

# Memorial Hermann Endoscopy Center North Freeway

## Patient Bill of Rights

This Facility adopts and affirms as policy the following rights of patient/clients who receive services from our facility. This policy affords you, the patient/client, the right to:

1. Treatment without discrimination as to race, color, religion, sex, national origin, political belief, or handicap and the right to be free of all form of abuse & harassment. It is our intention to treat each patient as a unique individual in a manner that recognizes their basic human rights.
2. Considerate and respectful care including consideration of psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
3. The right to know how MHECNF Center is required and permitted by the law to use and disclose his/her health information..
4. Obtain from the person responsible for your health care complete and current information concerning your diagnosis, treatment, and expected outlook in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information shall be made available to an appropriate person in your behalf.
5. Receive information necessary to give informed consent prior to the start of any procedure and/or treatment, except for emergency situations. This information shall include as a minimum an explanation of the specific procedure or treatment itself, its value and significant risks, and an explanation of other appropriate treatment methods, if any.
6. The patient may elect to refuse treatment. In this event, the patient must be informed of the medical consequences of this action. In the case of a patient who is mentally incapable of making a rational decision, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give such approval. The facility will make every effort to inform the patient of alternative facilities for treatment if we are unable to provide the necessary treatment.
7. Upon request, the facility will assist you in formulating advance directives and appointing a surrogate to make health care decisions on your behalf, to the extent permitted by law. Access to health care at this facility will not be conditioned upon the existence of an advance directive.
8. Privacy to the extent consistent with adequate medical care. Case discussions, consultation, examination and treatment are confidential and should be conducted discreetly.
9. Privacy and confidentiality of all records pertaining to your treatment, except as otherwise provided by law or third party payment contract.
10. A reasonable response to your request for services customarily rendered by the facility, and consistent with your treatment.
11. Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements following discharge, if any.
12. The identity, upon request, of all health care personnel and health care institutions authorized to assist in your treatment.
13. Refuse to participate in research. Human experimentation affecting care or treatment shall be performed only with your informed consent.
14. Upon patient request, examine and receive a detailed explanation of your bill including an itemized bill for services received, regardless of sources of payment.
15. Know the facility's rules and regulations that apply to your conduct as a patient.
16. Any unanswered concerns on the part of patients or family relative to ethical issues can, with sufficient notice, be referred to our Compliance Committee for advice.
17. Complaint or criticisms will not serve to compromise future access to care at this facility. Staff will gladly advise you of procedures for registering complaints.
18. The right to and need for effective communication.
19. The right to have his/her pain manage effectively.
20. The right to receive a high standard of patient safety while in the facility.
21. The right to access protective and advocacy services.
22. The right to exercise the above rights without being subjected to discrimination or regard to sex, economic status, educational background, race, color, religion, national origin, sexual orientation, marital status, or the source of payment for care.
23. The right to voice concern to the appropriate hospital personnel or to the Texas Department of State Health Services , P.O.Box 149347, Austin, Texas 78714-9347, (888) 973 0022.
24. The right to voice complaint about Physicians as well as other licensee and registrant of Texas Medical Board to the Medicare OMBUDSMAN OFFICE @ [www.medicare.gov/navigation/help](http://www.medicare.gov/navigation/help). Or call 1800 ( MEDICARE ) 633 42273