

## YOUR RIGHTS AS A PATIENT

We at Methodist Mansfield Ambulatory Surgery Center believe that the protection and support of the basic human rights of freedom of expression, decision and action are important to the healing and well-being of our patients. Therefore, we strive to treat patients with respect and with full recognition of human dignity. Decisions regarding health care treatment will not be based on race, creed, gender, national origin, age, disability, or sources of payment. As a patient of Methodist Mansfield Ambulatory Surgery Center:

1. You have the right to be treated with dignity and to receive courteous, considerate and respectful care.
2. You have the right to expect that the staff have been fully credentialed and are competent to perform the treatments and procedures for which they have privileges.
3. You have the right to obtain from your physician their diagnosis, treatment plan and prognosis, in language clearly understandable in "lay" terms.
4. You have the right to know the names of the individuals involved in his procedure, including anesthesia and surgical assistants.  
You have the right to know when any of these assistants (or observers) are students who will be involved in his care.
5. You the right to give informed consent prior to the commencement of the procedure. This means that his physician has explained the diagnosis, the specific procedures and/or treatment, the medically significant risks or complications involved, the prognosis and the probable duration of any incapacitation. You have the right to know medical alternatives.
6. You have the right to refuse treatment within the confines of the law, to participate in your care and to be informed of the medical consequences for refusal of care. In addition, you have the right to change providers if other qualified providers are available.
7. You have the right to have your privacy respected.
8. You have the right to expect interpretive services, visual and auditory aids will be made available as needed.
9. You have the right to expect that referral or transfer will occur if necessary but only after you or your care person have been made aware of such need.
10. You have the right to obtain information regarding relationships between the organization and other healthcare and educational institutions, in so far as care is concerned.
11. You have the right to be advised when the facility is involved in research and human experimentation affecting your care or treatment. You have the right to refuse your participation.
12. You have the right to expect continuity of care among your healthcare team.
13. You have the right to be informed of fees for services and payment policies, as well as any charges above what insurance will pay. You also have the right to receive an itemized copy of your account statement upon request and an explanation of charges.
14. You have the right to be free from mental, physical, sexual and verbal abuse and the right to have any allegations investigated by the institution.
15. You have the right to be informed of provisions for after-hour and emergency coverage.
16. You have the right to expect truth in advertising by the organization.
17. You have the right to know whether or not the organization accepts your insurance prior to his treatment.
18. You have the right to know that the organization makes decisions regarding the provision of ongoing care, treatment and discharge based on the assessment of the patient.
19. You have the right to make suggestions regarding changes in policies and procedures of the organization and to file a grievance without fear of reprisal.
20. You have the right to review, inspect and amend your health record to include disclosures.
21. You have the right to have an advance directive.
22. You have the right to know that staff will be responsive to your complaints regarding pain and will provide pain prevention and management.
23. You have the right to request discharge plans to be reviewed and coordinated with you.

## **YOUR RESPONSIBILITIES AS A PATIENT**

Your contribution to your health care is vital and you can be involved in the health care process by fulfilling certain responsibilities. As a patient, it is your responsibility to:

1. Provide correct, complete information about your medical condition and any past or current medical treatment. Report any changes in your condition or perceived risks in care.
2. Follow the treatment plan recommended by your physician and other health care professionals. If you choose not to follow your treatment plan, you are responsible.
3. Discuss with your doctor and nurse what to expect regarding pain and pain management relating to your illness, including:
  - a. Options for pain relief,
  - b. Potential limitations and side effects of treatment for pain, and
  - c. Any concerns you have about taking pain medicines. It is your responsibility to ask for pain relief when pain begins and to tell your doctor or nurse if your pain is not relieved.
4. Be considerate of other patients and hospital employees.
5. Follow facilities rules regarding the conduct of patients.
6. See that payment of charges for your health care services is paid as promptly as possible. If a third party is paying these charges, you can assist the payment process by providing complete and correct financial and insurance information.

## **PROBLEM RESOLUTION**

Federal law gives every patient the right to be informed of how to submit a complaint to the hospital relating to his/her care or relating to the belief that he/she is being discharged from the Ambulatory Surgery Center prematurely. Each patient has the right to be informed of how the complaint will be considered including the response and resolution process developed by the hospital. The complaint resolutions process is part of the Ambulatory Surgery Center's confidential Quality and Performance Improvement Program.

1. An issue can be addressed most promptly by speaking with your nurse or another health care professional involved in your care. However, if you feel an issue is not being addressed appropriately, or if you need additional assistance, please contact Administration at 817-242-3605.
2. If you feel that your issue is not being resolved or being addressed by the hospital, you may also phone or write the Texas Department of State Health Services, Health Facility Compliance Division, 1100 West 49<sup>th</sup> Street, Austin, Texas 78756 (1.888.973.0022) to ask questions or report a complaint.
3. Patients who want to address any concerns with AAAHC, may call at 1.847.853.6060. or can email [complaints@aaahc.org](mailto:complaints@aaahc.org). Or can do so by form file at: <https://www.aaahc.org/uploads/2021/03/Complaint-Concern-Form-3.5.21.pdf>, [Complaint-Concern-Form-3.5.21.pdf](#)
4. A patient who feels he or she has been discriminated against at the facility on the basis of race, color, national origin, disability or age has a right to file a complaint. The written account of the alleged discrimination should be sent or delivered to Methodist Mansfield Ambulatory Surgery Center, Attention, Administrator, preferably within 30 days of the incident.
5. You can also send a fax to 888-780-8099 or write to: HHS Office of the Ombudsman, PO Box 13247 Austin, TX 78711-3247, [hhs.texas.gov/ombudsman](https://hhs.texas.gov/ombudsman)