

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient, you have the right to:

1. Receive a written statement of your rights.
2. Receive visitors, subject to your consent, whom you designate while being treated in the hospital. You will be notified of any clinical restrictions or limitations if applicable. You have the right to withdraw such consent at any time.
3. Receive healthcare without discrimination based on race, color, religion, national origin, sex (including transgender), sexual orientation, age, or disability.
4. Communication assistance for individuals with limited English proficiency or appropriate auxiliary aids and services, such as alternative formats and sign language interpreters, where necessary for effective communication.
5. Participate in the development and implementation of your plan of care, and if you choose, to appoint a representative to make health care decisions on your behalf. As a patient you are responsible for following directions and providing information about your history or current condition.
6. Make informed decisions regarding your care. By asking questions, you can participate in your Care Plan, and you are responsible to let us know if you do not understand the treatment course of care decisions.
7. Receive, in accordance with 42 CFR 489.27(b), as a Medicare beneficiary the "An Important Message from Medicare Notice" (IM) within two days of admission. In addition, the IM is to also be given to each Medicare beneficiary within two days of their anticipated discharge when the length of stay is longer than two days.
8. Care that is considerate and respectful of your personal values and beliefs.
9. Formulate Advanced Directives and to have the hospital staff and practitioner caring for you comply with these Directives.
10. Have a family member or representative of your choice and/or your own physician notified promptly of your admission.
11. Pastoral counseling upon request.
12. Personal privacy. You will be treated with respect and consideration. You are responsible to be respectful in return.
13. Receive care in a safe setting and be free from all forms of abuse and/or harassment.
14. The confidentiality of your clinical record and the right to limit the release or disclosure of information such as the presence in the facility or location in the hospital, or personal information such as name, age, address, income, health information without prior consent from the patient in accordance with law and regulation.
15. To obtain information contained in your clinical record within a reasonable time frame.
16. Be free from restraints and/or seclusion of any form that is not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
17. To accept or refuse care to the extent permitted by law, and to be informed of the expected medical consequences of such actions. In the event that care is refused, you are responsible for the outcomes and consequences of those decisions.
18. Access protective services.
19. Be informed about the outcomes of care, including unanticipated outcomes.
20. Appropriate assessment and management of your pain.
21. Participate in ethical questions that arise in your care, including issues of conflict resolution, withholding or resuscitative services, foregoing or withdrawal of life sustaining treatment and participation in investigational studies or clinical trials.
22. Expect responsible continuity of care, including the right to be informed of continuing health care needs following discharge.
23. Examine and receive an explanation of your hospital bill regardless of source of payment. The patient or guarantor is responsible for meeting the financial commitments to the facility.
24. Access to a Patient Advocate for assistance in resolution of complaints and/or to file a grievance when an issue cannot be resolved promptly by staff present.

The hospital has a designated Patient Advocate. This person will act on your, or your representative behalf. They are responsible for reviewing, investigating and analyzing complaints and making recommendations to hospital Administration for resolution of complaints. If at any time you wish to speak to our Patient Advocate, you may do so via the address or phone number below:

Baptist Hospitals of Southeast Texas
C/O Patient Advocate
P.O. Box 1591
Beaumont, Texas 77704

(409) 212-5638

Any patient, or their surrogate decision-maker, who believes his or her rights have been violated or has complaints regarding quality of care concerns or safety issues and who wishes to file a grievance directly with a regulatory agency may, at any time, contact our accrediting body, Center for Improvement in Healthcare Quality (CIHQ), by any of these methods:

Online: <https://cihq.org/complaint> **Phone:** (512) 661-2813 **Fax:** (805) 934-8588

By Mail: Center for Improvement in Healthcare Quality
P.O. Box 3620
McKinney, TX 75070
ATTN: Executive Director

Or you may contact the Health and Human Services Commission
Complaint and Incident Intake, Mail Code E-249
P.O. Box 149030
Austin, Texas 78714-9030 (888) 973-0022