

PATIENT RIGHTS AND RESPONSIBILITIES

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

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 others 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

COMPLAINT & GRIEVANCE POLICY STATEMENT

- North Central Surgical Center 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 or 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 Patient Care Committee. 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
Or call 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