

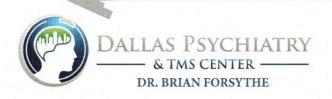
## **Patient Bill of Rights**

## Your Rights and Responsibilities as a Patient:

Your contribution to your health care is vital, and you can be involved in the health care process by fulfilling certain responsibilities.

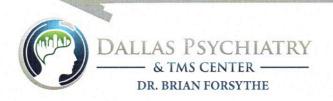
As a patient, it is your responsibility to: 1. Provide correct, complete information about your medical condition and any past or current medical treatment. 2. Ask questions or acknowledge when you do not understand the treatment course or care decision. 3. Follow the treatment plan recommended by your physician and other health care professionals. If you choose not to follow your treatment plan, you are responsible. 4. Discuss with your doctor and nurse what to expect regarding pain and pain management relating to your illness, including a) options for pain relief, b) potential limitations and side effects of treatment for pain, and c) any concerns you have about taking pain medicines. It is your responsibility to ask for pain relief when pain begins and to tell your doctor or nurse if your pain is not relieved. 5. Be considerate and respectful of other patients, Facility employees and your physicians. 6. Follow office rules regarding the conduct of patients, including smoking. 7. See that payment of charges for your health care services are paid as promptly as possible. If a third party is paying these charges, you can assist the payment process by providing complete and correct financial, insurance and other coverage information. 8. Aggressive behavior will not be tolerated. Examples of aggressive behavior includes physical assault, verbal harassment, abusive language and threats.

Our goal is to exceed your expectations in every interaction you have with the Dr. Forsythe's office. If you have a concern about your care or experience, please let us know immediately. An issue can be addressed most promptly by speaking with your provider involved in your care. However, if you feel an issue is not being addressed appropriately, or if you need additional assistance, please call the Facility's main number listed in this guide and ask for an administrator. Federal law gives every patient the right to be informed of how to submit a complaint to the office relating to his/her care or relating to the belief that he/she is being discharged from the office prematurely or treated unfairly. Each patient has the right to be informed of how the complaint will be considered, including the response and resolution process developed by the office. The complaint resolution process is part of the office's Confidential Quality Improvement Program.



## Your Rights and Responsibilities as a Patient Cont:

- 1. The Right to Be Treated with Respect
- 2. All patients, regardless of their means or health challenges, should expect to be treated respectfully and without discrimination by their providers, practitioners, and payers.
- 3. The Right to Obtain Your Medical Records
- 4. The HIPAA Act of 1996 provides patients in the United States a right to obtain their medical records, including doctors' notes, medical test results and other documentation related to their care.<sup>1</sup>
- 5. The Right to Privacy of Your Medical Records
- 6. The HIPAA Act also outlines who else, besides you (the patient), may obtain your records, and for what purposes. Patients are often surprised about who has these rights. Access may be denied to people you might think would have access. Improper access has consequences.
- 7. The Right to Make a Treatment Choice
- 8. As long as a patient is considered to be of sound mind, it is both his right and responsibility to know about the options available for treatment of his medical condition and then make the choice he feels is right for him. This right is closely associated with the Right to Informed Consent.
- 9. The Right to Informed Consent
- 10. No reputable practitioner or facility that performs tests, procedures or treatments will do so without asking the patient or his guardian to sign a form giving consent. This document is called "informed consent" because the practitioner is expected to provide clear explanations of the risks and benefits prior to the patient's participation, although that does not always happen as thoroughly as it should.
- 11. The Right to Refuse Treatment
- 12. In most cases, a patient may <u>refuse treatment</u> as long as he is considered to be capable of making sound decisions, or he made that choice when he was of sound mind through written expression (as is often the case when it comes to end-of-life care).
- 13. There are some <u>exceptions</u>, meaning that some patients may not refuse treatment. Those exceptions tend to occur when others are subsidizing the patient's income during the period of injury, sickness, and inability to work.
- 14. The Right to Make Decisions About End-of-Life Care
- 15. Each state in the United States governs how patients may <u>make and legally record the decisions they</u> <u>make about how their lives will end</u>, including life-preserving measures such as the use of feeding tubes or ventilators.



The administrator or grievance coordinator can explain the process of how to submit a complaint. Complaints may be submitted either verbally by calling 469-680-3632 and asking for Business Director or in writing via email to business@dallastms.com. You will also receive information about complaint resolution either verbally or in writing, depending on the nature of the complaint.

All complaints are documented at the time of notification and are promptly investigated. If the complaint is considered to be a formal grievance, you will receive a written response within 30 days from the date of notification.

If you feel that your issue is not being resolved or addressed satisfactorily by the office, you may contact: Health and Human Services Commission Complaint and Incident Intake Complaint hotline (Monday–Friday, 8 a.m.–5 p.m. CST) 888-973-0022 (option 4) or 800-735-2989 (hearing/speech impaired) Email: hfc.complaints@hhsc.state.tx.us Website: dshs.texas.gov/facilities/complaints.aspx Address: Health and Human Services Commission Complaint and Incident Intake Mail Code E-249 P.O. Box 149030 Austin, TX 78714-9030

