



PATIENT RIGHTS & RESPONSIBILITIES

AS A PATIENT, YOU HAVE THE RIGHT TO:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy and security for self and property.
- Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise your Patient Rights when you are unable to do so without coercion, discrimination, or retaliation.
- Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records.
- Information concerning your diagnosis, treatment, and prognosis, to the degree known.
- Participate in decisions involving your healthcare and be fully informed of and to consent or refuse to participate in any unusual experimental or research project without compromising your access to services.
- Make decisions about your medical care, including the right to accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks, and alternatives without coercion, discrimination, or retaliation.
- Self-determination, including the right to accept or refuse treatment and the right to formulate an advance directive.
- Be informed of your right to change providers if other qualified providers are available.
- Competent, caring healthcare providers who act as your advocates and treat your pain as effectively as possible.
- Know the identity and professional status of individuals providing services and be provided with adequate education regarding self-care at home, written in a language you can understand.
- Be free from unnecessary use of physical or chemical restraint and/or seclusion as a means of coercion, convenience, or retaliation.
- Know the reason(s) for your transfer either inside or outside of the facility.
- Impartial access to treatment regardless of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, or economic and social situation.
- Be free from all forms of abuse or harassment.
- Receive an itemized bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitations or constraints placed upon your care.
- File a grievance with the facility by contacting the Director of Nursing, via telephone or in writing, when you feel your rights have been violated.

Director of Nursing

2201 Westgate Plaza

Grapevine, TX 76051

(817) 416-7988 (P) / (817) 416-7976 (F)

- Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.
- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.
- File a complaint of suspected violations of health department regulations and/or patient rights. Complaints may be filed with any of the following entities:

Health Facility Compliance Group (MC 1979)

Texas Department of State Health Services

P.O. Box 149347

Austin, Texas 78714-9347

(888) 973-0022 (P) / (512) 834-6653 (F)

hfc.complaints@dshs.texas.gov

Accreditation Association for Ambulatory Health Care (AAAHC)

(847) 853-6060

info@aaahc.org

Office of the Medicare Beneficiary Ombudsman:

<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Note: If you are a Medicare beneficiary, the role of the Medicare Beneficiary Ombudsman is to ensure your Medicare rights are protected and to assist you with Medicare-related complaints, grievances, and information requests.

AS A PATIENT, YOU ARE RESPONSIBLE FOR:

- Providing, to the best of your knowledge, accurate and complete information about your present health status, including any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Providing, to the best of your knowledge, past medical history and reporting any unexpected changes in health to the appropriate physician(s).
- Following the treatment plan recommended by the primary physician involved in your case.
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
- Indicating whether you clearly understand a contemplated course of action, what is expected of you, and to ask questions when you need further information.
- Providing information about your expectations of and satisfaction with the organization.
- Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions related to your care.
- Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible.
- Providing information about and/or copies of any living will, power of attorney, or other directive that you desire us to know about.
- Showing respect and consideration of facility property, staff, and other patients and visitors.