



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
Ambulatory Clinic Policy and Procedure**

Title:	Patient Rights and Responsibilities	Policy Number:	6.01
		Version Number	6
Regulation Reference:	Joint Commission, RI.01.01.01-02.01.01	Effective Date:	01/2022
		Original Approval:	3/1996

POLICY STATEMENT:

It is the policy of Texas Tech University Health Science Center (TTUHSC) Ambulatory Clinics to promote considerate, courteous, and respectful care and treatment for all patients. It is recognized that the patient is a vital participant in the treatment plan and therefore has rights and responsibilities regarding that treatment.

SCOPE:

This policy applies to all TTUHSC ambulatory clinics operated through its Schools.

PROCEDURE:

The Texas Tech University Health Sciences Center Patient Rights and Responsibilities (PRR) will be displayed in all clinics either at the front office, via a patient handbook or as a screen saver for those clinics equipped with an electronic medical record.

RIGHTS AND RESPONSIBILITIES

1. Access to Care:

a. Rights:

- 1) Receive quality care with an emphasis on safety.
- 2) Receive fair, considerate treatment regardless of age, gender, race, religious belief, national origin, socio-economic status, sexual orientation, marital status, gender identity, or disability.
- 3) Request communication assistance to those with disabilities to include sign language interpreters, audio accessible electronic devices, or large print.
- 4) Free language services to those whose primary language is not English.
- 5) Participate in the development and implementation of the care plan.
- 6) File a grievance with the Office of Patient Services which serves as the Civil Rights Coordinator for TTUHSC.
- 7) File a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights (1-800-368-1019), 1-800-537-7697 (TDD).

b. Responsibilities:

- 1) Keep appointments and notify appropriate clinic personnel at least 24 hours prior to scheduled appointment, if unable to keep scheduled appointment.
- 2) Complete and sign a current "Consent to Treatment" form.
- 3) Notify clinic personnel prior to an appointment regarding any special assistance necessary to clearly communicate with physicians, providers or nurses.

- 4) Be involved and follow the plan of care.

2. Privacy and Confidentiality:

a. Rights:

- 1) Receive privacy concerning his or her medical care and personal health information including diagnosis or condition, treatment and medical records, to the extent required by law.
- 2) Be provided the opportunity to talk privately with medical personnel, clergy, visitors, and others when clinically and medically possible.
- 3) Obtain a written copy of TTUHSC Notice of Privacy Practices.
- 4) Grant or deny permission of presence to those not directly involved as care providers.

b. Responsibilities:

- 1) Acknowledge receipt of TTUHSC Notice of Privacy Practices addressing certain additional patient rights.
- 2) More information on these rights can be obtained by contacting the TTUHSC Privacy Officer at (806) 743-4007.

3. Information:

a. Rights:

- 1) Know the name of the provider/nurse responsible for his/her care.
- 2) Obtain from the provider/nurse complete and understandable information regarding his or her diagnosis, treatment, outcome, complications, possible risks, and follow-up care and expected recuperation time.
- 3) Be advised if the provider/nurse proposes to engage in or perform human experimentation or research affecting his or her care or treatment, and to refuse if desired to participate in such experimentation or research.
- 4) Be informed of known alternative treatments and to choose among the alternatives, including the right to refuse treatment.
- 5) Inspect and obtain a copy of his or her medical record (for a reasonable fee) as allowed by law.
- 6) Expect reasonable continuity of care and be informed of any continuing health care requirements.

b. Responsibilities:

- 1) Provide a complete medical history, including past illnesses, hospitalizations, medications and other matters relating to his or her health.
- 2) Inform the provider/nurse of any changes in his or her health condition.
- 3) Provide a copy of his or her Medical Advance Directive and/or Medical Power of Attorney (if applicable and in effect).
- 4) Ask questions about specific problems and request information when not understanding his or her illness or treatment.

4. Refusal of Treatment:

- ### a. Rights: Refuse treatment to the extent permitted by law and to be informed of the potential medical consequences of refusal.

- b. Responsibilities: Accept results or consequences if he or she refuses treatment, does not follow the provider's recommendations or leaves TTUHSC clinics against medical advice.

5. **Respect and Consideration:**

a. Rights:

- 1) Raise concerns regarding any aspect of his/her medical care and service by contacting the Office of Patient Services, the involved clinic, or the appropriate campus designee:
 - a) Amarillo: (806) 414-9613
 - b) Lubbock, Office of Patient Services: (806) 743-2669
 - c) Odessa: (432) 703-5433
- 2) Be free from restraints or seclusion imposed as a means of coercion, discipline, convenience, or retaliation by staff.
- 3) Appropriate assessment and management of pain and to be free of pain to the extent that is medically possible.
- 4) Sensitivity addressing issues related to care at the end of life.
- 5) Have their personal dignity respected at all times.
- 6) Considerate and respectful care that honors psychosocial, spiritual and cultural values and beliefs.
- 7) Have an Advance Directive, Medical Power of Attorney or Out-Of-Hospital Do Not Resuscitate with the expectation that clinical staff will honor the documents as allowed by law.

b. Responsibilities:

- 1) Respect the rights of other patients and TTUHSC personnel.
- 2) Respect TTUHSC property and property of other patients.
- 3) Ensure that all minors in his or her charge observe and respect TTUHSC property and other patients and visitors rights while on TTUHSC premises and keep minors with them and safe at all times.
- 4) Refrain from smoking on the clinic property.

6. **Payment for Care:**

a. Rights:

- 1) Receive information regarding clinic guidelines explaining fee schedule and payment policies upon entry into the system.
- 2) Examine and receive an explanation of any billing/costs upon request.
- 3) When insurance is not available*(uninsured or when opting to not utilize coverage), receive a "good faith estimate" to include expected charges for the primary diagnosis or service you will receive as well as for any other items or services that would reasonably be expected as part of the same scheduled or requested item/service.
- 4) Be informed of the existence of business relationships among the hospital, other educational institutions or health care providers and payers that may influence the patient's treatment.

b. Responsibilities:

- 1) Make prompt payment at the time of service, including co-pay, co-insurance, deductibles, and any other uncovered charges.
- 2) Comply with Texas Tech Physicians financial screening guidelines.
- 3) Request information about payment options. Information may be obtained by calling the MPIP Business Office:
 - a) Amarillo: (806) 414-9720
 - b) Lubbock: (806) 743-2898
 - c) Odessa: (432) 703-5000
- 4) Report changes in address, telephone number and any other insurance information.

APPROVAL AUTHORITY:

This policy shall be recommended for approval by the Ambulatory Policy Committee to the Clinical Affairs Council.

RESPONSIBILITY AND REVISIONS:

It is the responsibility of the Ambulatory Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

RIGHT TO CHANGE POLICY:

TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

CERTIFICATION:

This policy was approved on January 18, 2022.