MCHS Patient Bill of Rights

Understanding Your Rights and Responsibilities. When you receive care at Ector County Hospital District d/b/a Medical Center Health System and Medical Center Hospital or any of its affiliated or subsidiary organizations including the MCH Healthy Kids Clinic, MCH Women's Clinic, MCH Family Health Clinics, MCH TraumaCare, MCH Professional Care (MCHS ProCare), or other MCHS providers ("MCHS"), we are committed to ensuring you and your family are treated with dignity, compassion and respect. We welcome, respect and serve all people without regard to age, race, color, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, and military or veteran status. Our goal is for you and your family to have the same care and attention we would want for our families and ourselves.

This document explains your rights as a patient and how you can expect to be treated by us. It also explains your responsibilities as a patient and what we will need from you to care for you better. If you have questions at any time, please ask them. Unasked questions can add to the stress of being in the hospital or seeking care. Your comfort and confidence in your care are very important to us.

Family Involvement in Your Care. As a patient, you have the right to have a family member, family physician, or friend notified of your admission. When safe and possible, you have the right to involve family members and friends in your care, including, as appropriate to the clinical setting, verbal and written contact and private phone conversations. You also have the right to receive and refuse visitors as you wish to do so. It is our policy not to restrict or deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. There may be times when it is necessary to restrict access to visitors in order to safely provide for your medical needs, or to protect yourself or others.

High Quality Care. Our first priority is to provide you with the care you need, when you need it, with skill, compassion, and respect. MCHS will reasonably respond to your requests for treatment or service within our capacity, stated mission, and all applicable laws and regulations. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of the doctors, nurses, and others involved in your care, their roles, and when they are students, residents, or other trainees.

Clean and Safe Environment. MCHS works hard to keep you safe. We use special policies and procedures to avoid mistakes in your care. You have the right to personal privacy, to receive care in a safe setting, and to be free from all forms of abuse, neglect, harassment, or unnecessary restraints or seclusion. If anything unexpected or significant happens while we are treating you, you will be told what happened and any resulting changes in your care will be discussed with you.

Involvement in Your Care. You and your health care team often make decisions about your care before it is provided. At other times, especially in emergencies, those decisions are made while care is provided. When decision-making takes place, it should include:

- Interpreter Services. Communication with your health care team is an important part of your care. You have a right to request and be provided interpreter services or other language assistance services during registration or while receiving care. MCHS will provide a qualified interpreter(s) and other language assistance services at no cost to you. If you choose to use a private interpreter instead of using the MCHS interpreter, you are responsible for paying any and all costs charged by your chosen interpreter.
- Discussing your medical condition and information about medically appropriate treatment choices. To make informed decisions about your care, you need to understand: the benefits and risks of each treatment; whether your treatment is experimental or part of a research study; what you can reasonably expect from your treatment and any long-term effects it might have on your quality of life; what you and your family will need to do after you receive care; the financial consequences of using uncovered services or out-of-network providers; pain management; and for you and your appointed representative to take part in ethical questions that arise during your care. Please tell your caregivers if you need more information about treatment choices.
- Discussing your treatment plan. Before you receive care, you sign a General Consent to Medical Care and Patient Financial Agreement. In some cases, such as surgery or experimental treatment, you may be asked to confirm in writing that you understand what is planned and that you agree to it. You have the right to consent to or refuse treatment or care. Your health care provider will explain the consequences of refusing recommended treatment or care. You also have the right to decide to or refuse to participate in a research study, and if you do refuse, this will not affect your access to ongoing care.
- Reviewing your information. Your caregivers need complete and correct information about your health and coverage so that they can make decisions about your care. This includes: past illnesses, surgeries, or hospital stays; past allergic reactions; any medicines or dietary supplements (including vitamins and herbs) that you are taking; any network or admission requirements under your health plan; and other health or treatment information.
- Understanding your health care goals and values. You have the right to care that is considerate and respectful of your personal values and beliefs. MCHS strives to be considerate of the ethnic, cultural, psychosocial, and spiritual needs of each

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patient and family. You should make sure your family and your care team know your wishes. MCHS acknowledges that care of a dying patient includes care with dignity and respect, management of pain, treating primary and secondary symptoms as requested by you or your surrogate decision maker, and consideration for the patient's and family's expression of grief.

