

**Memorial Hermann Surgical Hospital First Colony (MHFC)
Patient Bill of Rights and Responsibilities**

Patients and family are our number one concern. It is a priority at MHFC that patients and families are as comfortable as possible during their stay at MHFC.

Patient Rights:

1. To reasonable access to the medical resources at MHFC without regard to race color, national origin, age, sex, disability, or financial status.
2. To receive considerate, respectful, and compassionate care.
3. To be informed about and to participate in decisions regarding your care including the refusal of treatment.
4. To be involved in all aspects of care, and to be allowed to participate in that care.
5. To information about advance directives that would allow you to make your own healthcare decisions for the future and to have your chosen representative exercise these rights for you if you are not able to do so.
6. To be assured that our provision of care for you will not be conditioned on your advance directive.
7. To refuse treatment to the extent permitted by law and to be informed of the medical consequences of your actions.
8. To have clinical and educational information about your treatment in language and terms that you understand.
9. To voice complaints about your care, and to have those complaints reviewed and, when possible, resolved.
10. To have access to organizational leaders in an ethical, cultural or spiritual dilemma presents itself.
11. To information about any research activities that involve your treatment, including benefits and risks, procedures involved and alternative treatments.
12. To security, privacy, and confidentiality in all patient care areas as you undergo tests or treatments.
13. To know who is responsible for providing your immediate, direct care.
14. To information about the financial aspects of services and alternative choices.
15. To be supported in accessing protective services when requested.
16. To unrestricted communication unless restrictions are a part of your treatment. Any restrictions will be explained to you and will be reviewed as your treatment changes.
17. The hospital provides for the safety and security of patients and their property.
18. Patients who desire private telephone conversations have access to space and telephones appropriate to their needs and the care, treatment, and services provided.
19. To request an itemized statement of billed services.

Patient Responsibilities:

1. To give your doctor and the MHFC staff complete and accurate information about your condition and care, including the reporting of unexpected changes in your condition to your physician and nurse
2. To follow orders and instructions given by your doctor and instructions given by the staff for your care, including keeping follow-up appointments after discharge.
3. To report unexpected changes in your condition to your physician and nurse.
4. To bring a current copy of your advance directives to be placed in your medical record prior to the time of your admission.
5. To accept responsibility for refusing treatment.
6. To show consideration for other patients by following all rules and regulations pertaining to smoking, visitors, noise and general conduct.
7. To accept all financial obligations associated with your care
8. To be considerate of staff members who are caring for you. A mutual spirit of respect and cooperation allows us to serve you best.
9. To advise your nurse, physician, caregiver, and/or the business office staff of any dissatisfaction you may have regarding your care.

Patient Satisfaction:

Assessment of patient/family satisfaction is most important to us. Every attempt is made by the nurse to contact each patient within 24-48 hours after discharge. Please let us know how we can improve our service to you.

VOICING COMPLAINTS: Our staff strives to provide excellent care and service. If we fail to meet your expectations, please do not hesitate to let us know as soon as possible. Rest assured that voicing a concern will not hinder the care and service we provide. Usually a word to your nurse or Director of Nursing is all that is needed, but if you prefer, you can contact the Administrator of MHFC at 281-243-1000. Your concern will be promptly addressed. You also have the right to register a complaint with the Texas Department of Health at 888-973-0022, Medicare & Medicaid Services at 800-633-4227, or Joint Commission Fax at 630-792-5636.