

# PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

The UT Health San Antonio Multispecialty and Research Hospital (MSRH) recognizes that the health and well-being of patients depends on a collaborative effort between patients the MSRH's medical service providers. Patients have both rights and responsibilities when they interact with MSRH staff, which are described below.

## **As a patient, you have the right to:**

- A reasonable response to your requests and need for treatment or service within UT Health San Antonio's capacity, its stated missions, and applicable law and regulations.
- Considerate and respectful care with the assurance of privacy, confidentiality, and reasonable continuity.
- Be informed of hospital rules and receive information about the hospital's patient bill of rights, its policies, and its mechanism for the initiation, review, and, when possible, resolution of patient complaints concerning the quality of care.
- Be given an explanation of billed services.
- Make or have your representative (as allowed under state law), in collaboration with your Physician, make informed decisions regarding your care.
- Be informed of your health status, request a discharge evaluation, be involved in your treatment and discharge planning, and be able to request or refuse treatment.
- Collaborate with your Physician, accept medical care or refuse treatment to the extent permitted by law, and be informed of the medical consequences of such refusal.
- Participate in ethical questions that arise in the course of your care, or have your designated representative participate in ethical issues that arise in your care.
- Formulate Advance Directives and to appoint a surrogate to make health care decisions on your behalf to the extent permitted by law, and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- Be informed about any human experimentation or other research or educational projects affecting your care or treatment.
- Have a family member, friend, or your own Physician notified promptly of your admission to the hospital, if you so request.
- Be informed about the right to receive visitors, including, but not limited to, a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend; as well as the right to withdraw or deny such consent at any time. You will be informed by the hospital staff and practitioners of any reason for any restriction or limitation of visitors when visitation would interfere with your care or the care of other patients.
- Receive care in a safe setting that is free from all forms of abuse and/or harassment.
- Access information contained in your medical records within a reasonable time frame, while also maintaining confidentiality of your medical records within the limits of the law.
- Be free from seclusion or restraints of any form, whether a physical restraint or a drug, that are not medically necessary or that are used as a means of coercion, discipline, convenience, or retaliation by staff.

- Have the nature, intensity, frequency, location, and duration of pain and suffering assessed and appropriately managed.
- Have your guardian, next of kin, or legally authorized responsible person exercise, to the extent permitted by law, the rights delineated on your behalf if you are a minor, are medically incapable of understanding the proposed treatment in the opinion of your Physician, are unable to communicate your wishes regarding treatment, or have been found incompetent in accordance with the law.
- Receive respectful and effective communication provided in a way you can understand, including access to interpreters and translation services. Receive written information that is appropriate to your understanding and to your needs due to vision, speech, hearing, language and cognitive impairments.
- Have spiritual services available to help you directly or to contact your own clergy.

**As a patient, you have a responsibility to:**

- Provide complete and accurate information regarding your personal information, including your full legal name, address, telephone number, date of birth, social security number, insurance coverage, and employer when required, and pay your bills in a timely manner. Also provide complete and accurate information regarding your health and medical history including, but not limited to: present condition, past illnesses, changes in condition, hospital stays, medications, and vitamins.
- Provide the hospital or your doctor with a copy of your advance directive, if you have one.
- Leave valuables at home and only bring the necessary items to your hospital stay.
- Remain free of the influence or possession of illegal drugs, alcohol, or a weapon while on the premises of this facility.
- Refrain from operating hospital equipment without specific staff education and appropriate supervision.
- Follow infection control procedures, both for yourself and your visitors, and learn about your health issues and treatment.
- Actively participate in your pain management plan and inform medical staff of the effectiveness of your treatment.
- Comply with all your Physicians' requests and acknowledge that your failure to comply with treatment times or schedules, medications, diet and fluid restrictions, and other orders may correlate with declining health or possibly death.
- Cooperate with the staff member assigned to provide care for you. If you are uncomfortable with a specific staff member assigned to your care, notify the manager of your concern.
- Contribute to maintaining a safe and secure environment for all individuals.
- Be considerate of staff and property, as well as the rights of other patients and their property.

---

## **COMPLAINTS**

If you have comments, questions or concerns, we recommend that you or your representative:

1. Discuss them with your immediate caregiver, or
2. Speak to the manager of the clinic or service in which you are receiving care, or
3. If you believe your questions or concerns have not been adequately addressed, you may request a review by contacting the Patient Relations Department. Grievance forms are available from the Patient Relations

Department should you wish to use one. You may also contact the Patient Relations Department by phone at 210-562-8634, by email at [patientrelations@uthscsa.edu](mailto:patientrelations@uthscsa.edu), or in writing at the address below:

Patient Relations Office  
UT Health San Antonio - MSRH  
8311 Ewing Halsell Dr.  
San Antonio, TX 78229  
210-562-8634

Complaints regarding quality of care at a Joint Commission-accredited health care organization may be reported for investigation at the following address:

The Joint Commission  
Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

Assistance in filing a complaint with The Joint Commission is available by calling toll-free: 1-800-994-6610.

Complaints regarding healthcare and services may be reported to Texas Health and Human Services Commission by sending a letter to the following address:

Health and Human Services Commission  
Complaint and Incident Intake  
Mail Code E-24, PO Box 14903  
Austin, TX 78714-9030

Complaints can also be addressed by calling 1-800-458-9858, Option 5, emailing [hfc.complaints@hhsc.state.tx.us](mailto:hfc.complaints@hhsc.state.tx.us), or visiting <https://www.hhs.texas.gov/providers/health-care-facilities-regulation/file-a-complaint-against-a-health-facility-or-health-care-regulation-representative>.

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227) or online at [www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home](http://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home). The role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help they need to understand their Medicare options and apply their Medicare rights and protections.

If you are with a health maintenance organization and wish to file a complaint, you may do so by contacting the Texas Department of Insurance at 1-800-252-3439.

As a patient, you hereby acknowledge that UT Health San Antonio Multispecialty & Research Hospital and the Hospital Outpatient Departments maintain a no tolerance for any verbal or physical threats, threatening behavior, or acts of violence by patients, their family members, visitors, volunteers, or employees.