



## **PATIENTS RIGHTS IN THE EMERGENCY ROOM**

**THE FOLLOWING DOCUMENT DISCUSSES YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT IN THE EMERGENCY ROOM.**

1. Limestone Medical Center provides emergency care through contract physicians. The physicians who provide the care are neither employees nor agents of the hospital. The physicians are independent practitioners. They work through an entity separate from this hospital, known as Southwest Medical Associates.
2. All medical care is your choice. Every competent adult patient has the legal right to decide whether to accept or reject any medical care-even emergency or life saving care.
3. The physician has a legal obligation to give you whatever information you need to make your decisions about medical care.
4. The patient has the right to reasonable informed participation in decisions involving his/her healthcare. To the degree possible, this should be based on a clear concise explanation of patients' condition, all medical consent forms, of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, related to treatment. The patient should not be subjected to any procedure without his/her voluntary, competent, and understanding consent to his/her legally authorized represent representatively.
5. The patient or designated representative has the right to participate in the consideration of ethical issues that arise in the care being or to be given.
6. The patient, at his/her own request and expense, has the right to consult with a specialist.
7. The patient has the right of privacy and confidentiality of information.
8. The patient has the right not to be discriminated against on the basis of race, color, national origin, gender, sexual orientation, or disability.

### **Age Specific Care**

- A patient has the right to care that is appropriate for his/her age.
- A parent or legal guardian has the right to remain in attendance with their minor child unless their presence may hinder the performance of necessary medical procedure or treatment, or as forbidden by hospital policy.
- Any adult that is incapacitated and unable to give appropriate medical information may have a family member or legal guardian present during the exam. (Pt. with Alzheimer, mentally challenged or any emotional or mental disability.)

### **Personal Safety**

The patient has the right to receive care in a safe hospital environment.

### **Personal Valuables**

It is understood and agreed that the hospital emergency room will not be liable for the loss or damage of money, jewelry, documents, coats or the articles of unusual value and small size.

### **Patient Responsibility**

You, the patient, have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illness, hospitalization, medications, and other matters relating

to your health. You, the patient, are responsible for reporting whether the patient comprehends a contemplated course of action and what is expected of you as a patient.

**Authorization/Consent to Treat**

I hereby give permission to the hospital and the medical staff to perform such medical and surgical procedures as are necessary and to release medical records as needed for receiving payment for services rendered. MEDICARE and MEDICAID AUTHORIZATION: I certify that the information given by me in applying for the payment under Title XVIII and XIX is correct and request that payment be made directly to the hospital and/or participating physician or any unpaid bills for services furnished to me during the current year.

**Refusal of Treatment**

You, the patient, are responsible for your actions if you refuse treatment or do not follow the physician's instructions.

**LMC Rules and Regulations**

You, as the patient, are responsible for following rules and regulations affecting patient care, conduct, and safety. You, the patient are responsible for being considerate of the rights of other patients and medical personnel. You, the patient, are responsible for being respectful of the property of other persons and of the medical center.

**Patient Rights and Responsibilities**

**Limestone Medical Center Emergency Charges**

You, the patient, are responsible for assuring that the financial obligations of your health care are fulfilled as prompt as possible.

1. Medicaid patients – You are responsible for services that are not a benefit through the Medicaid program. (Example, dental when billed as an ER visit.)
2. VA patients – All emergencies for VA patients are paid for by the VA. Non-emergency care will be denied and you will be responsible for the bill. (Example, if you are a VA patient you are required to go to the VA hospital for your medical care.)

**Assignment of Benefits**

I hereby authorize my insurance carrier and/or third party payer to direct payment of medical benefits to:

**Limestone Medical Center  
701 McClintic Drive  
Groesbeck, Texas 76642  
NPI 1861487779  
TIN 741744089**

\_\_\_\_\_  
Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date