

BAYLOR SURGICARE AT MANSFIELD

PATIENT RIGHTS AND RESPONSIBILITIES

This accredited ambulatory surgery center presents a copy of the Patient Rights and Responsibilities with the expectation that they will contribute to more efficient patient care and greater satisfaction for the patient, family, physician, and the center organization.

Patients shall have the following Rights and Responsibilities without regard to age, race, sex, religion, culture, physical or mental handicap, and personal values or beliefs.

PATIENT RIGHTS

A right to informed consent for:

- Care that includes the risk, benefits, treatment alternatives and consequences of not adhering to the treatment plan.
- Scientific and other visitors to be present during a procedure.
- Participation in clinical trials and investigative studies.

Designate a surrogate decision-maker.

Involve or not involve your family in your care and related decisions.

Participate in treatment decisions, ethical issues and in conflict resolution concerning your care.
Refuse care.

Pain management and comfort measures.

Know the names and professional status of caregivers.

Information about fees and payment schedules.

Protection of privacy of your person and confidentiality of your personal and financial information that is consistent with federal and state laws and of your medical information except in the event of an emergency in which case the medical record would be transferred with you to the receiving medical facility.

Protection of your safety and security.

Respect for your personal values and beliefs.

Information concerning your condition/procedure and instruction for care after discharge. Information on conflict resolution and the grievance process.

You have the right to present an advance directive or receive information about advance directives; however it is the policy of this facility *to not honor* an advance directive, as lifesaving measures are made in the event of an emergency. The advance directive is kept with your medical record in case you are transferred to another medical facility in the event of an emergency. Our contracted transfer facility will honor your advance directive.

You have the right to be free from abuse, neglect, harassment, discrimination and /or reprisal while in the care of the center.

A RESPONSIBILITY TO:

Provide accurate and complete information about complaints, past illnesses, hospitalizations, medications, advance directives, and other matters of care.

Observe the rules and regulations of the center for your stay and treatment. If the instructions given by the surgery center are not followed, you may forfeit the right to care at the center and you will be responsible for your own outcomes.

Promptly and in an agreed manner fulfill your financial obligations to the surgery center as agreed upon.

Acknowledge when you do not understand a treatment or plan of care.

Ask your doctor or nurse any questions you have concerning pain management or pain relief options and to assist your doctor or nurse in assessing your pain level. You are expected to tell your doctor or nurse about any concern you may have about taking pain medications.

Notify the center or your physician in a timely manner if you cannot keep your appointment.

Fully participate in decisions involving your care and to accept the consequences of these decisions.

Participate in the SPEAK-UP program posted throughout the center.

Have a responsible adult provide transportation and to assist with your care during the first 24 hours post-op

Provide a telephone number where you can be contacted within the first three days post-op.

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.

PROCESS TO FILE A COMPLAINT

USPI's mission is to provide first-class surgical services for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.

We welcome suggestions, complaints as well as appreciation and your feedback is important to us.

You may express a complaint to any staff member, department head or the Administrator.

The Administrator/ Privacy Officer will review all complaints and attempts to rectify any issue.

If the issue is not resolved to your satisfaction, the Governing Board reviews the complaint. You will receive a response to your complaint in writing within 7 days, and again every 30 days until a decision is made by the Governing Board with regards to your complaint. Our policy can be made available.

If you are still not satisfied, you may file a complaint using the posted information for:

- The Texas Department of Health.
- AAAHC Accrediting agency.