

PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS

As a Harris Health System patient, you have the following rights:

- **RIGHT TO A REASONABLE RESPONSE TO REQUESTS FOR TREATMENT.** You have the right to have things you ask about at Harris Health be heard and acted on if it, is possible, does not go against the Harris Health policy, and is legal to do. If you are transferred to another hospital, you have a right to know why and the risks, benefits, and alternatives to the transfer.
- **RIGHT TO EQUAL ACCESS TO TREATMENT.** You have the right to treatment or care from all Harris Health services, programs and facilities no matter your age, race, color, sex, national origin, religion, disability, or other legally protected status.
- **RIGHT TO INFORMATION ABOUT PATIENT RIGHTS.** You, or your personal representative, have the right to get information about Harris Health's patient rights policies when you are admitted to the hospital or in advance of Harris Health providing or stopping the provision of care to you. You also have the right to know how Harris Health will investigate and, when possible, resolve your complaints about quality of care. You, or your personal representative, have the right to file a complaint about the quality of care you received at Harris Health directly with the Texas Health and Human Services Commission by sending your complaint to:

Health Facility Compliance Unit (MC 1979) Texas Health and Human Commission,
P.O. Box 149347
Austin, Texas 78714-9347
Fax-512-834-6653;
Complaint Hotline - 1-888-973-0022
- **RIGHT TO KIND AND RESPECTFUL CARE.** You have the right to kind and respectful care while you are at Harris Health. This care includes, but is not limited to:
 - Thinking about the psychosocial, spiritual, and cultural needs, wishes or beliefs that guide how you view your illness;
 - Focusing on your comfort and dignity while: treating primary and secondary symptoms that you or your legal representative want treated and there is a treatment for;
 - Managing your pain to the best of our ability; and
 - Accepting you and your family's psychosocial and spiritual concerns about dying and how you and your family express grief.
- **RIGHT TO MAKE DECISIONS ABOUT YOUR CARE.** You, or your personal representative, have the right to make decisions about your healthcare with your physician. You have the right to join or share in making and carrying out your plan of care. You have the right to be given facts about your care and to ask those who take care of you to tell you their names and what they are going to do to take care of you. You have the right to accept or to refuse medical treatment, and to be told of what may happen with your health if you refuse treatment.

RIGHT TO GIVE INFORMED CONSENT. You, or your personal representative, have the right to get information you need to make choices about your care before the care is given. This includes your health status, the name of the treatment and its risks, the name of the person doing the treatment, how long it will take you to get better, and your treatment choices, including being able to request or refuse treatment. You and your legal representative also have the right to be included if there are ethical issues about your care.

- **RIGHT TO HAVE AN ADVANCE DIRECTIVE.** You have the right to have an advance directive (such as a directive to physicians, declaration for mental health treatment, or medical power of attorney) concerning treatment. You also have the right to choose another adult to make healthcare decisions for you as allowed by law. Your care will not be changed because you do or do not have an advance directive. You, or your personal representative, also have the right to receive notice of Harris Health's policy regarding Advance Directives prior to receiving treatment at Harris Health.
- **RIGHT TO PRIVACY AND CONFIDENTIALITY.** You have the right to expect that all prior and current communications and all records about your care will be treated as confidential, except in cases such as suspected abuse and public health hazards or when reporting is permitted or required by law. You also have the right to have physical privacy during personal hygiene activities such as toileting, bathing, or dressing, and during treatment when requested and as appropriate.
- **RIGHT OF ACCESS TO YOUR MEDICAL RECORD.** You and your legal representative have the right to view information contained in your medical record, as allowed by law. Harris Health has the right to destroy your medical record on or after the 10th anniversary of the date you were last treated by Harris Health or after your 20th birthday, whichever is later.
- **RIGHT TO BE FREE FROM ABUSE.** You have the right to get care in a safe setting and to be free from all forms of abuse, harassment, neglect, and exploitation.
- **RIGHT TO BE FREE FROM RESTRAINT OR SECLUSION.** You have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of you, a staff member, or others and must be stopped at the earliest time possible and may only be imposed by staff members trained in the safe implementation of restraint or seclusion. You also have a right to be free from physical and/or mental abuse, and corporal punishment.
- **RIGHT TO PARTICIPATE IN RESEARCH.** You have the right to consent to or refuse to be part of any human experimentation or other research or educational projects that may affect your care or treatment or that require your direct involvement. You also have the right to have the research or educational projects fully explained to you before you consent to or refuse to be in them. If you refuse, your care will not change.
- **RIGHT TO RECEIVE EXPLANATION OF YOUR BILL.** You have the right to have your bill explained to you, no matter who paid or will be paying the bill.

