



## PATIENT RIGHTS AND RESPONSIBILITIES

You have the **RIGHT** as a patient:

- **To be treated with dignity** and to receive courteous, considerate and respectful care.
- **To expect that the staff have been fully credentialed** and are competent to perform the treatments and procedures for which they have privileges. Also has the right to know the names of the individuals involved in the procedure, including anesthesia and surgical assistants and if any of the assistants are medical students.
- **To obtain from your physician the diagnosis, treatment plan and prognosis**, in a language that is understandable.
- **To refuse treatment** within the confines of the law. Should you refuse, to be informed of the medical consequences for refusal of care. Information of the refusal will be kept in your chart.
- **To have your privacy respected.** The organization has embraced the HIPAA regulations regarding the patient's right to privacy. Also has the right to change provider if other qualified providers are available.
- **To expect care regardless of age, race, color, sexual orientation, religion, marital status, sex, national origin, handicap, source of payment or sponsor**, where additional arrangements can be made.
- **To expect interpretive services, visual and auditory aids will be made available.**
- **To expect that referral or transfer will occur if necessary** but only after he and/or his care person have been made aware of such need.
- **To be advised when the facility is involved in research and human experimentation** affecting the care or treatment and also has the right to refuse participation.
- **To expect continuity of care among the healthcare team** including information received during discharge or transfer.
- **To be informed of fees for services and payment policies**, as well as any charges above what insurance will pay. Also have the right to receive an account statement upon request and an explanation of the charges.
- **To be free from mental, physical, sexual and verbal abuse** and the right to have any allegations investigated by the institution.
- **To know whether or not the organization accepts their insurance** prior to treatment.
- **To know that the organization makes decisions regarding the provision of ongoing care**, treatment and discharge based on the assessment of the patient.
- **To expect the truth in advertising by the organization.**
- **To make suggestions regarding changes in policies and procedures of the organization** and to file a grievance without fear of reprisal.
- **To review, inspect and amend your health record** to include disclosures. You have the right to alter your health record with an addendum.
- **To know the staff will be responsive to complaints regarding pain** and will provide pain prevention and management with out judgment.
- **To contact the accreditation agency, the State of Texas and CMS** regarding issues and/or complaints surrounding the quality of care.
- **To be informed of provisions for after-hour and emergency coverage.**
- **To give informed consent** prior to the commencement of the procedure and the medically significant risks or complications involved along with the prognosis and probable duration of any incapacitation. In addition, you have the right to know medical alternatives.
- **To have an advance directive**, however, be informed that such directive will not be followed during the surgical event.
- **To obtain information regarding relationships between the organization and other healthcare and educational institutions** in so far as care is concerned. Also has the right to obtain information as to his physician's ownership in the center.

These **Responsibilities** apply to all patients, family members, significant others, and/or decision-makers when they are acting for the patient.

- **For informing the Surgical Facility regarding the presence, or absence, of an adult care person**, to be in attendance for the postoperative instructions and transportation.
- **To ensure care once you arrive at home** either through a friend, family member, or home healthcare provider, and to disclose any issue regarding this subject.
- **Following preoperative and postoperative instructions** and asking questions or seeking clarification where understanding is questionable.
- **To provide information about past illnesses**, hospitalizations, medications, allergies, sensitivities and other matters relating to your health.
- **To advise the organization of any impairment**, such as visual, auditory or other deficits that would cause a language barrier
- **To report changes in your health condition** and status to the organization representative and physician in a timely manner.
- **To be considerate and respectful** to members of the organization's staff , healthcare workers, and facility property and ensure your family members are equally considerate.
- **For providing information** for insurance claims to be processed and to pay promptly or make financial arrangements when necessary.
- **To keep appointments** at the scheduled time, or contacting the facility as soon as possible should circumstances change.
- **To advise the staff members regarding pain needs**, issues or special requests and for asking for pain relief when the pain first begins.



## ADVANCE DIRECTIVE NOTIFICATION

In the state of Texas, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Baylor Surgicare at Fort Worth respects and upholds those rights.

However, unlike in an acute care hospital setting, Baylor Surgicare at Fort Worth does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility's policy, we will be please to assist you in rescheduling your procedure.

### **PATIENT COMPLAINT OR GRIEVANCE**

To report a complaint or grievance you can contact the facility Administrator at:  
BAYLOR SURGICARE AT FORT WORTH  
Attn: Administrator  
750 12th Avenue  
Fort Worth, Texas 76104  
817-334-5100

You may also contact The Joint Commission by mail at:  
Office of Quality Monitoring,  
The Joint Commission  
One Renaissance Boulevard  
Overbrook Terrace, IL 60181  
Or on the web at:  
[www.jointcommission.org](http://www.jointcommission.org)  
800-994-6610

Complaints and grievance may also be filed through the State of Texas – Office of Investigations at:  
Texas Department of Health  
Office of Investigations  
1100 W. 49<sup>th</sup> Street  
Austin, TX 78756  
888-973-0022

Medicare beneficiaries may also file a complaint of grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at:  
[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)  
or call 1-800-MEDICARE