

Your Rights and Responsibilities As a Patient

Your Rights As a Patient

At Texas Health facilities (or "Facility"), we believe that the protection and support of the basic human rights of freedom of expression, decision and action are important to the healing and well-being of our patients. Therefore, we strive to treat patients with respect and with full recognition of human dignity. Decisions regarding health care treatment will not be based on race, creed, sex, national origin, age, disability, or sources of payment. As a patient of a Texas Health Facility:

1. You have the right to a reasonable response to your request and need for treatment or service, within the Facility's capacity, its stated mission, and applicable laws and regulations.
2. You have the right to be informed about which physicians, nurses and other health care professionals are responsible for your care.
3. You have the right to the information necessary for you to make informed decisions, in consultation with your physician, about your medical care including information about your diagnosis, the proposed care and your prognosis in terms and a manner that you can understand before the start of your care. You also have the right to take part in developing and carrying out your plan of care.
4. You have the right to consent to or refuse medical care, to the extent permitted by law, and to be told of the risks of not having the treatment and other treatments which may be available.
5. You have the right to reasonable access to care. Although the Facility respects your right to refuse treatments offered to you, the Facility does not recognize an unlimited right to receive treatments that are medically ineffective or non-beneficial.
6. You have the right to care that is considerate and respectful of your personal values and beliefs. The Facility strives to be considerate of the ethnic, cultural, psychosocial, and spiritual needs of each patient and family. The Facility acknowledges that care of the dying patient includes care with dignity and respect, management of pain and consideration for the patient's and family's expression of grief.
7. You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the Facility.
8. You have the right to have your family take part in your care decisions with your permission.
9. You have the right, to the extent permitted by law, to have your legal guardian, next of kin, or a surrogate decision maker appointed to make medical decisions on your behalf in the event you become unable to understand a proposed treatment or procedure, are unable to express your wishes regarding your care, or you are a minor. The person appointed has the right, to the extent permitted by law, to exercise your rights as a patient on your behalf.
10. You and your appointed representative have the right to take part in ethical questions that arise during your care.
11. You have the right to communicate with family, friends and others while you are a patient in the Facility unless restrictions are needed for therapeutic effectiveness. You also have the right to receive visitors of your choosing including a spouse, a domestic partner (including a same-sex domestic partner), family members, and friends. This right is subject to any clinically necessary or reasonable restrictions imposed by the Facility or your doctor. You also have the right at any time to refuse to have visitors.
12. You and your legal representative have the right to access the information contained in your medical record in a timely manner subject to state and federal law.
13. You may request an explanation of your hospital bill, even if you will not be paying for your care.
14. You have the right to issue advance directives and to have doctors at the Facility and Facility staff follow your directives in accordance with state and federal law.
15. You have the right to personal privacy and for your medical information to be kept confidential within the limits of the law.
16. You have the right to receive care in a safe setting.
17. You have the right to be free from abuse or harassment.
18. You have the right to be free from restraints that are not medically necessary; restraints include physical restraints and medicines.
19. You have the right to be free from seclusion and restraints for behavior management except in emergencies as needed for your safety when less restrictive means may have been ineffective.
20. You have the right to consent or refuse to take part in any human research or other educational project affecting your care. You also have the right to be given information about the expected benefits and risks of any research you choose to take part in and any alternative treatment that might benefit you. Refusing to take part in the research or project will in no way affect your care.
21. You have the right to have your pain assessed and managed properly and to receive information about pain and pain relief measures.
22. You have the right to obtain information concerning the relationship of the Facility to other health care Facilities as they relate to your care.
23. You have the right to submit a complaint to the Facility regarding your care or regarding any belief you have that you are being discharged too soon. Your care will not be affected by submitting a complaint. The steps for doing so are at the end of this statement.
24. You have a right to request and/or be provided language assistance i.e., interpreter services, if you have a language barrier or hearing impairment. This will be provided at no cost to you to help you actively participate in your care.

Your 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 medications. 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 Facility 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.

Problem Resolution

Our goal is to exceed your expectations in every interaction you have with the Texas Health family. 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 nurse or another health care professional 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 or grievance coordinator.

Federal law gives every Facility patient the right to be informed of how to submit a complaint to the Facility relating to his/her care or relating to the belief that he/she is being discharged from the Facility prematurely. Each patient has the right to be informed of how the complaint will be considered, including the response and resolution process developed by the Facility. The complaint resolution process is part of the Facility's confidential Quality Improvement Program.

The administrator or grievance coordinator can explain the process of how to submit a complaint. Complaints may be submitted either verbally or in writing. 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 Facility, 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

The Joint Commission

Phone: 800-994-6610 (automated instructions on how to file a report or concern)

Online or Fax: From jointcommission.org, choose *Report a Patient Safety Event* from the Action Center on the home page. You may submit a concern online or print the form and submit via fax to 630-792-5636.

Mail: Print/complete the form (see above) and mail to:
Office of Quality and Patient Safety
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

Patient safety event reports can be submitted anonymously and confidentially. However, those who provide their name and contact information enables The Joint Commission to contact them for more information, if necessary, and to confirm how the report is handled. Medicare beneficiaries with grievances regarding quality of care, coverage decisions or premature discharge, have a right to refer their complaint for review by the Quality Improvement Organization, a group of doctors who are paid by the federal government to review medical necessity, appropriateness and quality of Facility treatment furnished to Medicare patients. Contact:

Kepro

Phone: 888-315-0636 or 813-280-8256

TTY: 855-843-4776

Fax: 844-878-7921

Email: beneficiary.complaints@hcqis.org

Address: 5201 West Kennedy Blvd., Suite 900
Tampa, FL 33609

A patient who feels he or she has been discriminated against at a Texas Health Facility on the basis of race, color, national origin, disability or age has a right to file a complaint. The written account of the alleged discrimination should be sent or delivered to the attention of the hospital president or grievance coordinator at the specific Facility, preferably within 30 days.