



Patient Rights and Responsibilities

The purpose of this policy is to establish guidelines for Wichita Falls Endoscopy Center patients' rights and responsibilities and promote the exercise thereof. Copies of this document shall be given to all patients or responsible party prior to admission and shall be displayed prominently in the waiting area.

A Patient has the right to personal privacy.

A Patient has the right, upon request, to be given the name of his attending practitioners, the names of all other practitioners directly participating in his care, and the names and functions of other health care persons having direct contact with the patient.

A Patient has the right to consideration of privacy concerning his own medical care program. Case discussion, consultation, examination, treatment, and medical records are considered confidential and shall be handled discreetly. Patients are provided appropriate privacy at Wichita Falls Endoscopy Center.

A Patient has the right to interpretation services.

A Patient has the right to confidential disclosures and records of his medical care except as otherwise provided by law or third-party contractual arrangement.

A Patient has the right to participate in decisions involving his health care except when such participation is contraindicated for medical reasons.

A Patient has the right to know what Wichita Falls Endoscopy Center rules and regulations apply to his conduct as a patient.

The Patient has the right to expect emergency procedures to be implemented without unnecessary delay.

The Patient has the right to good quality care and high professional standards that are continually maintained and reviewed.

To the degree that it is known, the Patient has the right to information, concerning diagnosis, evaluation, treatment, and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the person designated by the patient or to a legally authorized person.

Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.

If the patient is unable to give consent, a legally authorized person has the right to be advised when a practitioner is considering the patient as a part of a medical care research program or

donor program. The patient or responsible person shall give informed consent prior to participation in the program. The patient or responsible person may refuse to continue in a program to which he has previously given informed consent

A Patient has the right to refuse drugs or procedures, to the extent permitted by status. A practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.

A Patient has the right to be free from any act of discrimination or reprisal.

The Patient who does not speak English shall have access, where possible, to an interpreter.

Wichita Falls Endoscopy Center shall provide the patient, or patient designees, upon request, access to the information contained in his medical records, unless the attending practitioner for medical reasons specifically restricts access.

The Patient has the right to expect good management techniques to be implemented within Wichita Falls Endoscopy Center. These techniques shall make effective use of time for the patient and avoid personal discomfort of the patient.

When an emergency occurs and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.

The Patient has the right to examine and receive a detailed explanation of his bill.

A Patient has the right to expect that Wichita Falls Endoscopy Center will provide information for continuing health care requirements following discharge and the means for meeting them.

The Patient is informed of his/her right to change healthcare provider, if another qualified healthcare provider is available.

The Patient is provided with appropriate information regarding the absence of malpractice insurance coverage.

A Patient has the right to be informed of his rights at the time of admission.

A patient has the right to receive care in a safe setting.

A patient has the right to be free from all forms of abuse and harassment.

If a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.

If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law exercise the patient's rights to the extent allowed by state law.

The patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished. Communication between you and our office team is an important element in good health care. If you are concerned about or displeased with any aspect of your care, or provide feedback, we ask that you first discuss the problem with your healthcare provider. If your concern is not alleviated, please contact Wichita Falls Endoscopy Center's Administrator.

Brandon Beshear, Administrator
WICHITA FALLS ENDOSCOPY
CENTER
1500 Ninth Street, Wichita Falls, TX.
76301 (940)761-9034

All communication forwarded to the Administrator will be investigated immediately. You will be notified within 30 days of the findings of the investigation.

If your complaint is not addressed to your satisfaction, you have the right to send your complaint directly to the Texas Department of Health and Human Services Commission. Their contact information is as follows:

Department of State Health Services
Manager, Health Facility Compliance
Group
P.O. Box
149347
Austin, TX
78714-9347
Toll free call 1-888-
973-0022
www.dshs.stat.tx.us

Medicare patients can contact:
Medicare Ombudsman for Complaints at 800-252-2412 www.medicare.gov.

The Accreditation Association for Ambulatory Health Care may also be contacted at 847-853-6060 and via mail at:
AAAHC
5250 Old Orchard Road
Suite 200
Skokie, Illinois 60077

**PATIENT CONDUCT,
RESPONSIBILITIES & ADVANCE
DIRECTIVES:**

The purpose of this policy is to outline Wichita Falls Endoscopy Center patient responsibilities in regard to their appointment, cooperation, and information provided for insurance claims, prior to receiving care.

You have the responsibility to provide complete and accurate information to the best of your ability about your health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities. Please keep appointments or telephone Wichita Falls Endoscopy Center when you cannot keep a scheduled appointment. Bring with you information about past illnesses, hospitalizations, medications, and other matters relating to your health. Ask questions immediately if you feel you cannot follow the instruction.

While practicing in Wichita Falls Endoscopy Center, your doctor is obligated to exercise good medical judgment in order to help you. You have the responsibility to follow the agreed-upon treatment plan prescribed by your provider and participate in your care.

You have the responsibility to behave respectfully toward all health care professionals and staff, as well as other patients and visitors.

You have the responsibility to provide a responsible adult to provide transportation home and to remain with him/her as directed by the provider or as indicated on discharge instructions. Authorized members of your family should remain in the facility during your entire stay, if possible. They may be needed to answer questions that may arise while you are sedated, and they must drive you home after the procedure. If your driver is not with you when you first arrive, you will be asked to sign a statement stating that a driver will be present prior to leaving the facility.

You have a responsibility to provide information necessary for insurance processing of your bills, to be prompt about payment of office/center bills, and to ask any questions you may have concerning your bills. Our billing specialist is available to assist you. You need to accept financial responsibility for any charges not covered by insurance.

Texas Health and Safety Code, Chapter 166, governs how and when three advanced medical directives (directive to physicians, medical powers of attorney, and do not resuscitate orders) may be issued, executed, and revoked. It is your right to have Advance Directives; however, if you have a procedure in this facility and sign a consent form, we will resuscitate in case of emergency. If you would like information on Advance Directives, you can obtain it at the Endoscopy Center or at the following website: <https://www.hhs.texas.gov/advance-directives>

The patient or, as appropriate, the patient's representative has the right to make informed decisions regarding the patient's care.