

Patient Rights and Responsibility

1. You will be provided a copy of the “Patient Rights and Responsibilities” prior to the procedure
2. You have the right to be free from discrimination based on age, race, ethnicity, religion, culture, language, physical or mental, disability, socioeconomic status, sex, sexual orientation and gender identity or expression
3. You have the right to a reasonable response to your request and need for treatment or service, within the hospital's capacity, its stated mission, and applicable laws and regulations.
4. You have the right to be informed about which physicians, nurses and other health care professionals are responsible for your care.
5. You have the right to change providers if you choose so. Patients are informed of the credentials of all staff who will be providing care during patient’s stay
6. You, or your legal authorized representative, have the right to the information necessary for you to make informed decisions, in consultation with your physician, about your medical care including information about your diagnosis, the proposed care and your prognosis in terms and a manner that you can understand before the start of your care. You also have the right to take part in developing and carrying out your plan of care.
7. You have the right to consent to or refuse medical care, to the extent permitted by law, and to be told of the risks of not having the treatment and other treatments which may be available.
8. You have the right to reasonable access to care.
9. You have the right to care that is considerate and respectful of your personal values and beliefs. The hospital strives to be considerate of the ethnic, cultural, psychosocial, and spiritual needs of each patient and family.
10. You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the Hospital.
11. You have the right to have your family take part in your care decisions with your permission.
12. You have the right, to the extent permitted by law, to have your legal guardian, next of kin, or a surrogate decision maker appointed to make medical decisions on your behalf in the event you become unable to understand a proposed treatment or procedure, are unable to express your wishes regarding your care, or you are a minor. The person appointed has the right, to the extent permitted by law, to exercise your rights as a patient on your behalf.
13. You and your appointed representative have the right to take part in ethical questions that arise during your care.
14. You have the right to communicate with family, friends and others while you are a patient in the hospital unless restrictions are needed for therapeutic effectiveness.
15. You and your legal representative have the right to access the information contained in your medical record in a timely manner subject to state and federal law.
16. You may request an explanation of your clinic bill, even if you will not be paying for your care.
17. You have the right to issue advance directives and to have doctors at the clinic and clinic staff follow your directives in accordance with state and federal law. However due to the clinic’s limited capabilities, in the event of an emergency, the patient will be transferred to the nearest emergency room/hospital. The hospital or ER will be informed of the existence of the Advance Directives and such will be provided if the clinic has copies.
18. You have the right to personal privacy and for your medical information to be kept confidential within the limits of the law.
19. You have the right to receive care in a safe setting.
20. You have the right to be free from abuse or harassment.
21. You have the right to be free from restraints that are not medically necessary; restraints include physical restraints and medications.

22. You have the right to be free from seclusion and restraints for behavior management except in emergencies as needed for your safety when less restrictive means may have been ineffective.
23. You have the right to consent or refuse to take part in any human research or other educational project affecting your care. You also have the right to be given information about the expected benefits and risks of any research you choose to take part in and any alternative treatment that might benefit you. Refusing to take part in the research or project will in no way affect your care.
24. You have the right to have your pain assessed and managed properly and to receive information about pain and pain relief measures.
25. You have the right to obtain information concerning the relationship of the clinic to other health care facilities as they relate to your care.
26. You have the right to submit a complaint to the clinic regarding your care. Your care will not be affected by submitting a complaint. Report any complaints to Clinic Manager.
27. You have a right to request and/or be provided language assistance i.e. Interpreter services, if you have a language barrier or hearing impairment. This will be provided at no cost to you to help you actively participate in your care

Patient's Responsibility

1. Provide accurate and complete information about your health, medications, allergies (including latex), current address, phone number, emergency contacts, and health insurance coverage and report changes in his/her condition or perceived risks in care
2. Ask questions when he/she does not understand what he/she has been told about care or what he/she is expected to do
3. Follow the prescribed treatment plan and report to the physician any side effects. Keep follow-up appointments to ensure good health care. If the patient refuses treatment or fails to follow the directions of his/her physician or proper hospital personnel, he/she will be responsible for his/her actions
4. Assure that the financial obligations of his/her healthcare are fulfilled, this includes co-payments, co-insurances, deductibles or for non-covered services at the time of the visit unless other arrangements have been made in advance with the Clinic Manager.
5. Follow the clinic's rules and regulations and be considerate of the rights of others at the hospital, such as assisting in the control of noise, smoking and number of visitors
6. Give at least 24 hours' notice to cancel any appointment.
7. Arrive 15 minutes prior to your appointment time.
8. Respect the rights of other patients and staff. Follow all Texas State rules and regulations pertaining to safety, smoking, and general conduct.
9. Ask questions regarding your diagnosis or treatment.
10. Plan ahead and be aware of the Trophy Club Pediatrics operating schedule because the TCP closes during certain holidays or times of the year.
11. Give prior notice to the TCP when translator services are needed for your care.
12. Pay for services when rendered, including financial responsibility for any charges not covered by insurance.
13. Notifying their health care provider of patient's Advance Directives, Living wills, Medical Power of Attorney or any other directives that could affect their care
14. Inform the Trophy Club Pediatrics of any concerns or complaints.
15. Refrain from using your cell phone during patient care.
16. The patient or family may voice concerns or complaints without having care affected in any way. They may discuss their concern with their doctor, nurse or other caregiver. If concerns are not resolved, they

should contact the Clinic Manager at 1-817-400-1572. If preferred, the patient/caregiver may contact the Texas Department of State Health Services Health Facility Compliance Division, PO Box 149347 Mail Code: 1979 Austin, Texas 78714 or their Ombudsman at 800-MEDICARE or www.cms.hhs.gov/center/ombudsman