



PATIENT BILL OF RIGHTS

We at Baylor Scott & White Texas Spine & Joint Hospital 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. 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, sex, national origin, age, disability or sources of payment.

AS A PATIENT OF BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL YOU HAVE THE RIGHT TO:

1. A reasonable response to your request and need for treatment of service, within the Hospital's capacity, its stated mission, and applicable laws and regulations.
2. Be informed about physicians, nurses and other health care professionals are responsible for your care.
3. 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.
4. 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
5. Reasonable access to care.
6. 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. The Hospital acknowledges that care of the dying patient includes care with dignity and respect, management of pain, and consideration of the patient's and family's expression of grief.
7. Have a family member or representative of your choice and your own physician notified promptly of your admission to the Hospital.
8. Have your family take part in your care decisions with your permission.
9. Have your legal guardian, next of kin, or a surrogate decision-maker, to the extent permitted by law, 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.
10. You and your appointed representative have the right to take part in ethical questions that arise during your care.
11. Communicate with family, friends and others while you are a patient in the Hospital unless restrictions are needed for therapeutic effectiveness.
12. 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.
13. You may request an explanation of your Hospital bill, even if you will not be paying for your care.
14. Issue Advance Directives and to have doctors at the Hospital and Hospital staff follow your directives in accordance with state and federal law.
15. Personal privacy and for your medical information to be kept confidential within the limits of the law.
16. Receive care in a safe setting.
17. Be free from abuse or harassment.
18. Be free from restraints that are not medically necessary; restraints include physical restraints and medications.

19. Be free from seclusion and restraints from behavior management except in emergencies as needed for your safety when less restrictive means may have been ineffective.
20. 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 chose 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.
21. Have your pain assessed and managed properly and to receive information about pain and pain relief measures.
22. Obtain information concerning the relationship of the Hospital to other health care facilities as they relate to your care.
23. Submit a complaint to the Hospital regarding your care and regarding any belief you have that you are being discharged too soon. Your care will not be affected by submitting a complaint. The steps for doing so are outlined below.
24. 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 in order to allow you to actively participate in your care.

PROBLEM RESOLUTION:

Federal law gives each hospital 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 hospital 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 resolution process is part of the Hospital's confidential Quality Improvement Program.

An issue can be addressed most promptly by speaking to 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 call our Patient Advocate by calling Ext. 3355 or (903) 830-5099. You may also call the Hospital operator by dialing "O" and ask for the Administrator on call.

If you believe your issue is not being resolved or addressed satisfactorily by the Hospital you may contact:

Texas Department of State Health Services
Health Facility Compliance Division
1100 West 49th Street
Austin, Texas 78756
1-888-973-0022

Medicare beneficiaries with grievances regarding quality of care, coverage decisions or premature discharge, have the right to refer their complaint for review by the Quality Improvement Organization, a group of doctors who are paid by the federal government to review medical necessity, appropriateness and quality of Hospital treatment furnished to Medicare patients. You may contact:

TMF Health Quality Institute
Review and Compliance
Bridgepoint I, Suite 300
5918 West Courtyard Drive
Austin, Texas 78730-5036
1-800-725-8315

A patient who feels he or she has been discriminated against at the Hospital on the basis of race, color, national origin, disability or age has the right to file a complaint. The written account of the alleged discrimination should be sent or delivered to (preferably within 30 days of the incident):

Baylor Scott & White Texas Spine & Joint Hospital
Attn: Human Resources Dept
1814 Roseland Blvd.
Tyler, Texas 75701