- **RIGHT OF ACCESS TO INTERPRETER AND COMMUNICATION SERVICES.** You have the right to an interpreter who speaks your language. If you have a hearing or speech impairment, you have the right to communication services that meet your needs.
- **RIGHT TO A LEGAL REPRESENTATIVE.** You have the right to have your legal guardian or legal representative use your rights, as allowed by law, if you are:
 - Judged incompetent by law;
 - Found by your physician to be medically incapable of understanding the proposed treatment or procedure;
 - Not able to communicate your wishes regarding treatment;
 - A Minor
- **RIGHT OF NOTIFICATION.** You have the right to have a family member or representative of your choice and your physician told promptly of your admission to a Harris Health hospital.
- **RIGHT TO HAVE VISITORS.** You have the right to decide who may or may not visit you while you are in the hospital, as clinical conditions permit. Subject to your consent, you have the right to have visitors whom you name/list including, but not limited to, a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend, and you have the right to be informed of any clinical restriction or limitation on your right to have visitors while you are in the hospital. You have the right to say you no longer want to have a named visitor at any time. Harris Health does not restrict, limit, or otherwise deny anyone the chance to visit on the basis of age, race, color, national origin, sex, gender identity, sexual orientation, religion, disability, or other legally protected status. Harris Health will ensure that all visitors enjoy full and equal chance to visit using your stated list.

PATIENT RESPONSIBILITIES

As a Harris Health System patient, you have the following responsibilities:

- **RESPONSIBILITY TO PROVIDE INFORMATION.** You and your legal representative are responsible for giving full and honest facts about your health and your health history. Your health history includes any illness, hospital stay, medicines you take or have taken instructions to your doctor about your care, and other health matters.
- **RESPONSIBILITY TO FOLLOW TREATMENT PLAN.** You and your legal representative are responsible for being a partner in your healthcare plan. Talk about your treatment. Follow the plan of care. Tell your doctor if you cannot follow the plan of care. Tell your doctor about any changes in your health.
- **RESPONSIBILITY TO ASK QUESTIONS.** You and your legal representative are responsible for asking questions when you do not understand. Go to classes to learn about your health. You may bring a written list of questions to your appointment.
- **RESPONSIBILITY TO KEEP YOUR CONTACT INFORMATION UP-TO-DATE.** You and your legal representative are responsible to tell us about changes in your address, phone number and insurance. Give us the correct address and phone number for you and your next of kin.
- **RESPONSIBILITY TO USE OUR SERVICES CORRECTLY.** You and your legal representative are responsible to use our services to get well and stay well. Refill your medicine on time. Make regular health appointments. Call us for an appointment if you feel sick or need help filling out a form. Keep your appointments. Call at least two days before to cancel your appointment, or as soon as you know that you cannot keep your appointment.
- **RESPONSIBILITY TO PAY YOUR BILL.** You are responsible to pay your part of your bill. Financial assistance may be available.
- **RESPONSIBILITY TO BE CONSIDERATE OF RIGHTS OF OTHERS.** You, your legal representative, and your visitors are responsible to treat the people who take care of you, other patients, and Harris Health property with respect and courtesy. You are responsible for:
 - Maintaining a clean and quiet area;
 - Respecting the privacy of other patients;
 - Limiting your use of cell phones in patient care areas;
 - Not taking pictures or record conversations without approval from staff; and
 - Not being rude to or fighting with staff, other patients, or visitors.

ACKNOWLEDGEMENT OF RECEIPT OF PATIENT RIGHTS AND RESPONSIBILITIES

I have been informed and received a copy of Harris Health System's Patient's Rights and Responsibilities.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Patient: _____

Printed Name of Parent(s) (if known): _____

Witness: _____ Date: _____

Patient ID



Patient Rights and Responsibilities

284585 | 10.24

Printed versions of this document are uncontrolled. Please go to the Harris Health Document Control Center to retrieve an official controlled version of the document.
<https://apps.hchd.local/sites/dcc>