

PATIENT RIGHTS

The following Patient's Rights Policy specifically applies to those patients admitted to the Hospital and is in accordance with federal and state regulations. You have the right to be fully informed of the hospital's policies regarding rights during the admission process. As you are aware, your health care is our primary function and consideration, and the provision of health care requires a cooperative effort by the Hospital staff and you, the patient. To carry out your part of this cooperative effort, you, as the patient, must be informed of and understand what you may expect and what is expected of you - in other words, your rights and responsibilities.

1. Charges. You or your Responsible Person, or if required by law, the relevant governmental agency in the absence of your Responsible Person, will be informed verbally and in writing prior to or at the time of admission of the services available in the Hospital and of the charges covered or not covered by the basic rate of the Hospital. Patients will receive monthly statements itemizing all charges incurred by them for which they are financially responsible. If changes in the charges for which you are financially responsible occur during your stay, you will be advised verbally and in writing at least thirty (30) days in advance of the change as required in the Patient Admission Agreement. If the Hospital requires a security deposit, the written procedure or contract that is given to you or your Responsible Person will indicate how the deposit will be used and the terms for the return of the money. If requested, you will receive, within ten (10) days of your discharge, an itemized statement of all Hospital charges incurred while you were a patient at the Hospital.

2. Informed Consent. The attending physician shall inform you of your medical condition. You shall be afforded the opportunity to participate in the planning of your medical treatment. You will be informed of the medical consequences of any refusal to accept treatment or medication. This information will also be recorded in your medical record. Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to receive such information.

3. Grievances. You have the right to receive considerate and respectful care in a clean and safe environment. You will be encouraged and assisted throughout the period of stay to exercise your rights as a patient and as a citizen. You may voice grievances and recommend changes in policies and services to the Hospital staff, to an individual designated by the Hospital for such purpose, or to outside representatives of your choice. The Hospital's Patient Representative functions as the primary contact to receive complaints from patients regarding Hospital services. You or the individual designated to the Hospital will be made aware of the state Department of Health to which you may address grievances.

4. Independence. You will be free from restraint, interference, coercion, discrimination, or threat of reprisal by the Hospital, and you may manage your personal financial affairs.

5. Pain Management. You have the right to expect a timely response and appropriate management to reports of pain.

6. Restraint. You will be free from mental and physical abuse and free from seclusion, chemical and, physical restraints except as authorized in writing by a physician for a specified and limited period of time to ensure medical treatment or in response to an emergency situation.

7. Confidentiality. You will be assured confidential treatment of your personal and medical records and may approve or refuse their release to an individual outside the Hospital, except in the case of a transfer to another health care institution or as required by law or a third party payment contract. You have the right to obtain access to your personal and medical records in accordance with the Hospital's procedures and applicable law.

8. Privacy. You have the right to expect staff to respect your right to personal privacy and conduct treatments with discretion, providing as much modesty as possible

9. Services. You may not be required to perform services for the Hospital that are not included for therapeutic purposes in the plan of care as prescribed by the attending physician and agreed to by you.

10. Communication. You will be permitted to send and receive personal mail unopened unless the Hospital has been instructed otherwise in writing by you or your Responsible Person. Hospital staff may assist you in sending or receiving personal mail if you request assistance.

11. Association. You will be permitted, unless medically contraindicated, as documented by the attending physician in the medical record, to participate in social and religious activities without interference from the administrator or the Hospital staff. You will be permitted to meet with community groups unless medically contraindicated, as documented by the attending physician in the medical record.

12. Property. You will be permitted to retain and use personal clothing and possessions as space permits unless to do so would infringe upon the rights of other patients and unless medically contraindicated, as documented by the attending physician in the medical records. Reasonable provisions will be made for proper handling of personal clothing and possessions that are retained by the Hospital. You will have access to and use of these belongings.

13. Visitors. You will be afforded an opportunity to meet in private with visitors or persons of your choice or to associate and communicate privately with persons of your choice. The Hospital will not restrict visits from your legal counsel, your Responsible Person, or your spiritual advisor except at your request or the request of your sponsor.

14. Hospital Visitation Rights. Each Patient, or his or her representative, where appropriate, shall be informed of the patient's visitation rights, including any clinical restrictions or limitations on those rights. Each Patient, or his or her representative, where appropriate, shall be informed of his or her right, subject to his or her consent, to receive visitors who he or she designates, whether a spouse, a domestic partner (including a same-sex domestic partner), other than family member or a friend, and the right to withdraw or deny such consent at any time. The hospital shall not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. The visitors designated by the patient shall enjoy visitation privileges that are no more restrictive than those that immediate family members would enjoy.

15. Advance Directives. You have the right to formulate advance directives and to have those directives followed. Forms are available in admissions and are reviewed with you prior to admission. You may formulate advanced directives anytime during your stay.

16. Representative. The rights and responsibilities specified in subsections (2), and (3), devolve to your Responsible Person in the following instances:

- You are adjudicated incompetent under the laws of the State; or
- You are found by your physician to be medically incapable of understanding your rights.

