

Every patient has the right to be treated as an individual and to actively participate in and make decisions regarding his/her care. The facility and medical staff have adopted the following patient rights and responsibilities, which are communicated to each patient or the patient's representative/surrogate prior to the procedure.

PATIENT RIGHTS

- Patients shall be treated with respect, consideration, and dignity
- Patients shall be provided appropriate privacy
- Patient records shall be treated confidentially and, except when authorized by law, patients shall be given the opportunity to approve or refuse their release
- Patients shall be provided, to the degree known, appropriate information concerning their diagnosis, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information shall be provided to a person designated by the patient or to a legally authorized person
- To be informed of their right to change providers if other qualified providers are available
- Patients shall be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons
- Information shall be available to patients and staff concerning:
 - Patients' rights
 - Patient conduct and responsibilities
 - Services available at the Center
 - Provisions for after-hours and emergency care
 - Fees for services
 - Payment policies
 - Patient's right to refuse to participate in experimental research
 - Methods of expressing complaints and suggestions to the Center
- Marketing or advertising regarding the competence and/or capabilities of the organization shall not be misleading to patients
- If the need arises, reasonable attempts are made to communicate in the language or manner primarily used by the patient

PATIENT RESPONSIBILITIES:

- To provide complete and accurate information to the best of their ability about their health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- To follow the treatment plan prescribed by their provider, including pre-operative and discharge instructions
- To provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider
- To inform their provider about any living will, medical power of attorney, or other advance healthcare directive in effect
- To accept personal financial responsibility for any charges not covered by their insurance
- To be respectful of all healthcare professionals and staff, as well as other patients

[If you need an interpreter:](#)

If you will need an interpreter, please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

[Rights and Respect for Property and Person](#)

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice a grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality of personal medical information.

[Privacy and Safety](#)

The patient has the right to:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

[Statement of Nondiscrimination:](#)

- **Digestive Health Center of North Richland Hills** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- **Digestive Health Center of North Richland Hills** cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
- **Digestive Health Center of North Richland Hills** 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

You may contact the state to report a complaint;

Health Facility Compliance Group (MC1979)
Texas Department of State Health Services,
PO Box 149347; Austin, TX 78714 – 9347

Complaint hotline: 888.973.0022 Form: Health Facility
Form: Health Facility Complaint Form
Email: hfc.complaints@dshs.state.tx.us
State Web site: <http://www.dshs.texas.gov/facilities/asc/default.aspx>

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman.

Medicare Ombudsman Web site: <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>

This facility is accredited by the **Accreditation Association for Ambulatory Health Care (AAAHC)**. Complaints or grievances may also be filed through: AAAHC 3 Parkway North Blvd, Ste 201, Deerfield, IL 60015 Phone: 847-853-6060 or email: info@aaahc.org

[Advance Directives:](#)

An "Advance Directive" is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates advance directives differently. STATE laws regarding Advanced Directives are found in Texas Health and Safety Code §166.-001-048. In the state of Texas, a patient has a right to an advance directive which will communicate their wishes about medical treatment at some time in the future when they are unable to make their wishes known because of illness or injury. In addition to this advance directive, Texas law provides for two other types of directives: the Medical Power of Attorney; and the Out-Of-Hospital Do Not Resuscitate Order. You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative or surrogate) prior to the procedure being performed.

Complaints/Grievances: If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

Tamsin Perfect, RN
Digestive Health Center of North Richland Hills
7640 NE Loop 820, Suite 96
North Richland Hills, TX 76180
469-713-5052

Physician Financial Interest and Ownership: Physician Financial Interest and Ownership: The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations. **THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER:**

Dr. Cherian Abraham	Dr. Eric Hill
Dr. Vinay Antin	Dr. Mark Murray
Dr. David Bass	Dr. Priya Rangasamy
Dr. Balu Chandra	Dr. Moustafa Youssef

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