

FAITH COMMUNITY HEALTH SYSTEM

PATIENT RIGHTS AND RESPONSIBILITIES

Patients or patients' legally designated representatives if and when applicable, have a right to:

- Be treated with dignity, courtesy, consideration and respect.
- Have reasonable access to care, receiving treatment and medical services in a safe environment and without discrimination based on age, race, ethnicity, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, sexual preference, or gender identity or expression.
- Receive information in a manner he/she understands and to be provided with services of a translator or interpreter, if necessary.
- Formulate advance directives (e.g., Directive to Physicians and Family or Surrogates (a.k.a., living will); Medical Power of Attorney; Out of Hospital Do Not Resuscitate Order; Declaration for Mental Health Treatment) and to have hospital staff and practitioners who provide care in the hospital comply with these directives, with the understanding that hospital staff and practitioners may seek Ethics Committee review if they feel they cannot comply with these directives for medical, ethical, or other reasons.
- Receive, upon request, the hospital's written policies and procedures regarding life-saving methods and the use or withdrawal of life-support mechanisms.
- Have a family member or representative of his/her choice and his/her own physician notified promptly of his/her admission to the hospital.
- Designate an individual as the patient's support person.
- Receive visitors or specific designated visitors of his/her choice, and be notified of, and the reason(s) for, any restrictions or limitations.
- Be informed of the names and functions of healthcare professionals providing personal care and of any outside healthcare and educational institutions involved in providing treatment.
- Receive an explanation from the treating practitioner of his/her medical condition and health status, recommended treatment, expected results, risks involved and reasonable medical alternatives, if applicable.
- Make informed decisions regarding care and to refuse medication or treatment after possible consequences of this decision have been explained clearly, unless the situation is life-threatening or the procedure is required by law.
- Give informed, written consent (if required by applicable law) prior to the start of specified, non-emergency medical procedures or treatments.
- Provide informed consent, or decline participation in if applicable, for recording/filming for reasons other than treatment, diagnosis, or identification; the training of students and residents; and experimental research.
- Participate in the development and implementation of his/her plan of care, if able.
- Participate in the consideration of ethical issues that arise in the care of the patient.
- Request, or the physician request on the patient's behalf, a discharge planning evaluation to be performed and to have that information given to the patient, representative, and physician.
- Receive the appropriate assessment and management of pain.
- Be free from neglect; exploitation; verbal, mental, physical, and sexual abuses; harassment; and unlawful restraints, and to receive the safe implementation of lawful restraint or seclusion by trained staff.
- Be transferred to another facility upon request or if the hospital is unable to provide appropriate medical care.
- Receive advance explanation of the reasons for a transfer to another facility from a practitioner.
- Religious and other spiritual services.
- Names/addresses/phone numbers of patient advocacy groups and protective service organizations.
- Expect personal privacy and confidentiality of medical information as required by law.
- Obtain a copy of his/her medical records at a reasonable fee and within a reasonable time frame after submitting a written request to the hospital.
- Receive a copy of the patient rights and responsibilities (e.g., A Guide to Your Care, the Patient Rights and Responsibilities brochure) as well as the name and phone number of the staff member to whom questions or complaints can be directed. File a grievance if he/she believes he/she has been subjected to discrimination, prematurely discharged, subjected to substandard care, or has otherwise been treated by the hospital in an unsatisfactory manner.

Patient Privacy or Confidentiality Complaints:(866)245-0815

Billing Concerns: (800) 725-0024 in North Texas

(800) 994-0371 in Central Texas

Patients, their families, and/or patients' legally designated representatives when patients are unable to communicate or participate in treatment have the responsibility to:

- Provide information about their health and medical history, including past illnesses, hospital stays and use of medications.
- Inform their health care provider if special accommodations are needed to assist their understanding of the treatment plan.
- Ask questions or acknowledge when they are not clear about information provided or do not understand the treatment course or care decision.
- Follow instructions and cooperate in following care prescribed or recommended by their health care provider.
- Accept consequences if they do not follow the recommended treatment plan; recognize the effect of lifestyle choices on their health.
- Follow facility rules and regulations, and be respectful and considerate of other patients, staff and property, which includes not recording (by photography, video, audio, or other means) other patients, physicians, or staff without prior permission and maintaining civil language and conduct.
- Meet financial obligations associated with their care.
- Advise their health care provider or hospital personnel of any dissatisfaction regarding their care.

A patient's guardian, next of kin, or legally authorized responsible person may exercise, to the extent permitted by law, the rights delineated on behalf of the patient if a patient:

- Has been adjudicated incompetent in accordance with the law;
- Is found by his or her physician to be mentally incapable of understanding the proposed treatment or procedure;
- Is unable to communicate his or her wishes regarding treatment; or
- Is a minor.

Patient Notification of Data Collection

The Texas Department of State Health Services, Texas Healthcare Information Collection program (THCIC) receives patient claim data regarding services performed by Faith Community Health System. The patients claim data is used to help improve the health of Texas, through various methods of research and analysis. Further information regarding patient data collection can be found at www.dshs.state.tx.us.

Grievance Process Information:

We will investigate your complaint through our formal complaint process and we will give you a response. Although we encourage you to bring your concerns directly to us, you always have the right to take any complaint to the Texas Department of State Health Services by email, fax, letter or phone at the contact numbers and addresses listed below.

Texas Department of State Health Services at
1-888-963-7111 (toll free number)
PO Box 149347, MC-1913
Austin, Texas 78714-9347

Email: customer.service@dshs.state.tx.us

E-mail: patientsafetyreport@jointcommission.org

Telephone: (800) 994-6610

Weekdays: 8:30a.m. to 5 p.m., Central Time

Fax: (630) 792-5636

U.S. Mail:

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

HMO Patient's Right to File a Complaint:

You may send a complaint to your HMO if you are not happy with your HMO's operations, procedures, or the health care services you received from your doctors. HMOs must meet required deadlines to resolve your complaint and must give you a written answer. If you are not happy with the HMO's decision, you can appeal the decision to the HMO's appeal panel. The appeal panel members cannot be the same individuals who reviewed or decided your complaint. Call or write to your HMO to find out more about the HMO's complaint and appeal process. You may also contact the Texas Department of Insurance for more information about your rights and about HMO requirements at the following address and telephone numbers:

Texas Department of Insurance

HMO Complaint Helpline: 1-800-252-3439 In Austin, call 512-463-6515

Service en español