

# PATIENT RIGHTS AND RESPONSIBILITIES

**Patients shall have the following rights and responsibilities without regard to age, race, sex, religion, culture, physical disability, and personal values or beliefs.**



**You have the right to:**

- You, the patient, have the right to accept or refuse medical care or treatment to the fullest extent of the law. You will be informed of the medical consequences of such a refusal. You are responsible for your actions if you refuse treatment or do not follow the instructions of your doctor or surgical center. You will be asked to sign a liability release form.
- You, the patient, will have the opportunity to participate in decisions related to your health care, except when such participation is medically contraindicated.
- You have the right to approve or refuse the release of your medical record to a person outside of the surgery center. Exceptions are in case of a transfer to another medical facility, required by law or the payment contract of a third party (your insurance company).
- You and/or your designated representative have the right to be fully informed prior to transfer to another facility.
- The care provided reflects consideration of you as an individual with personal values and a belief system. You are allowed to express your spiritual beliefs and cultural practices that do not harm others or interfere with your planned care/medical interventions.
- Your designated representative has the right to participate in the consideration of ethical issues that arise during your care.
- You will be treated with consideration, respect, dignity, and full recognition of individuality, including privacy and safety in treatment and care. The surgery center will keep records and all personal matters relating to you confidential.
- You will be provided with complete information to the best of the physician's knowledge regarding diagnosis, treatment, and prognosis, as well as alternative treatments for procedures and the potential risks and side effects associated with the treatment process prior to undergoing such treatment or procedure. Where it is medically inadvisable to give such information to a patient, the information shall be provided to a person designated by the patient or a legally authorized person.
- You will be informed about pain and pain relief measures. You can expect a concerned staff who are committed to pain prevention and effective pain management to believe in your pain reports and to respond quickly to your pain reports.
- You or a designated representative will be fully informed of the services available and the emergency and after-hours hours of care arrangements available at the surgery center.
- You have the right to receive information about fees, payment policies, and can request an explanation of your bill regardless of the source of payment.
- You have the right to ask about the professional status of the people providing your care and to receive care in a safe environment.
- You have the right to be free from all forms of abuse or harassment.
- You have the right to express complaints/grievances and suggestions at any time.
- You will receive the care you need to help you regain or maintain your peak health.
- You have the right to file an Advance Directive, such as a living will or health care proxy. A copy of any Advance Directive may be provided to the surgery center and physician. However; the installation will NOT honor a DNR (Do Not Resuscitate). It is our policy that if an adverse event occurs during your treatment at this surgery center, we will initiate resuscitation or other stabilizing measures and transfer you to an acute care hospital.
- You have the right to have patient disclosures treated confidentially.
- You have the right to exercise these rights without discrimination or retaliation.
- You have the right to change providers if other qualified providers are available.
- You have the right to refuse to participate in experimental research.

**You have the responsibility to:**

- It is your responsibility to observe the rules and regulations of the facility for your stay and treatment. If the instructions of the surgery center staff are not followed, you may lose the right to care at the center and you will be responsible for your own results.
- You are responsible for quickly meeting your financial obligation to the surgery center.
- You have a responsibility to be respectful and considerate of other patients, families, and health care professionals and staff by assisting in the control of noise, smoking, and other distractions. You and your family are expected to respect each other's property.
- You are responsible for informing the staff whether or not you understand the planned course of your treatment and what is expected of you.
- You are responsible for following the treatment plan prescribed by your provider and participating in your care.
- It is your responsibility to ask your doctor or nurse any questions you have about pain management or pain relief options and to help your doctor or nurse assess your pain. You will be expected to tell your doctor or nurse about any concerns you have about taking pain medication.
- You are responsible for notifying the facility or your doctor if you are unable to keep your appointment.
- You and your family are responsible for providing caregivers with accurate and complete information about present conditions, past illnesses, hospitalizations, or any other pertinent medical history.
- You are responsible for providing complete and accurate information to the best of your ability about your health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- It is your responsibility to participate fully in the decisions involving your care and to accept the consequences of these decisions.
- You are expected to provide a responsible adult to transport you home from the facility and stay with you for 24 hours, if required by your provider.
- You are expected to follow your doctor's instructions, take medications when prescribed, and ask questions about your health care that you feel are necessary.

**You can contact the following entities to express any comments, complaints, or suggestions you may have:**

<b>CENTER</b>	ATTN: DIRECTOR OF NURSING 5734 SPOHN DR. CORPUS CHRISTI, TX 78413 Ph: 361-724-3292
<b>STATE AGENCY</b>	TEXAS HEALTH AND HUMAN SERVICES 1-800-458-9858 P.O. Box 149347, Austin TX 78714  <a href="http://hhs.texas.gov">hhs.texas.gov</a>
<b>MEDICARE</b>	OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN: 1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048  <a href="http://medicare.gov/claims-appeals">medicare.gov/claims-appeals</a>
<b>ACCREDITATION BODY</b>	AAHC ACREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE 3 PARKWAY NORTH, SUITE 201 DEERFIELD, IL 60015 EMAIL: <a href="mailto:complaints@aaahc.org">complaints@aaahc.org</a>