



## PATIENT BILL OF RIGHTS

### **As a patient you have a right to:**

- Treatment regardless of your race, creed, national origin and ability to pay.
- Be treated with respect, consideration and dignity.
- Provided with appropriate privacy.
- To have your medical record treated with confidentiality. You may approve or refuse the release of your medical record, except when release is authorized by law.
- Information necessary to help you make treatment decisions in partnership with your physicians.
- Information on and involvement in resolving dilemmas about care treatment and services including unanticipated outcomes. If dilemmas occur and need assistance in their resolution the hospital will provide an ethics consultation to assist with recommendations for resolution.
- Access, request amendments to, and receive an accounting of disclosures regarding your health information as permitted by law.
- Have your cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected.
- Care that provides comfort and dignity through treatment based on the wishes of you or your appointed decision maker.
- Refuse to accept treatment; and be informed of the medical consequences of any refusal to accept treatment.
- To be free from the use of any form of restraint, physical and chemical, except in an emergency situation when ordered by your physician when necessary to protect you from injuring yourself or others.
- The name of your attending physicians, the names of all other practitioners directly participating in your care and the names and functions of other health care persons having direct contact with you.
- Have protective services offered to you, for example guardianship or protective services through county agencies.
- Prepare an advance directive and appoint someone to make healthcare decisions on your behalf as allowed by law.
- Effective management of pain when appropriate.
- Register a complaint/grievance about care or treatment at 817-989-9441 and receive a response to your concerns.
- You may also submit your complaint/grievance to: Department of State Health Services, 1100 West 49<sup>th</sup> Street, Austin, Texas, 78756. 888-973-0022