

PATIENT BILL OF RIGHTS

THE PATIENT HAS THE RIGHT:

- 1) To considerate and respectful care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- 2) To receive information from his/her doctor and other relevant caregivers, about his/her illness, course of treatment, outcomes of care (including unanticipated outcomes), and his/her prognosis for recovery in terms that he/she can understand.
- 3) To receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
- 4) To the knowledge of the name of the doctor who has primary responsibility for coordinating his/her care and the names and professional relationships of other doctors, nurses, and healthcare providers who will see him/her.
- 5) To have an advance directive attorney for health care concerning treatment or to designate a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent allowed by law and hospital policy. The provider must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advanced directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement a legally valid advance directive.
- 6) To participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his/her medical care.
- 7) To accept medical care or to refuse treatment, to the extent permitted by law, and to be informed of the consequences of such refusal.
- 8) To become informed of his or her rights as a patient in advance of, or when discontinuing, the provision of care. The patient may appoint a representative to receive this information should he or she so desire.
- 9) To leave the hospital, even against the advice of his/her doctor.
- 10) To be informed by his/her doctor or a delegate of his/her doctor about the continuing healthcare requirements following his/her discharge from the facility.
- 11) To have a family member or representative of his or her choice notified promptly of his or her admission to the facility.
- 12) To request that no information regarding his/her presence, diagnosis or treatment be released.
- 13) To full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly to protect privacy. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- 14) To review the records and/ or obtain a copy of the medical records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
- 15) To reasonable continuity of care when appropriate and to be informed by the doctor and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
- 16) To confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility. His/her written authorization giving permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- 17) To expect that, within its capacity and policies, the hospital will make a reasonable response to the request of a patient for appropriate and medically directed care and services. The hospital must provide evaluation, service, and/or a referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has requested a transfer, that patient may be transferred to another facility. That facility must have first accepted that patient for transfer. The patient must also have the benefit of the complete information and explanation concerning the need for, risks, benefits and alternatives to such a transfer.
- 18) The Patient or Patient's Representative has the Right to participate in the consideration of ethical issues that might arise in the care of the patient. The hospital shall have a mechanism for the consideration of ethical issues arising in the care of patients and to provide education to caregivers and patients on ethical issues in health care.
- 19) To exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
- 20) To receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and, as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment. The hospital meets the requirements of federal regulations that require program and facility accessibility.
- 21) To be advised of the facility's complaint or grievance process should he or she wish to communicate a concern regarding the quality of the care he or she receives. This includes whom to contact to file a complaint. He or she will be provided with a written notice of the complaint determination that contains the name of the facility's contact person, the steps taken on his or her behalf to investigate the complaint, the results of the complaint and when possible, the resolution of the complaints concerning the quality of care.
- 22) To know which hospital rules, regulations and policies apply to his/her conduct while receiving treatment as patient at the hospital.
- 23) If he or she is 65 years or older, the message from Medicare outlining the rights of the elderly will be provided to the patient at the time of his or her admission to the hospital.
- 24) To access protective and advocacy services or have these services accessed on the patient's behalf.
- 25) To be advised if hospital or doctor proposes to engage in research studies or human experimentation affecting his/her care or treatment. The patient has the right to consent or refuse to participate in such research projects and to have those studies fully explained prior to consent. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s). Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
- 26) To examine and receive an explanation of his/her bill regardless of source of payment.
- 27) To ask and be informed of the existence of business relationships among the hospital, educational institutions, healthcare providers, or payers that may influence the patient's treatment and care.
- 28) To remain free from or restraints (or seclusion) in any forms that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- 29) To information about pain and pain relief measures; a concerned staff committed to pain prevention and management, health professionals who respond quickly to reports of pain; health professionals who believe your reports of pain and state-of-the-art pain management.
- 30) To receive the visitors whom he/she designates, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend. The patient has the right to withdraw or deny consent at any time. Visitation will not be restricted, limited or otherwise denied on the basis of race, color,

national origin, religion, sex, gender identity, sexual orientation or disability.

- 31) Through use of the Hospital Issued Notice of Non-coverage (HINN), Medicare beneficiaries have the right to be informed in advance of procedures or treatment for which Medicare may deny payment, and that the beneficiary may be personally responsible for full payment if Medicare denies payment.

