

## Introduction

When you or your loved one needs medical care, you want the most appropriate and best care available. To achieve this, certain decisions may need to be made involving the kind of care given. As a patient in a Texas hospital, you have certain legal rights concerning your medical treatment.

This brochure is designed to help you understand those rights. After reading this brochure, if you have questions, need further information or wish to execute an advance directive, please contact your physician or nurse.

## Informed Consent

Every adult of sound mind has the right to decide what may be done to his or her body in the course of medical treatment. As a patient, you have the right to be told about the nature of your condition, the general nature of the proposed treatment, and alternative procedures that are available.

This information helps you make an informed and rational decision, either accepting or declining a proposed course of treatment. Your physician will discuss with you the risks associated with medical procedures identified under state laws.

Texas law allows you to make an *advance directive* concerning your medical care. That is, you may make your wish concerning medical treatment known *before* you actually need such care. The *Texas Natural Death Act* authorizes you to create a *Directive to Physicians*.

## Directive to Physician/Living Will Written Directives

You may sign a *Directive to Physicians* concerning your care if:

- You are at least 18 years old,
- Of sound mind, and
- Acting on your own free will in the presence of two qualified witnesses.

The directive, also referred to as a *living will*, instructs your physician *not* to use artificial methods to prolong the process of dying if you are terminally ill.

The directive *does not* become effective until you are diagnosed and certified in writing to have a terminal condition. The directive must be signed by two physicians who have examined you, one of whom is your attending physician.

If you sign a directive, talk it over with your physician and ensure that is included in your medical record.

## Oral Directives

You may make an oral directive if you are diagnosed with a terminal condition and are unable to sign a written directive.

## Directive by Guardian or Family Member

Should you become comatose or otherwise unable to communicate after being diagnosed with a terminal condition, and if you have not issued a written directive, your attending physician and legal guardian, or certain family members in the absence of a legal guardian, can make decisions concerning withholding or withdrawing life-sustaining treatment.

## Durable Power of Attorney for Health Care General Information

The other type of advance directive is known as a *Durable Power of Attorney for Health Care*. This document, signed by a competent adult, designates someone you trust as an agent to make health care decisions on your behalf should you become unable to make such decisions.

## Agents

Anyone can be your agent other than:

- Your health care provider, including a physician, hospital or nursing home.
- An employee of your health care provider, unless that person is a relative.
- Your residential care provider (nursing home, hospice, or other licensed residential care home).
- An employee of your residential care provider, unless that person is related to you.

## Authority of Agent

An agent has authority to make health care decisions on your behalf *only* when your attending physician certifies in writing, based on your physician's reasonable medical judgement, that you lack the capacity to make health care decisions. This certification must be filed in your medical record.

Your agent *cannot* make a health care decision if you object regardless of whether you have the capacity to make the health care decision yourself, or whether a *Durable Power of Attorney for Health Care* is in effect. An agent who has your *Durable Power of Attorney for Health Care* has certain duties.



- Be informed of hospital policies and regulations that affect you and your treatment and about charges and payment methods.
- The patient and physician may deem it necessary to restrict visitors, telephone calls and mail, based upon medical conditions and or the negative effect these communications may have on the course of treatment.
- Patients can expect safety in hospital practices and environment. Patients can expect Darnall Hospital to establish & maintain integrative safety procedures. Darnall's patient safety and medical errors avoidance programs focus on prevention and improving systems and processes that prevent errors.

### ***Patient Responsibilities***

As a patient at Darnall Army Community Hospital you are responsible for:

- Responding to hospital employees in a considerate and respectful manner.
- Providing complete and accurate information regarding your health and medical condition. This includes past illnesses, hospital stays, and the use of medications.
- Asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment you are responsible for telling your doctor.
- Fully disclosing of all health and liability insurance policies, and ensuring that

financial obligations for your health care are fulfilled as promptly as possible.

- Furnishing the Patient Administration Division a copy of your Advanced Directive or Living Will, if one exists.
- Informing your health care provider if you do not understand what he/she is discussing with you.
- Advising appropriate staff members of any dissatisfaction you have with your care at Darnall, and to permit us to modify the outcome, when possible.
- Considering the rights and privacy of others. Help control noise and limit the number of visitors you receive at any one time. In addition, if you have a communicable disease, consider the rights of others.
- Respecting the property of other people and of the hospital.
- Keeping scheduled appointments or give proper notice to the clinic or Patient Appointment System for necessary changes.
- Informing your health care provider or hospital staff, if you have questions about any safety risks involved in your care.



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# **PATIENT**

## ***Bill of Rights & Responsibilities***

