

PATIENT RIGHTS & RESPONSIBILITIES

As a patient of this hospital, or as a family member or guardian of a patient at this hospital, we want you to know the right you have under federal and Texas state law as soon as possible in your hospital stay. We are committed to honoring your rights, and want you to know that by taking an active role in your health care, you can help your hospital caregivers meet your needs as a patient or family member. That is why we ask that you and your family share with us certain responsibilities.

Your Rights:

As a patient you and your legally responsible party, have the right to received care without discrimination due to age, sex, race, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, disability, gender identity, or who will pay your bill. You have the right to safe, respectful, and dignified care at all times. You will receive services and care that are medically suggested and within the hospital's services, its stated mission, and required law and regulation.

As a patient, you have the right to:

- Respectful and considerate care in a safe environment that supports your personal dignity
- Receive, upon or prior to admission, information about the hospital's Patient Rights
- Formulate an Advance Directive
- Be involved in decisions about your care, treatment and services
- Give Informed Consent or to refuse care, treatment and services as allowed by law and regulations
- Give or deny consent for recording or filming
- Information about the physician/practitioner providing care, treatment and services, and to ask and be
 informed of the existence of business relationships among the hospital, educational institutions and other
 health care providers or payers that may influence your care, treatment and services
- Be transferred to another facility when medically appropriate and legally permissible, or at your request
- Have a family member/representative and your physician notified of your admission
- Have a family member, friend or other support individual be present for emotional support during the course of your stay
- Receive or deny visitors
- Be informed about outcomes of care, treatment and services
- Effective communication and to receive information and all communications in a manner you understand
- Make a complaint or file a grievance concerning the quality of your care, or any other issue
- Confidentiality, privacy and security
- Be free from mental, physical, sexual and verbal abuse, neglect and exploitation
- Access protective and advocacy services
- Pain management
- Participate in the consideration of ethical issues that arise during your care
- Access the information contained in your medical record
- Have these rights extended to your guardian, next of kin or legally authorized responsible person if
- you are unable to speak for yourself
- Be free from discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, gender, sexual orientation and gender identity or expression
- Request a discharge planning evaluation to help you obtain assistance with your care after discharge
- Request an electronic copy of your medical record

Your Responsibilities:

As a patient, family member, or guardian, you have the right to know all the hospital rules and what we expect of you during your hospital stay.

As a patient, you have a responsibility to:

- Provide accurate and complete information about your medical history and current condition
- Participate in and follow your treatment plan, and accept the consequences of refusing treatment or not following your treatment plan



- Ask questions if you don't understand something that you have been told regarding your care
- Tell us if you have a preferred language for discussing healthcare other than English
- Respect and show consideration for the rights of other by complying with hospital policies regarding noise, smoking and conduct of visitors
- Participate in education and discharge planning activities
- Fulfill the financial obligations of your healthcare

NOTICE TO PATIENTS CONCERNING COMPLAINTS / GRIEVANCE

Baylor Surgical Hospital at Fort Worth provides for and welcomes the expression of complaints/grievances and suggestions at any time by the patient, patient's family and/or designated representatives. This feedback allows us to understand and improve the environment of care.

Every patient has the right to file a complaint/grievance with any staff member of the facility's CEO. In the absence of the CEO, senior management will address the complaint/grievance. The grievance process begins with the facility CEO. If the patient is still not satisfied, the process is given to the Quality Council. In the event the problem is still not resolved, a complaint can be registered by phone or in writing to:

Texas Department of State Health Services Health Facility Licensing and Compliance Division 1100 West 49th Street, Austin, TX 78756 1-888-973-0022

- A complainant may also contact the state directly, bypassing any internal process.
- A complainant may provide his/her name, address and phone number or may register an anonymous complaint. All complaints are confidential.
- A complainant may also contact The Joint Commission to register a complaint, which will be confidential and may be done anonymously:

The Joint Commission
Office of Quality Management
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
FAX (630)792-5636
EMAIL complaint@jointcommission.org

• To voice a complaint regarding quality of care, a complainant may contact:

TMF Health Quality Institute Bridgepoint I, Suite 300 5918 West Courtyard Drive Austin, TX 78730-5036 1-800-725-9216 EMAIL patientsafety@tmf.org

Medicare patients:

Formal complaints about the care they receive at the hospital can be submitted to the Medicare Ombudsman at: https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help-with-medicare-rights.html

Medicare phone number: 1-800-MEDICARE