

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The staff of this health care facility recognizes you have rights while a patient receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. These rights and responsibilities include:

A patient has the *right to*

- Exercise his or her rights without being subject to discrimination or reprisal with impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- Voice complaints and grievances, without reprisal, regarding treatment or care that is furnished or fails to be furnished.
- Be fully informed about a treatment or procedure and expected outcomes before it is performed, know who is providing medical services and who is responsible for the care and be given by the health care provider information concerning diagnosis, a planned course of treatment, alternatives, risks, and prognosis. When medically inadvisable to give information to patient, the information is provided to a person designated by the patient or a legally authorized person.
- Exercise of rights and respect for property and persons.
- Receive care in a safe setting, be treated with respect, consideration, with appreciation of individual dignity and with protection of his or her need for privacy.
- Be free from all forms of abuse, neglect or harassment.
- Refuse treatment to extent permitted by law and be informed of medical consequences of this action.
- Know if medical treatment is for purposes of experimental research and to give his consent or refusal to participate in such experimental research.
- Have the right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- A prompt and reasonable response to questions and requests.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care and know, upon request and prior to treatment, whether the facility accepts the Medicare assignment rate.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- Formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his/her medical record.
- Know the facility policy on advance directives.
- Be informed when requested, names of any physicians who have ownership in the facility.

A patient is *responsible for*

- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, unless specifically exempted from this responsibility by his/her provider.
- Providing to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- Reporting to his health care provider whether he or she comprehends a contemplated course of action and what is expected of him.
- Following the treatment plan recommended by his health care provider.
- His/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- Reporting unexpected changes in his or her condition to the health care provider.
- Be respectful of all the health providers and staff, as well as other patients.
- Keeping appointments.
- Assuring that the financial obligations of his health care are fulfilled as promptly as possible.
- Providing information about a durable power of attorney, health care surrogate, or other advance directive that you desire us to know about.

COMPLAINTS

Please contact us if you have a question or concern about your rights or responsibilities, you can ask any of our staff to help you contact the Administrative Director or the Medical Director at the surgery center. We want to provide you with excellent service, including answering your questions and responding to your concerns.

You may contact our center **MEMORIAL HERMANN SURGERY MEMORIAL VILLAGE** at 713-337-1111 or by fax at 713-337-1112

Consumer complaints can be made at:

Write: Health Facility Compliance Group (MC 1979)
Texas Department of Health Services
PO Box 149347 Austin, Texas 78714-9347

Visit: http://www.dshs.state.tx.us/HFP/complain_HFlicensing.shtm

E-mail: hfc.complaints@dshs.state.tx.us

Call: (888) 973-0022, TDD (800) 735-2989 Fax (512) 834-6653

Medical Director

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227) or on line at www.Medicare.gov/ombudsman/resources.asp