

PATIENT'S BILL OF RIGHTS

Colorectal Surgery Services, PLLC

Hemorrhoid Institute of South Texas

Every patient has the right to be treated as an individual with his rights respected. We want to assure that the rights of all patients coming to our office are respected without regard to sex, culture, economic status, education, handicap, race, color, age, or religious background.

PATIENT'S RIGHTS:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To receive consideration and respectful care from competent personnel in a clean and safe environment. To be free from mental, physical, sexual and verbal abuse, neglect, and exploitation, and free from use of unnecessary restraints. Drugs and other medications shall not be used for discipline of patients or for convenience of clinical personnel.
- To understand the indications for any procedure. To receive all the information they need to give informed consent for any procedure, including the possible risks and benefits of the procedure.
- To receive complete information regarding diagnosis, planned treatment and prognosis, as well as alternative treatments/procedures and the possible risks/side effects associated with treatment. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or to a legally authorized individual.
- To participate in all decisions involving health care, except when such participation is contraindicated for medical reasons.
- To refuse treatment in accordance with laws and regulations and to be told what affects this may have on their health.
- To assure safe use of equipment by trained personnel.
- To be provided privacy, confidentiality and integrity of all information and records regarding their care.
- To be provided privacy, safety and security of self and belongings during the delivery of patient care service.
- To have the right to access information contained in their medical record. To approve or refuse the release of their medical records except when it is required by law and to ask for an accounting of such.
- To be aware of fees for service and the billing process.
- To complain without fear of reprisals about the care and services that they are receiving.
- Has the right to be informed of any research or experimental projects and to refuse participation without compromise to the patient's usual care.
- The right to continuity of health care. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements.
- To be informed if the practice has authorized other healthcare and educational institutions to participate in the patient's treatment or care. The patient also shall have a right to know the identity and functions of the institution and to refuse to allow their participation in the patient's treatment.
- To be assured that in the event of needed long-term care; this organization will provide the mechanisms to help advance the development of continuing quality care for those patients who require it.
- The right to appropriate assessment and management of pain.

PATIENT'S RESPONSIBILITIES:

- To provide accurate past & present medical history present complaints, past illnesses, hospitalizations, surgeries, existence of advance directions, medication & other pertinent data.
- To ask questions when they do not understand something regarding their care or treatment.
- To assure that the financial obligations for health care rendered are paid in a timely manner.
- For the actions if they should refuse a treatment or procedure, or if they do not follow or understand the instructions given them by the physician or employee.
- For keeping their appointment. If they anticipate a delay or must cancel, they will notify the staff as soon as possible and as outlined in the office policy.
- For the disposition of their valuables, as the practice does not assume this responsibility.
- For showing respect and consideration to other people and property.

Colorectal Surgery Services, PLLC regards the doctor-patient relationship to be sacred requiring trust, mutual respect, and confidentiality. To that end, if you have any comment, grievance or complaint regarding the care you receive by Colorectal Surgery Services staff and/or physicians, please voice your concern by letter or telephone to:

Colorectal Surgery Services, PLLC
19288A Stone Oak Parkway
San Antonio, TX 78258
Telephone: (210) 490 - 2828