



YOUR PATIENT RIGHTS

Welcome to our Practice. At *The Clinic*, we respect our patients' dignity and pride.

This document will explain your patient rights and responsibilities. It is part of your patient registration and is an important part of your health care plan. If you have any questions, please contact *The Clinic* at (737 221-8933).

Our commitment to you, our patient, includes the following rights. We comply with applicable Federal civil rights laws and affirm that we will **deliver high-quality health care to every patient without regard to:**

age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, health condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state, or local law

Considerate and Respectful Care

- Fair, high-quality, safe and professional care
- Care regardless of color, race, religion, creed, etc.
- Consideration, respect, and recognition of you and your individuality
- Treatment privacy
- Safe environment

Health Status and Care

- To be informed of your health status in terms and / or language that you, your family, and caregivers can be expected to understand
- To take part and be active in your care and treatment plan
- To participate in decisions in your care, unless your doctors or others believe it is harmful to you
- To know, be told, and understand:
 - the names, roles, and qualifications of your health care experts that provide your care
 - risks, benefits and side effects of treatment procedures for your diagnoses

- innovative or experimental treatment procedures of diagnosis offered
- alternative treatment options offered
- your procedure and to “give informed consent” before it begins
- possible outcomes of your care and treatment
- the assessment and management of your mental health issues

Decision Making and Notification

- Choose a person to be your health care representative or decision-maker
- Exclude those you do not want help from or to join in your care or decisions
- Ask for, but not have the right to demand, services *The Clinic* does not think are needed or appropriate
- Refuse treatment
- Be included in experimental research only with your written consent
- Refuse experimental research or investigations
- Receive the information necessary to approve a treatment or procedure
- Give consent to a procedure or treatment

Access to Services

- Receive services of a translator, interpreter, or other necessary services or devices to help you communicate with *The Clinic* in a timely manner (i.e. qualified interpreters, written information in other format or languages, etc.) – Fees may apply.
- Bring a service animal except where prohibited pursuant *The Clinic's* policy
- Have access to our facility buildings and grounds in compliance with The Americans with Disabilities Act, a law that stops discrimination against people with disabilities. The ADA policy is available upon request
- Prompt and reasonable response to questions and requests for service
- If you need any of the above services, contact *The Clinic* management team at (737) 221-8933.

Ethical Decisions

- Talk to and join in with your doctor about:

- conflict resolutions
- referrals provided
- foregoing or withdrawing care
- investigational study or clinical trials

- Know that if your health care expert decides your refusal to accept treatment prevents you from getting the right care (as stated by its ethical and professional standards), it can end the relationship

Payment and Administrative

- Review your health care bill regardless of your ability to pay it or the payment source
- Receive information about available financial resources
- If uninsured, to receive, before the provision of a planned service, a reasonable estimate of charges for such service and information regarding any discount or charity policies for which the uninsured person may be eligible.
- Know if *The Clinic*, doctors and other team members accept Medicare, the government's health insurance for those aged 65+ or disabled
- Know and understand the Medicare charges for your services and treatment provided
- Receive if you ask, with explanation, a reasonable estimate of your health care charges before treatment
- To be free from any requirement to purchase drugs, or rent or purchase supplies or equipment from any particular source (specifically in accordance with the provisions of the CA Section 1320 of the Health and Safety Code) and also to receive patient choice in these type of decisions

Protective Service

- Receive available protective and advocacy services
- Receive, as offered by state law: care and treatment for mental illness or development disability and all legal and civil rights as a citizen
- Understand and expect emergency procedures without unneeded delay within *The Clinic's* scope
- Be given *The Clinic's* policies and procedures for initiation, review, resolution of patient complaints, including the address and phone number to file complaints
- Discuss complaints, issues, or problems regarding discrimination in access to services with your doctor and/or *The Clinic's* management team at (737) 221-8933. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Coordinator is available to help you.
- File a complaint with the Ethics Line (1-800-994-6610), the Texas Board of Psychology, the Department of Health and Human Services', Office of Civil Rights' or others with your concerns about patient abuse, neglect, misuse of your property at *The Clinic*, other unresolved complaints, patient safety, and quality concerns
- Have a fair review of alleged patient right violations

Contact information for HHS or OCR: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html> or <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

YOUR PATIENT RESPONSIBILITIES

You are an important and active member of your care plan. You have certain responsibilities to yourself and to your care team.

In the spirit of shared trust and respect, we ask you to:

- Give true and complete information about your:
 - Health status
 - Medical history
 - Hospitalizations
 - Medicines
 - Other matters about your health
 - Contact information, family members and caregivers and other needed information
- Let us know:
 - any risks about your care
 - Changes in your care, illness, or injury
 - Safety concerns
 - Violation of your patient rights
 - If you understand your care plan and what we expect from you
 - If you don't understand your care plan or its information
 - If you have or need to ask questions
- Please:
 - Follow your care plan and instructions created by your doctor or other health care team members
 - Keep appointments and, if you cannot make your appointments, let us know at a minimum 48 hours before your appointment
 - Be responsible for your actions if you refuse care or don't follow doctor's orders
 - Pay your health care bills in a timely manner
 - Follow practice procedures, rules and regulations
 - Be thoughtful of the rights of other patients and our staff
 - Be respectful of yourself and our staff
 - Treat the doctor and our health care staff with respect and consideration
 - Accept that bad language or behavior is not tolerated and may be grounds for dismissal
 - Accept we may end our relationship if you do not follow your doctor's orders or care plan