

Notice of Patient Rights & Responsibilities

Lone Star Circle of Care (LSCC) is committed to the energetic and steadfast pursuit of quality, accessible and sustainable primary health care for Texas residents. We want you to be informed of your rights and responsibilities while undergoing care at LSCC. If there are any questions regarding the contents of this notice, please ask a staff member.

Please note that, to the extent permitted by law, patient rights may be explained on behalf of the patient to his/her guardian, next of kin, or legally authorized responsible person if the patient has been determined incompetent in accordance with the law; is found to be incapable of understanding the proposed treatment or procedure; is unable to communicate his/her wishes regarding treatment; or is a minor.

PATIENT RIGHTS: YOU HAVE THE RIGHT TO...

Access to Care: Reasonable & impartial access to available, clinically-indicated care, treatment and services within the capability and capacity of LSCC, regardless of race, religion, beliefs, cultural values, sex, age, disability/handicap or financial status.

Advance Directives: These are legal documents that express your wishes about medical care you receive when you are incapacitated. Request information on LSCC's policy on advance directives and possible sources of help in formulating advance directives. Please inform clinic staff and your provider if you have new or updated advance directives.

Billing/Charges: Request and receive itemized and detailed explanation of any billed services, regardless of the source of payment for care provided.

Communication: For patients with language barriers, an interpreter service is available to you free of charge to assist in communicating information in a manner which is understandable to you. Resources are also available for patients who have communication impairments. LSCC will work with patients to identify the assistive method most suited to the patient's needs.

Consent Involving Research Programs: You have the right to be advised when the care recommended is associated with a research, investigation or clinical trials program, as well as the right to give consent or refuse consent to participate in that program, without fear of reprisal or loss of patient status.

Considerate and Respectful Care: Be treated in a considerate and compassionate manner with recognition of personal dignity and respect to personal values and beliefs. We recognize that individual psychosocial, cultural and spiritual values, beliefs, and preferences of patients may affect the perception and experience of illness or the care received. If you have any concerns about any of our clinics, please contact the Patient Communications Coordinator at 1-855-572-2896 or by email at patientsupport@lscctx.org.

If you believe you have been discriminated against in any activity, service or department program, immediately contact the Office of Civil Rights: HHSCivilRightsOffice@hhsc.state.tx.us.

Grievances: Express any concerns you may have, without fear of reprisal or loss of patient status. We value you as patient and have an established grievance resolution process for your assistance.

Identity of Care Providers: Know the name and professional status of individuals involved in your care, and which provider or other practitioner is primarily responsible for that care.

Involvement in Care: Obtain complete, current information concerning diagnosis (to the degree known), treatment, and any known prognosis, in a way that makes sense to you.

Informed Consent: You, or when appropriate, your family or designated surrogate or caregiver, may receive from your provider information necessary to give informed consent prior to the start of any care, treatment, or service. Informed consent must include a discussion of your care, including the risk and benefits associated with your treatment as well as potential alternatives. In addition to providing informed consent for medical care and treatment, you also have the right to consent to the recording or filming of care, treatment, and services. The presence of recording devices in the exam room or treatment area is subject to the provider's approval.

Notification of Rights: Have your rights posted in those public areas which are accessible to you and your families. We want to assure you that all health care activities are conducted with an overriding concern for your rights and dignity as a human being. A copy of this notice is available in Spanish.

Outcomes of Care, Including Unanticipated Outcomes: You and, when appropriate, your surrogate, caregivers, or family members will be informed about the results of treatment, including any significant unexpected or unanticipated patient care outcomes.

Privacy and Confidentiality: You have the right, within the law, to personal and informational privacy. Please see our *Notice of Privacy Practices* for more specific information regarding your informational privacy rights. In regard to personal privacy, this includes the right to:

- Be interviewed and examined in surroundings that assure reasonable privacy.
- Have a person of your own sex present during physical examination or treatment.
- Not remain disrobed any longer than is required for accomplishing treatment/services.
- Request transfer to another treatment room if a visitor is reasonably disturbing.

If you feel your privacy has not been respected at LSCC, notify the LSCC Privacy Officer at 512.686.0152.

Pain Management: LSCC respects our patient's right to pain management. LSCC believes in a comprehensive treatment approach that may include the involvement of behavioral health providers and appropriate specialists. LSCC will treat and manage patient pain and make a referral to a specialist if a more appropriate pain management expertise or method is required. Drug-shopping behavior is prohibited. Patients found to have engaged in drug-shopping behavior may face termination from LSCC.

Refusal of Treatment: Accept or refuse medical care to the extent permitted by law. However, if refusing treatment prevents LSCC from providing appropriate care in accordance with ethical and professional standards, your relationship with us may be terminated upon reasonable notice.

Surrogate Health Care Decision Maker: In some instances, individuals other than you, or in addition to you, may be involved in making decisions about your care. These individuals will either be appointed by you, or legally appointed on your behalf, to act in your best interest. You may also exclude any family members from participating in care decisions.

Security/Personal Safety: You have the right to expect reasonable personal safety in the clinic settings and care environment. You have the right to be protected from neglect, exploitation, and abuse while you are receiving care, treatment, or services at an LSCC clinic.

Reporting Concerns About Safety or Quality of Care is Encouraged: Report any concerns you and your family may have about safety or quality of care to LSCC leaders. You may also submit a complaint to

The Joint Commission if LSCC has not resolved your complaint to your satisfaction. You may contact The Joint Commission at 1-800-994-6610, 8:30 to 5 p.m., Central Time, weekdays.

PATIENT RESPONSIBILITIES

Provide us needed information about yourself, by providing, to the best of your knowledge, accurate and complete information about present medical and clinical issues, past illnesses, hospitalizations, medications, changes in conditions and/or any other matters relating to your health. Patients are also responsible for providing updated address, phone, employment, and insurance information, as well as other requested personal information.

Ask questions in order to understand the procedure or treatment, the benefits and risks involved and alternatives of care.

Follow the treatment plan recommended by the provider. This includes following the instructions of other LSCC health care personnel who are helping the provider and assisting in your care.

Keep your appointment. Identify yourself to the office front staff at the time of the appointment and notify the provider and/or office when you are unable to keep the appointment. Failure to keep appointments or to notify LSCC when an appointment cannot be kept could harm your ability to make appointments in the future.

Take responsibility for noncompliance, including actions that do not follow the provider's instructions. Inform the provider if you cannot follow through with the prescribed treatment plan (e.g., you cannot afford a prescription, or you need transportation). LSCC may be able to help.

Recognize the effect your lifestyle choice decisions will have on your overall health regardless of any care or treatment provided by LSCC.

Meet your financial obligations as promptly as possible and provide up-to-date insurance information.

Update Status of Consents and Authorizations by informing LSCC when you wish to revoke or withdraw your consent, including consent to participate in research projects. Please promptly notify LSCC when you wish to revoke previously granted authorization to use and disclose your Protected Health Information (PHI).

Be considerate of others by controlling noise, not smoking, including vaping or e-cigarettes, or eating/drinking in our clinics, and by being respectful of LSCC staff and facilities and other patients and visitors. LSCC maintains a **Zero Tolerance Policy** of acts of abuse, harassment, or violence that pose an immediate or future threat to others' safety or well-being or of other clinics or the staff or the security of the facility. Failure to comply with this policy may result in the termination of the patient/provider relationship.

Respect the privacy of other patients. Please provide your fellow patients with adequate personal space when others are speaking about their care to LSCC personnel. Photographing, filming, or otherwise transmitting images or information about other patients in our facilities is not permitted.

KNOW YOUR PATIENT RIGHTS & RESPONSIBILITIES