17. Research. No experimental research or treatment in the Hospital shall be carried out without the necessary legal approvals and without your written approval after full disclosure. For the purposes of this subsection, "experimental medical research" means a treatment or procedure that:

- is not generally accepted practice in the medical community; and
- exposes you to risk, pain, injury, invasion of privacy, or asks you to surrender your autonomy, such as a drug study.

18. Complaints. Questions, comments, or complaints concerning these rights or the application of these rights should be addressed promptly to the Administrator of this Hospital or the Hospital's Patient Representative. Instances concerning potential abuse are to be brought to the administrator's attention immediately without regard to the time of day. Texas Department of State Health Services (TDSHS) at 1-888-973-0022 (toll free number), 1100 W. 49th Street, Austin, TX 78756-3199; Health Facility Compliance Division Complaint Hotline: 1-888-973-0022; Consumer Rights for Mental Health Services: 1-800-252-8154; Substance Abuse Consumer/Family with a Complaint: 1-800-832-9623; Texas Department of Family and Protective Services Abuse/Neglect Reports Hotline: 1-800-252-5400; TMF Health Quality Institute: 1-800-725-8315.

19. Discrimination. In accordance with applicable federal and state civil rights laws and regulatory requirements, you have the right to be provided with services at this Hospital without regard to race, color, religious creed, handicap, disability, ancestry, national origin, age, or sex. Complaints of discrimination may be filed with any member of the Hospital Administration.

20. Choice of Physician. You have the right, upon request, to be given the name of your attending physician, the names of all other practitioners directly participating in your care, and the names and functions of other health care persons having direct contact with you. You have the further right to request a change in your physician or transfer to another facility due to religious or other reasons. You have the right to assistance in obtaining consultation with another physician or practitioner at your request and at your own expense. Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address: Texas Medical Board - Attention: Investigations, 333 Guadalupe, Tower 3, Suite 610, P.O. Box 2018, MC-263, Austin, TX 78768-2018. Assistance in filing a complaint is available by calling 1-800-201-9353. For more information please visit: www.tmb.state.tx.us

The Joint Commission standards deal with organizations quality and safety-of-care issues and the safety of the environment in which care is provided. Anyone believing that they have pertinent and valid information about such matters can write to: The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181, Attn: Office of Quality Monitoring; 1-800-994-6610, Fax: 630-792-5636, E-mail: compliant@jointcommission.org.

If you believe your privacy rights have been violated, you can file a complaint with the Compliance Officer of Select Medical (acting on behalf of Baylor Institute for Rehabilitation) at 888-735-6332, ext. 4535 or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

21. Disclosures. You have the responsibility for providing, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalization medications, and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to the responsible health care practitioner.

22. Questions. You have the responsibility to be open and honest with your physician and nurses about your health care concerns. Please be sure to ask questions if you do not understand instructions you receive. Speak up if you feel unable or unwilling to follow medical advice you receive. Understanding your health problems is important for the success of your treatment plan.

23. Cooperation. Your physician is obligated to exercise his/her best medical judgement in order to help you. It is your responsibility to cooperate in the treatment program which your physician specifies. While you have the right to refuse any drug, treatment, or medical care recommended by your physician, you must realize that you are responsible for the results of your action if you refuse such treatment.

24. Rules. You have the responsibility to abide by all of the rules and regulations of the Hospital which apply to you as a patient.

25. Other Patients. You have the responsibility to be considerate of the rights of other patients and Hospital personnel and for your personal behavior in the control of noise, smoking, and number of visitors. Telephone, television, radios, and lights should be used in a manner agreeable to others. Also, you have the responsibility for being respectful to the property of other persons and of the Hospital.

26. Payment. You have the responsibility for assuring that the financial obligations for your health care are fulfilled as promptly as possible.

27. Insurance. You have the responsibility to cooperate in furnishing Hospital personnel, to the best of your ability, any information or documents required by any insurance company or any federal or state agency which will or may undertake the payment of your Hospital charges in accordance with the requirements of federal or state regulations.

28. Notification. You have the right to have a family member or representative of your choice, and your physician, notified promptly of your admission to the Hospital. If such notice is requested, you shall provide the Hospital with the name, address and telephone number of the person to be contacted.

29. Discharge Planning. Each patient, his or her representative, and/or the patient's physician have a right to a discharge planning evaluation for the patient upon request.

30. Charity Care & Community Benefit Plan. It is the policy of this facility to provide charity care to patients who meet the eligibility requirements for such care. Individuals seeking information about the charity care program and how to apply for charity care should contact the admitting office or business office to obtain detailed policy information and an application. As required by state law, this facility will file an Annual Report of its Community Benefits Plan with the Bureau of State Health Data and Policy Analysis of the Texas Department of Health. The report is public information and will be available upon request from: Texas Department of Health, 1100 W. 49th Street, Austin, TX 78756.

The Hospital does not discriminate against any person on the basis of race, color, national origin, disability, or age in the admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact the hospital administrator or his/her designee. For a complete description of patient's rights, request the "Patient's Rights" form from Administration.