

**HOUSTON METRO ORTHO AND SPINE  
SURGERY CENTER**

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**Patient Bill of Rights  
and Responsibilities**

**Patient Bill of Rights and Responsibilities:**

Patients and families are our number one concern. It is a priority at Houston Metro Ortho and Spine Surgery Center that patients and families are as comfortable as possible during their stay at Houston Metro Ortho and Spine Surgery Center. The following statement of patient rights and responsibilities is present as the policy for Houston Metro Ortho and Spine Surgery Center, but does not presume to be a complete representation of all mutual rights and responsibilities.

**Patient Rights:**

1. To reasonable access to the medical resources at Houston Metro Ortho and Spine Surgery Center without regard to race color, national origin, age, sex, disability or financial status.
2. To receive considerate, respectful, and compassionate care.
3. To be informed about and to participate in decisions regarding your care including the refusal of treatment.
4. To be involved in all aspects of care, and to be allowed to participate in that care.
5. To information about advance directives that would allow you to make your own healthcare decisions for the future and to have your chosen representative exercise these rights for you if you are not able to do so.
6. To be assured that our provision of care for you will not be conditioned on your advance directives.
7. To refuse treatment to the extent permitted by law and to be informed of the medical consequences of your actions.
8. To have clinical and educational information about your treatment in language and terms that you understand.
9. To voice complaints about your care, and to have those complaints reviewed and, when possible, resolved.
10. To have access to organizational leaders if an ethical, cultural or spiritual dilemma present itself.
11. To information about any research activities that involve your treatment, including benefits and risks, procedures involved, and alternative treatments.
12. To security, privacy, and confidentiality in all patient care areas as you undergo tests or treatment.
13. To know who is responsible for providing your immediate, direct care.
14. To information about the financial aspects of services and alternative choices.
15. To be supported in accessing protective services when requested.
16. To unrestricted communication unless restrictions are a part of your treatment. Any restrictions will be explained to you and will be reviewed as your treatment changes.
17. The surgery center provides for the safety and security of patients and their property.
18. Patient who desire private telephone conversations have access to space and telephones appropriate to their needs and the care, treatment, and services provided.
19. To request an itemized statement of billed services.

**Patient Responsibilities:**

1. To give your doctor and the Houston Metro Ortho and Spine Surgery Center staff complete and accurate information about your condition and care, including the reporting of unexpected changes in your condition to your physician and nurse.
2. To follow the orders and instructions given by your doctor and instructions given by the staff for your care, including keeping follow-up appointments after discharge.
3. To report unexpected changes in your condition to your physician and nurse.
4. To bring a current copy of your advance directives to be placed in your medical record prior to the time of your admission.
5. To accept responsibility for refusing treatment.
6. To show consideration for other patients by following all rules and regulations pertaining to smoking, visitors, noise and general conduct.
7. To accept financial obligations associated with your care.
8. To be considerate of staff members who are caring for you. A mutual spirit of respect and cooperation allows us to serve you best.
9. To advise your nurse, physician, caregiver and/or the business office staff of any dissatisfaction you may have regarding your care.

**Patient Satisfaction:**

- ❖ Assessment of patient/family satisfaction is most important to us. A patient satisfaction evaluation is given to all patients at discharge. Every attempt is made by the nurse to contact each patient within 24-48 hours after discharge.
- ❖ Please let us know how we can improve our services to you.

**Physician Ownership:**

- ❖ There may be one of more of the physicians providing treatment at Houston Metro Ortho and Spine Surgery Center that has an ownership interest in the surgery center. Patient have a right to choose the provider of their healthcare services.

**Advance Directive Policy:**

- ❖ Houston Metro Ortho and Spine Surgery Center does not honor advance directives or living wills. Patients with an advance directive or living will may bring it to the center and in the event of transfer to another facility, we will forward it with the patient's medical records and further consideration will be made at that time.

**Voicing Complaints:**

Our staff strives to provide excellent care and service. If we fail to meet your expectations in any way, please do not hesitate to let us know as soon as possible. Rest assured that voicing a concern will never adversely affect the care and service we provide. Usually, a word to your nurse or Director of Nursing is all that is needed, but if you prefer, you may contact the Administrator of the Houston Metro Ortho and Spine Surgery Center. Your question or concern will be promptly addressed. You also have the right to register a complaint with the Texas Department of Health and/or the Centers for Medicare & Medicaid Services (CMS) at 1-800-Medicare. You may also contact the Office of the Medicare Beneficiary Ombudsman at [www.medicare.gov/Ombudsman/activities.asp](http://www.medicare.gov/Ombudsman/activities.asp).