

## Notice of Patient Rights & Responsibilities

*Lone Star Circle of Care (LSCC) is committed to providing exceptional and accessible patient centered healthcare for our Texas neighbors. 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 appropriate 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. You may 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.

**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. If you have any concerns about the quality of care you received, please contact the Communications Manager at 1-855-572-2896 or visit our website <https://lonestarcare.org/contact/concerns-grievances>.

LSCC is accredited by the Joint Commission, the world leader in evaluating the quality and safety of health care organizations across the country. You can directly contact The Joint Commission with your quality or safety concerns at [complaint@jointcommission.org](mailto:complaint@jointcommission.org). You may also file a complaint with The Joint Commission at 1-800-994-6610, 8:30 to 5 p.m., Central Time, weekdays. To file a complaint about your health care provider, you can directly contact the Texas Medical Board (<http://www.tmb.state.tx.us/page/place-a-complaint>) or the Texas Board of Nursing (<https://www.bon.texas.gov/pdfs/cmplt.pdf>).

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](mailto:HHSCivilRightsOffice@hhsc.state.tx.us).

**Identity of Care Providers:** Know the name and professional credentials of individuals involved in your care, and which provider or other practitioner is primarily responsible for that care. You have the right to choose your provider at Lone Star Circle of Care, and you may change providers at any time.

**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 includes 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, but are not required, to consent to the recording or filming for education purposes of care, treatment, and services. The presence of recording devices in the exam room or treatment area is generally prohibited.

**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 chaperone 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 patients' right to pain management. LSCC believes in a comprehensive treatment approach that includes the involvement of behavioral health providers and appropriate specialists. LSCC will treat and manage patient pain, making a referral to a specialist if a higher level of pain management expertise or a different method is required, or if current treatment is not resulting in improvement. Drug-shopping behavior is prohibited. Patients found to have engaged in drug-shopping behavior or other dishonest acts may face termination from LSCC. Patients prescribed controlled substances will be required to sign a controlled substances agreement.

**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 by LSCC while you are receiving care, treatment, or services at an LSCC clinic.

## 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 LSCC or an outside provider's instructions, policies, or conduct expectations. Inform the provider if you cannot follow through with the prescribed treatment plan or if personal circumstances make compliance difficult (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 a previously signed 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 and Respectful 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 by not raising your voice, or using insults or profanity. 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 they or their family 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.