

# EMTALA

Reference

Signage

## EMTALA Sign

- \* State Operations Manual Appendix V. Basic Comments, 42 CFR 489.20(q) & 489.24(b) IRS Form 990 Hospital
- \* §1866(a)(1)(N) of the Federal Social Security Act

## IT'S THE LAW

IF YOU HAVE A MEDICAL EMERGENCY OR ARE IN LABOR, YOU HAVE THE RIGHT TO RECEIVE, within the capabilities of this hospital's staff and facilities:

An appropriate Medical SCREENING EXAMINATION

Necessary STABILIZING TREATMENT (including treatment for an unborn child) and, if necessary,

An appropriate TRANSFER to another facility Even if YOU CANNOT PAY or DO NOT HAVE MEDICAL INSURANCE

or YOU ARE NOT ENTITLED TO MEDICARE OR MEDICAID

# Medicaid

## Reference

### Medicaid Sign

- \* Information indicating whether or not the hospital participates in the Medicaid program under a State plan approved under Title XIX.
- \* US Dept. HHS 42 CFR 489.20(q)

## Signage

- \* This hospital Does/Does Not participate in the Medicaid Program

# Hill Burton

## Reference

- \* Hill Burton  
Office of Civil Rights 42  
CFR§124.604  
Notice of Community Service  
Obligations for Hospitals that  
have participated under Hill  
Burton in the history of the  
hospital.

## Signage

- \* NOTICE  
This facility is legally obligated to service the  
community.

This facility is not allowed to discriminate  
against a patient because of race, creed,  
color, national origin, or because a patient is  
covered by a program such as  
Medicaid or Medicare.

This facility must not deny Emergency  
services to a person who needs them but  
cannot pay for them.

If you believe you have been improperly  
denied services,  
call Toll Free 1-800-638-0742.

U.S. Department of Health and Human  
Services  
Office of Civil Rights

# Cost Estimate

## Reference

### \* Cost Estimate

#### \* Written §395.301(7), F.S & S.B. 1488

## Signage/Notice

- \* We understand that the cost of your healthcare is important and we are committed to providing a written, good faith estimate for non-emergency medical services prior to provision of these services. This estimate will include reasonably anticipated charges determined from averages of similar medical conditions and treatments. We will provide the estimate as soon as possible and no later than seven business days, after the receipt of the written request. While the estimate may be delivered by telephone, a written estimate will be mailed to the requestor's home address.

This estimate will not preclude the actual charges from exceeding the estimate. Each patient's needs and his/her physician's practice patterns are unique and will vary according to many factors out of the control of the hospital. A full itemization of the services performed will be provided within 30 business days, after request, whether prior to or after payment of the bill. If you do not have insurance and would like to obtain information regarding our discount and charity policies, you may obtain a copy through the Admitting Department.

Requests for Estimates: Questions About Charges:  
Admitting Department Central Business Office  
St. Joseph's Hospital – North Attention: Director  
4211 Van Dyke Road 3986 Tampa Road  
Lutz, Florida 33558 Oldsmar, Florida 34677  
Telephone: 813-443-7170 Telephone: 813-852-3301

# Financial Assistance

## PPACA Non-Profit Financial Assistance

Reference

Signage

### \* Cost Estimate

### \* Uninsured 395.301(8), F.S. & S.B. 1488

Hospital will apply a discount to uninsured patients' accounts of XX%. If patients pay the total bill within XX days of the first statement date, an additional XX% discount will be applied for a total of XX%. An uninsured patient is when there is no insurance coverage or benefits of any kind. Financial Assistance accounts will not receive this discount; unless it is determined patients do not qualify for any type of coverage and do not qualify for charity. Flat-rate package pricing, such as for cosmetic surgery or obstetrics, is excluded from this discount. Questions regarding this process should be directed to \_\_\_-\_\_\_-\_\_\_.

Hospital will provide charity care to patients that are unable to pay for services due to financial hardship. Eligibility for charity care is determined based on established criteria and the receipt of complete financial information. Questions regarding this process should be directed to \_\_\_-\_\_\_-\_\_\_.

Care for emergency medical conditions will be provided regardless of source of payment or lack of insurance coverage.

# Notice of Performance & Financial Information

Reference

Signage/Notice

Notice of Performance &  
Financial Information  
Committee Substitute for  
Senate Bill No. 1488  
[www.flsenate.gov/statues](http://www.flsenate.gov/statues)  
§395.301(11), F.S

PERFORMANCE & FINANCIAL  
INFORMATION

Committee Substitute for Senate Bill No. 1488  
The hospital's performance  
outcome and financial data  
published by the Agency for  
Health Care Administration  
(AHCA) is available electronically  
by visiting the hospital's website  
at [www.XXXXXXXXXX.com](http://www.XXXXXXXXXX.com).