PATIENT RESPONSIBILITIES

These responsibilities apply to the patient, guardian or legally authorized representative. The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities are presented to the patient in the spirit of mutual trust and respect.

The Patient has the Responsibility:

1. To provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.
2. For reporting perceived risks in his or her care and unexpected changes in his/her condition to the responsible practitioner.
3. For following the treatment plan established by his/her doctor, including the instructions of nurses and other health professionals, as they carry out the doctor's orders.
4. For his/her actions should he/she refuse treatment or not follow his/her doctor's orders.
5. **The Patient and Family have the Responsibility** for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
6. **The Patient and Family have the Responsibility** for being considerate of the rights of other patients and hospital personnel.
7. **The Patient and Family have the Responsibility** to participate in those educational and discharge planning activities necessary to ensure that he/she has adequate knowledge and support services necessary to provide him/her with a safe environment upon discharge from the hospital.
8. To ask the doctor or nurse what to expect regarding pain management; to discuss pain relief options with doctors and nurses and to help them develop a pain management plan; to ask for pain relief when pain first begins; to help doctors and nurses assess your pain; to tell the doctors and nurses if your pain is not relieved; and to tell doctors and nurses about any worries you have about taking pain medications.

9. For keeping appointments and for notifying the hospital or doctor when he/she is unable to do so.
10. **The Patient and Family have the Responsibility** for being respectful of his/her personal property and that of other persons in the hospital.
11. **The Patient and Family have the Responsibility** for following hospital policies and procedures.
12. For assuring that the financial obligations of his/her care are fulfilled as promptly as possible.

RIGHTS OF MINORS

The family consists of those individuals responsible for physical and emotional care of the child on a continuous basis, regardless of whether they are related.

The Minor has the Right:

- 1) To receive respect for:
 - a) Each child and adolescent as a unique individual;
 - b) The care-taking role and individual response of the parent.
- 2) To provision for normal physical and physiological needs of a growing child to include nutrition, rest, sleep, warmth, activity and freedom to move and explore.
 - a) Appropriate treatment in the least restrictive setting;
 - b) Not to receive unnecessary or excessive medication;
 - c) An individualized treatment plan and the right to participate in the plan;
 - d) A humane treatment environment that provides reasonable protection from harm and appropriate privacy for personal needs;
 - e) Separation from adult patients when possible;
 - f) Regular communication between the minor patient and the patient's family.
- 3) To consistent, supportive and nurturing care which:
 - a) Meets the emotional and psychosocial needs of the child;
 - b) Fosters open communication.
- 4) To provisions for self-esteem needs which will be met by attempts to give the child:
 - a) The reassuring presence of a caring person, especially a parent;
 - b) Freedom to express feelings or fears with appropriate reactions;
 - c) As much control as possible, over both self and situation;
 - d) Opportunities to work through experience before and after they occur, verbally, in play or in other appropriate ways;
 - e) Recognition and reward for coping well during difficult situations.

- 5) To provisions for varied and normal stimuli of life which contributes to cognitive, social, emotional and physical developmental needs such as play, educational, and social activities essential to all children and adolescents.
- 6) To information about what to expect prior to, during and following a procedure /experience and support in coping with it.
- 7) To participation of children and families in decisions affecting their own medical treatment.
- 8) To minimization of stay duration by recognizing discharge planning needs.

PARENTAL RESPONSIBILITIES OF MINOR PATIENTS

These Responsibilities apply to the Parents, Guardian or Legally Authorized Representative of Minor Patients. These responsibilities are presented in the spirit of mutual trust and respect and are in addition the responsibilities of adult patients:

Parents of Minors have the Responsibility:

- 1) To continue in their parenting role to the extent of their ability.
- 2) To be available to participate in decision-making and provide staff with knowledge of other parent /family whereabouts.

NONDISCRIMINATION POLICY

As a recipient of Federal financial assistance, Baylor Scott & White Emergency Hospital - Keller does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, gender, religion, sexual orientation, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Baylor Scott & White Emergency Hospital – Keller directly or through a contractor or any other entity with which Baylor Scott & White Emergency Hospital – Keller arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact the Hospital Administrator at Baylor Scott & White Emergency Hospital – Keller – 620 S Main St, Keller, TX 76248 by calling (972)347-2525. State Relay number: 1-800-735-2989