

# PATIENTS & PARENTS RIGHTS & RESPONSIBILITIES

## PATIENTS & PARENTS

### Have the right to:

#### Understand my care & treatment plan

- Receive a copy of Patient Rights and Responsibilities. If I cannot understand my rights, the hospital will translate or explain in a language I understand.
- Receive all information I need about my condition in words or a language I understand. This includes tests, procedures, treatment options, possible risks, and benefits.
- Give my informed consent for any suggested treatment. Be able to access the medical record.
- Receive answers to any questions or concerns I have about treatment.
- Share how I feel about the treatment plan with the healthcare team.
- Get an explanation from my healthcare team for each procedure, test, or exam that requires contact with the body. Know this care will be as gentle and private as possible.
- Receive medical care regardless of my age, race, gender, religion, cultural, economic, educational background, or disability.
- Make decisions, after talking with my doctor, about my medical and general healthcare. This includes the right to accept or refuse medical care as allowed by law. I will be told in a language I can understand about what will happen if I refuse medical care.
- Participate in decision making on ethical issues.
- Know that my healthcare team will check on my pain. They will listen to me and do the best they can do to relieve my pain.
- Be involved in developing a plan for pain control.
- Be free from restraints or seclusion for managing behavior unless medically necessary.

#### Be treated with respect

- Be treated respectfully regardless of my race, gender, religion, cultural, economic, educational background, or disability.
- Receive care in a safe setting free from harassment or abuse.
- Receive answers to requests for services provided by Cook Children's according to governing laws and regulations.
- Know the names of my healthcare team members.
- Feel free and comfortable to make a complaint and receive feedback.
- Get angry, cry or express my feelings in a non-threatening manner.
- Have help in contacting protective services, if needed.
- Be told of experiments, research, or educational projects affecting my care or treatment. Be able to refuse to take part in any such project.
- Have a family member, a representative of my choice, or your doctor notified of my child's admission.
- Complete an advance directive (living will) for me (if I am a patient) or for my child, if allowed by law. Expect my healthcare team to follow this directive.
- Receive comfort and respectful care if my child is nearing death. This includes managing pain, recognizing cultural and spiritual concerns, and providing compassionate care during our time of grief.
- Have times and places to play and learn.

#### Keep in touch with family and friends

- Have my family with me as much as I want during Cook Children's established visiting hours.
- Have friends visit my child during visiting hours, when possible.
- Be told if there is any reason for not allowing visitors to see my child.
- Have a telephone to make and receive calls while in the hospital.
- Cook Children's will not restrict, limit or deny visitors based on race, national origin, religion, sex, gender identity, sexual orientation or disability.

## PATIENTS & PARENTS

### Are responsible to:

#### Take part in the treatment plan

- Know my responsibilities for on-going health needs.
- Provide a copy of my current advance directive (Texas Directive to Physicians and Family or Surrogates, Medical Power of Attorney, or Out-of-Hospital DNR), if one exists.
- Ask questions if I do not understand information or instructions.
- Follow the agreed on treatment plan. Know and be responsible for any consequences of refusing treatment or not following instructions.
- Give accurate and complete information about all matters relating to health. Report any unexpected changes in my or my child's condition.
- Discuss any pain problems with the doctor or nurse. Work with the medical team to develop plans for controlling pain.
- Keep my appointments and be on time. If I cannot keep my appointment, I will call as soon as possible to schedule a new one.
- Tell my child's doctor, nurse or patient representative if I have concerns or am not happy about the care my child is receiving.
- Act appropriately and be considerate in my attempts to resolve conflicts, if they arise.
- Keep cell phones on silent/vibrate mode when around patients or the healthcare team.
- Pay the medical bills for which I am responsible.

## PATIENTS, FAMILIES & VISITORS

### Are responsible to:

#### Follow Cook Children's safety rules

- Learn and follow Cook Children's rules and regulations.
- Know that Cook Children's does not allow the use of tobacco, illegal drugs, alcohol, guns and other weapons.
- Not take photos of other people or patients with a cell phone or camera.
- Follow the rules for the number of visitors allowed, when they can visit, and how long they can stay.

#### Use appropriate behavior and actions

- Dress appropriately
- Not use swearing, threats, or any action that interferes with healthcare.
- Not allow anyone to visit while under the influence of any substance.
- Be thoughtful of the rights of other patients and the healthcare team by controlling noise levels and the number of visitors.
- Be respectful of the rights and property of other patients and the Cook Children's healthcare team.
- Respect the privacy and confidentiality of all children and families receiving care at Cook Children's.
- Know if I break the Cook Children's rules and regulations, security will be called and we may be escorted off the property.

### Please talk with your child's nurse or doctor if you feel your rights have not been respected.

You may also call the CCMC Patient Representative Department at 682-885-3926, 8am to 4:30pm Monday through Friday (after hours ask for the Nursing Supervisor) if you need help with your concerns.

If you feel your concerns have not been addressed by Cook Children's, you may call:

#### Texas Department of State Health Services:

Email: [Hfc.complaints@dshs.state.tx.us](mailto:Hfc.complaints@dshs.state.tx.us)

Complaint Hotline:

1-888-973-0022

1-800-735-2989 (TDD)

#### The Joint Commission:

Email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Telephone:

Office of Quality Monitoring

1-800-994-6610

#### Cook Children's Medical Center Notice Concerning Preservation of Medical Records

Under the Texas Health and Safety Code, Cook Children's Medical Center (CCMC):

- May authorize the disposal of any medical record on or after the 10<sup>th</sup> anniversary of the date on which the patient who is the subject of the record was last treated at CCMC.
- If a patient was younger than 18 years of age when the patient was treated, CCMC may authorize the disposal of medical records relating to the patient on or after the date of the patient's 20<sup>th</sup> birthday on or after the 10<sup>th</sup> anniversary of the date on which the patient was last treated, whichever date is later.
- CCMC may not destroy medical records that relate to any matter that is involved in litigation if it knows the litigation has not been finally resolved.