- Understanding who should make decisions when you cannot. You have the right, to the extent permitted by law, to have your legal guardian, next of kin, or a surrogate decision maker appointed to make medical decisions on your behalf in the event you become unable to understand a proposed treatment or procedure, are unable to express your wishes regarding your care, or you are a minor. The person appointed has the right, to the extent permitted by law, to exercise your rights as a patient on your behalf. You also have the right to formulate advance directives. If you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a living will or an advance directive that states your wishes about end-of-life care, inform your care team and your family. If you or your family need help making a difficult decision, counselors, chaplains, and others are available to help. MCHS will follow your directives in accordance with state and federal law.

Protection of Your Privacy. We respect the confidentiality of your relationship with your doctor and other caregivers and the sensitive information about your health and care that are part of that relationship. State and federal laws and MCHS operating policies protect the privacy of your medical information. You will receive a copy of the Notice of Privacy Practices that describes the ways that we use, disclose, and safeguard patient information and that explains how you, or your legally designated representative, can obtain a copy of information from our records about your care subject to state and federal laws. You can ask for a copy of the Notice of Privacy Practices at any time and have access to the Notice of Privacy Practices on MCHS's website at www.MCHodessa.com. If you have any questions, please contact the MCHS Chief Compliance and Privacy Officer at 432-640-1106.

Preparing You and Your Family to Care for You After Receiving Care. You and your family also play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet, and therapy plans. Your family may need to help care for you at home. You can expect us to help you identify sources of follow-up care and to let you know if MCHS has a financial interest in any referrals we make to health care providers or facilities in the community. If you agree that we can share information about your care with caregivers who are not affiliated with MCHS, we will coordinate our activities with those caregivers. You can also expect to receive information and, when possible, training about the self-care you will need after you receive care from us.

Help With Your Bill and Filing Insurance Claims. If you choose to have your health insurance or program reimburse MCHS for your medical care, we will file claims for you with your health insurance or other program such as Medicare and Medicaid. It is your responsibility to contact your insurance company or program to determine whether our services will be covered by your insurance. If you do not have health insurance or have difficulty paying your bill, financial assistance may be available. Financial assistance is dependent on your eligibility, as determined by MCHS, and not guaranteed. You will be required to actively participate in collecting needed information and other requirements to obtain insurance coverage or financial assistance. You can request and receive an itemized bill for your services. If you have questions about your bill or payment, contact our Financial Assistance Coordinators at (432) 640-1000.

Questions and Concerns. We are always interested in improving. If you have questions, comments, concerns, or a complaint please contact Patient Relations at (432) 640-2293. Voicing a concern or complaint will not affect your care.

If you have concerns regarding the quality of care received, who will pay for services provided to you, or need assistance with appeals regarding discharge planning. Please contact one of the following:

For patients with Medicare who have Quality of Care complaints, want to appeal their discharge, or have questions regarding a notice of non-coverage contact: Acentra – Toll Free Phone: 1-888-315-0636; TTY: 1-855-843-4776; Fax: 1-844-878-7921.

Texas Department of State Health Services – Health Facility Compliance Division – Compliance Hotline: 1-800-458-9858; Fax: 833-709-5735; Email: hfc.complaints@hhs.texas.gov

Det Norske Veritas – Phone: 1-866-496-9647; Fax: 281-870-4818¬; Mail: DNV Healthcare USA Inc., Attn: Hospital Complaints, 4435 Aicholtz Road, Suite 900, Cincinnati, OH 45245; Email: hospitalcomplaint@dnv.com; Online: https://www.dnvhealthcareportal.com/patient-complaint-report.

If you believe we are not following our non-discrimination policies, you may contact the U.S. Department of Health & Human Services, Office for Civil Rights Complaint Portal at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone: U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201; Phone: 800-368-1019; TTY: 711; Complaint forms are available at hhs.gov/ocr/complaints/index.html.