

Patient and Parent Rights and Responsibilities

Welcome to Driscoll Children's Hospital. Our goal is to inform you about your rights while receiving services and to offer exceptional medical care in a safe and caring environment.

You and Your Child Have the Right to...

- Receive medical care without regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression or source of payment.
- Be given a copy of Patient Rights and Responsibilities. If you cannot read or understand them, someone will translate or explain them to you.

Rights Related to Care

- Make an Advance Directive if you are 18 years or older. This means you have the right to direct your healthcare decisions or choose someone to make decisions if you are unable to make your own decisions.
- Know the names of the doctors, nurses and staff members who are providing care.
- Receive complete information in a language you understand about your condition, tests, procedures, treatment options, possible risks, outcomes and requirements following your discharge.
- Give your informed consent to treatment before a test or treatment.
- Request a consultation or second opinion from another doctor.
- Request a transfer to a different hospital if we cannot meet your needs for treatment or service.
- Refuse consent for treatment or remove your child from the hospital, even when the doctor advises you not to, and be informed of the medical and legal consequences of this action.
- Receive appropriate assessment and information about pain relief options and how you can participate in helping to manage pain.
- Be free from restraints unless medically necessary.
- Review your hospital bill. Receive an explanation of the charges and information about financial assistance that may be available.
- Receive a copy of your Notice of Privacy Practice.
- Receive consideration of your privacy concerning medical care and treatment, communication and record keeping.
- Request to review and/or receive a copy of your medical record in accordance with hospital policy.

Rights to Participate in Care

- Participate in self care / bedside care as much as medically possible.
- Make decisions about healthcare through discussion with your doctor and the healthcare team.
- Voluntarily participate in available research studies or feel free to refuse to participate without compromising current or future care.

Exercising your Rights

- Participate in discussions regarding ethical issues related to care. Requests for an ethics consult can be made by asking a member of the healthcare team.
- Voice a complaint about care, treatment, privacy, confidentiality or file a written grievance by following Driscoll Children's Hospital's process:
 - Speak with a staff member who will attempt to resolve the issue to your satisfaction.
 - If your complaint cannot be resolved, contact a Patient Relations Representative at 361-694-4035 who will help you with your complaint. Know that sharing a complaint will not compromise your current or future care.
 - If we are not successful in addressing your complaint to your satisfaction, you have the right to file a formal, written grievance with:
 - Texas Department of Health and Human Services: 888-973-0022 or (TDD) 800-735-2989.
 - Joint Commission of Quality Monitoring: 800-994-6610 or e-mail complaint@jointcommission.org.
 - Texas State Board of Medical Examiners: 800-201-9353.

Patient and Parent Responsibilities

- Provide correct and complete health information, including changes in condition, past medical history, medications or treatments and any actual or perceived risk to care.
- Tell your doctor or nurse if you do not understand any part of your or your child's care.
- Follow the care plan agreed upon by you and your healthcare team and report to the doctor any side effects or inability to follow the care plan.
- Be respectful of the rights of other patients, families, and staff, such as assisting in the control of noise, smoking, behavior, and number of visitors.
- Payment for medical care provided.

(Ver al reverso para la sección de español.)