



**EMINENT
MEDICAL
CENTER**

PATIENT'S RIGHTS AND RESPONSIBILITIES

We, at Eminent Medical Center present a Patient's Bill of Rights and Patient Responsibilities with the expectation that they will contribute to more efficient patient care and greater satisfaction for the patient, family, physician and the Hospitals organization. Patients shall have the following Rights and Responsibilities without regard to age, race, sex, color, religion, culture, physical handicap, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, gender identity, and personal values or beliefs.

PATIENT'S RIGHTS

You, the patient, have the right to accept or refuse medical care or treatment to the extent of the law. You will be informed of the medical consequences of such refusal. You are responsible for your actions should you refuse treatment or fail to follow your physician or Hospital's instructions. You will be requested to sign a release of responsibility form.

You are to 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.

You have the right to approve or refuse the release of your medical record to an individual outside the Hospital. The exceptions being in case of a transfer to another medical facility, required by law or third party payment contract (your insurance company).

You and or your designated representative have the right to be fully informed before transfer to another facility. You will be provided with appropriate personal privacy.

You have the right to be advised as to the reason for the presence of any individual involved in your healthcare.

You have the right to have a family member or representative of your choice notified promptly of your admission to the facility.

You have the right to have your rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.

You have the right to receive as much information about any proposed treatment or procedure as needed to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment. You have a right to Participate in the development and implementation of the plan of care and actively participate in decisions regarding medical care

You have the right to become informed of your rights as a patient in advance of, or when discontinuing, the provision of care. You, the patient may appoint a representative to receive this information should he or she so desire. You have the right to be informed of the continuing healthcare requirements following discharge from the facility.

You have the right to coordinate your care with other physicians and healthcare providers who will treat you. You have the right to change their provider if other qualified providers are available.

You have the right to complete information, to the degree known, your diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.

You have the right to have care provided in a safe environment, free from all forms of abuse or harassment. Your designated representative has the right to participate in the consideration of ethical issues that arise during your care. You will be treated with consideration, respect, and full recognition of individuality, including privacy in treatment and care. The Hospital will keep records and all personal matters that relate to you confidential.

You will be provided with complete information to the extent of the physician's knowledge regarding diagnosis, treatment, and prognosis as well as alternative treatments for procedures and the possible risks and side effects associated with the

treatment process.

You have the right to change primary or specialty physicians or dentists if other qualified physicians are available.

You have the right to information regarding fees, payment policies, and may request an explanation of your bill regardless of the source of payment. Receive information and counseling on ways to help pay for the Hospital bill.

You have the right to inquire about the professional status of individuals providing you care.

You have the right to present an Advanced Directive, Living Will or Power of Attorney. You have the right to have the Hospital staff comply with these directives. Should you request information on Advance Directives, information will then be provided to you.

You have the right to know what patient support services are available, including whether an interpreter is available if you the patient does not speak English.

PATIENT'S RESPONSIBILITIES

You have the responsibility to observe the rules and regulations of the Hospital for your stay and treatment and know what we expect of you during your hospital stay.

You are responsible for promptly fulfilling your financial obligation to the Hospital, accepting financial responsibility for any charges not covered by his/her insurance.

We ask that you provide accurate and complete information about current health care problems, past illnesses, hospitalizations, medications, and other pertinent matters relating to your health.

You have the responsibility to be considerate of other patients, families, and personnel by assisting in the control of noise, smoking, and other distractions. You and your family are expected to respect the property of others. Threats, violence, or harassment of other patients and or visitors at the Hospital will not be tolerated.

You are responsible for reporting to the staff whether you understand the planned course of your treatment and what is expected of you.

You are responsible for notifying the Hospital or physician if you cannot keep your appointment.

It is your responsibility to fully participate in decisions involving your care and to accept the consequences of these decisions.

You are expected to follow up on your doctor's instructions, take medications when prescribed, and ask questions concerning your health care that you feel are necessary.

You are to ensure your physician knows the site/side of the body that will be operated on before the procedure.

Remind staff to wash their hands before performing any procedures on you and remind staff to check your identification before administering medications, giving blood or blood products or other treatments. Ask hospital staff to identify themselves.

GRIEVANCE POLICY STATEMENT

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RIGHTS AND RESPONSIBILITIES

If you are covered by Medicare: you may choose to contact the Medicare Beneficiary Ombudsman on line at <http://www.medicare.gov/claims-and-appeals/index.html> or call 1-800-MEDICARE (1-800-633-4227). The role of Medicare Ombudsman is to ensure that Medicare beneficiaries receive the information and the help you need to understand your Medicare options and to apply your Medicare rights and protections.

You may also choose to contact the Texas Health and Human Services Ombudsman 1-877-787-8999 or write to:

Office of the Ombudsman,
MC- H-700, PO Box 13247
Austin, TX 78711-3247

or go online at:

<http://txheart.dhs.state.tx.us/heartwebextr/hhscOmd>

OTHER ACKNOWLEDGMENTS

Other Acknowledgements Include:

1. Responsibility for personal property. I understand that Eminent Medical Center does not assume responsibility for safekeeping of any personal property, including but not limited to jewelry and or currency.
2. Eminent Medical Center is a Tobacco-Free / Vape Cigarette Free Environment: it is the policy of Eminent Medical Center to provide a Tobacco-Smoke Free Environment on all campuses and buildings.
3. Additional provisions for admissions of Minors: I, the undersigned, acknowledge and verify that I am the legal guardian or custodian of the minor/incapacitated patient and have legal authority to consent to the treatment to be provided to said patient and understand and acknowledge and agree to be responsible for the cost of all care provided to the said patient.
4. Financial Assistance Program: Eminent Medical Center maintains and established policy to provide health care services to those unable to pay all costs at the time of service. Information and application forms are available upon request. Please feel free to speak with a Financial Counselor for more information or to answer any questions.