# Scope of Service Capabilities

## Reference

- \* Scope of Service Capabilities  
Florida Administrative Code 59 A-  
3.255 & §395.1041
- \* Services are Hospital specific

## Signage

The following services are provided in this  
Emergency Department:

Adult Emergency Services  
Pediatric Emergency Services  
Anesthesiology  
Cardiology  
Dermatology  
ENT  
Gastroenterology  
General Surgery  
Internal Medicine  
Obstetrics/Gynecology- ? probably  
Pulmonology  
Urology  
Podiatry - Not at this time  
Plastics - not at this time  
Neurology - not at this time  
Vascular Surgery - not at this time

# Consumer Assistance Notice

Reference

Signage/Notice

- \* Consumer Assistance Notice - Florida Department of Insurance

§641.511 & §408.7056

<p><b>CONSUMER ASSISTANCE NOTICE</b></p> <p><i>(Posted in compliance with s. 641.511(11), Florida Statutes and the Patient's Bill of Rights)</i></p> <p>Patient Grievances may be filed with the following government agencies:</p>
<p><b>Agency for Health Care Administration. Consumer Hotline</b></p> <p>(888) 419-3456 2727 Mahan Drive, Ft. Knox, Suite 339 Tallahassee, FL 32308</p>
<p><b>Statewide Provider and Subscriber Assistance Program</b></p> <p>(888) 419-3456 2727 Mahan Drive, Ft. Knox, Suite 339 Tallahassee, FL 32308</p>
<p><b>Florida Department of Financial Services-Office of Insurance Regulation</b></p> <p>(800) 342-2762 200 E. Gaines Street, Larson Building Tallahassee, FL 32399-0300</p>
<p><i>The address and toll-free number of the organization's grievance department shall be provided upon request.</i></p>

# Florida Patient's Bill of Rights and Responsibilities

## Reference

Florida Patient's  
Bill of Rights and  
Responsibilities

Florida  
Agency for  
Health Care

Administration  
§381.026F.S.

## Signage/Notice

SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES Florida 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 this law from your health care provider or health care facility. A summary of your rights and responsibilities follows: A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy. A patient has the right to a prompt and reasonable response to questions and requests. A patient has the right to know who is providing medical services and who is responsible for his or her care. 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. A patient has the right to know what rules and regulations apply to his or her conduct. A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis. A patient has the right to refuse any treatment, except as otherwise provided by law. 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. 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. A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care. 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. A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment. A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research. 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. 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. A patient is responsible for reporting unexpected changes in his or her condition to the health care provider. A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her. A patient is responsible for following the treatment plan recommended by the health care provider. 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. 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. A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible. A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

# Notice of Patient's Rights

## Reference

- \* Notice of Patient's Rights
- \* US Dept. HHS 42 CFR 482.13

## Signage/Notice

- \* The notice must describe:
- \* the ways that the Privacy Rule allows the covered entity to use and disclose protected health information. It must also explain that the entity will get your permission, or authorization, before using your health records for any other reason.
- \* the covered entity's duties to protect health information privacy.
- \* your privacy rights, including the right to complain to HHS and to the covered entity if you believe your privacy rights have been violated.
- \* how to contact the entity for more information and to make a complaint.

# Notice of Privacy Practices

## Reference

- \* Notice of Privacy Practices for Protected Health Information  
45 CFR 164.520

## Signage/Notice

- \* **Content of the Notice.** Covered entities are required to provide a notice in plain language that describes:
- \* How the covered entity may use and disclose protected health information about an individual.
- \* The individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the covered entity.
- \* The covered entity's legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of protected health information.
- \* Whom individuals can contact for further information about the covered entity's privacy policies.
- \* The notice must include an effective date. See 45 CFR 164.520(b) for the specific requirements for developing the content of the notice. A covered entity is required to promptly revise and distribute its notice whenever it makes material changes to any of its privacy practices. See 45 CFR 164.520(b)(3), 164.520(c)(1)(i)(C) for health plans, and 164.520(c)(2)(iv) for covered health care providers with direct treatment relationships with individuals.

# Crime Victim Compensation Program

Reference

Signage

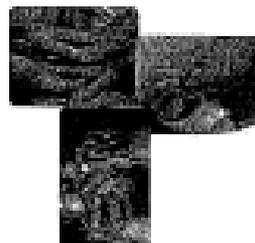
- \* Crime Victim Compensation Program
- \* Sec 960.23 Florida Statute

OFFICE OF ATTORNEY GENERAL

PAM BONDI



CRIME VICTIM COMPENSATION PROGRAM



Benefits may include:  
Medical/Dental Expenses  
Mental Health Counseling  
Wage Loss  
Disability Allowance  
Property Loss  
Domestic Violence Relocation  
Funeral/Burial Expenses  
Loss of Support

*Financial Assistance*

**ARE YOU A VICTIM OF CRIME?  
WE MAY BE ABLE TO HELP YOU.**

**Call 1-800-226-6667**

TDD users, call through  
Florida Relay Service 1-800-955-8771  
Internet web site: <http://myfloridalegal.com>

Division of Victim Compensation  
FL-01, The Capitol  
Tallahassee, Florida 32304-3020  
800-484-1301

# New Signage

## Reference

- \* **Human Trafficking Public Awareness Signage**
- \* Florida Senate SB534 Sec1 Sec 787.29

## Signage

- \* The sign must be at least 8.5x11 inches, 16 point font, in English and Spanish.
- \* Effective January 1, 2016

## ACO

### ACO Signage required 1/1/2015

- \* Beneficiary Notification Poster telling Patients you are participating in a Medicare Shared Savings Program Accountable Care Organization
- \* Notice to Patients
- \* Consent to change Personal Preference
- \* Decline to Share Personal Information

## Other

- \* Plans for Medicare Observation Notices in 2016,
- \* Financial Assistance Policy 1/1/16 posting,

# Questions