

## Patient Rights and Responsibilities

### You have the Right to:

- Be informed of your rights at the time of admission. In case of transfer, you have the right to choose the hospital of your choice.
- Receive a Medical Screening Examination within the capabilities of this emergency facility and staff and any necessary stabilizing treatment, if you have a medical emergency or are in active labor; and to receive an appropriate transfer to another facility, even if you cannot pay, have no medical insurance or are not entitled to Medicare or Medicaid.
- Expect emergency procedures to be implemented without unnecessary delay along with good quality care and high professional standards that are continually maintained and reviewed.
- Effective communication with healthcare professionals in a manner that you understand. ER NEAR ME 24 Hour Emergency Room will provide sign language or foreign language interpreters as needed. Information given will be appropriate to your age, understanding, and language. If you have vision, speech, and/or hearing impairments, we will provide you with additional communication aids to ensure your care needs are met.
- Considerate and respectful care that respects culture, personal values, beliefs, and preferences that supports personal dignity regardless of age, race, color, religion, sexual orientation, national origin, disability, or source of payment.
- Pain management appropriate to your medical diagnosis, treatment, or procedure.
- Access, request amendment to, and obtain information on disclosures of personal health information in accordance with law and regulations.
- Be involved in making decisions about your care, treatment, or services and receive full information concerning diagnosis, treatment and prognosis, alternative treatments, and possible outcomes including at the end of life.
- Consent or refuse care, treatment, or services, in accordance with law and regulations.
- Informed consent prior to the start of a procedure, treatment, or service.
- Have a surrogate decision-maker consent or refuse care, treatment, or services for you and he/she will be provided outcome information in order for you to participate in current or future health care decisions.
- Have your family involved in the care, treatment, or services with your permission or your surrogate decision-maker.

- Be told the names of your doctors, nurses, and all healthcare team members.
- Full privacy and confidentiality in care discussions, exams, and treatments except as otherwise provided by law or third party contractual arrangement.
- Give or withhold consent to produce or use recordings, films, or other images for purposes other than your care.
- Agree or refuse to take part in medical research studies and may withdraw from a study at any time without impacting your access to standard care.
- Receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- Voice your concerns about the care you received. If you have a problem or complaint, you may talk with Patient Advocate.

### Patient Responsibilities:

- You are expected to provide to the best of your knowledge complete and accurate information about your present complaints, past illnesses, hospitalizations, medications, and other matters related to your health.
- You are expected to ask questions when you do not understand your care, treatment, or services that has been provided or proposed.
- You are expected to follow instructions about your care, treatment, services, or concerns about your ability to follow the proposed plan of care, treatment, or services. You are responsible for outcomes if you do not follow or refuse the care and treatment plan.
- You are expected to report any unexpected changes in your condition to the facility staff, doctor, nurse, or facility manager. If your concern is not resolved to your liking, you may also contact:

**Texas Department of Health Services, Patient Quality  
Care Unit-Health Facility Compliance  
PO Box 149347, Mail code 1979  
Austin, TX 78714-9347  
1-888-973-0022 [Hfc.complaints@dshs.state.tx.us](mailto:Hfc.complaints@dshs.state.tx.us)**

- You are expected to provide us with a copy of your advanced directive if you have one.
- You are expected to show respect and consideration for the emergency room staff, other patients, and visitors and their property.
- You are expected to follow the policies and procedures the facility has set forth for your safety and well-being.
- You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.