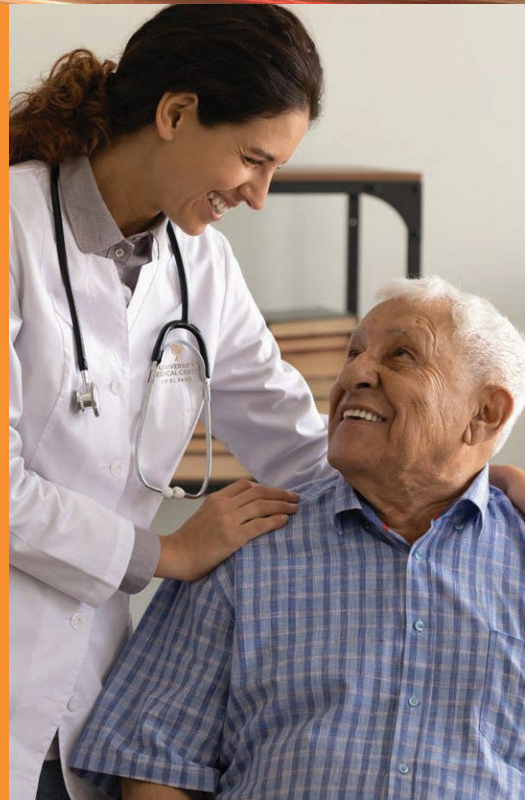




UNIVERSITY  
MEDICAL CENTER  
OF EL PASO

# Patient Handbook

We Care For El Paso



# Table of Contents

---

A Message from R. Jacob Cintron, President & CEO, El Paso County Hospital District	<b>03</b>
About UMC	<b>04</b>
Our Mission, Vision and CARES Values	<b>05</b>
Helpful Information During Your Stay	<b>07</b>
Visitation Guidelines & Hours	<b>09</b>
Notice of Nondiscrimination	<b>10</b>
Hospital Services	<b>10</b>
Admitting, Billing & Financial Assistance	<b>12</b>
Patient Care	<b>14</b>
Joint Notice of Privacy Practices	<b>16</b>
Patients' Rights & Responsibilities	<b>20</b>
Preventing Workplace Violence	<b>23</b>
How Did We Do?	<b>23</b>







A Message from

# **R. Jacob Cintron**

**President & CEO**

**El Paso County Hospital District**

---

Welcome to University Medical Center of El Paso, our region's only Level 1 Trauma Center, Level 1 Stroke Center and Joint Commission-certified Comprehensive Stroke Center, to name only a few of our designations. We are the hospital our region trusts for exceptional, advanced healthcare services.

As a renowned teaching and research hospital, UMC is equipped with some of the most advanced medical equipment and expertise in the region.

Our team of highly qualified physicians, nurses and medical staff are always pursuing the highest levels of knowledge and resources to remain the standard-bearer of medical care our region can depend on.

For more than 100 years, UMC has served millions of patients from across the region and has expanded access to world-renowned physicians and technology that have attracted patients who come to us from all over the globe.

Our services go beyond our main campus, they spread into the community, offering additional surgical services at the UMC Surgical Hospital, as well as six outpatient clinics and two satellite emergency departments. Each of these locations help bring healthcare closer to you.

UMC is joined by its partner hospital, El Paso Children's Hospital, on our main campus. Additionally, UMC has numerous partnerships to provide patients with access to specialty care and rehab services, without the need to travel out of town for treatment.

We are proud of our commitment to our community and hope your experience at UMC exceeds your expectations.

Feel free to contact any of us should you have questions, comments or concerns. Your feedback is incredible helpful in ensuring we continuously elevate our services.

When it comes to what matters most, we thank you for trusting us to take care of you and your family.

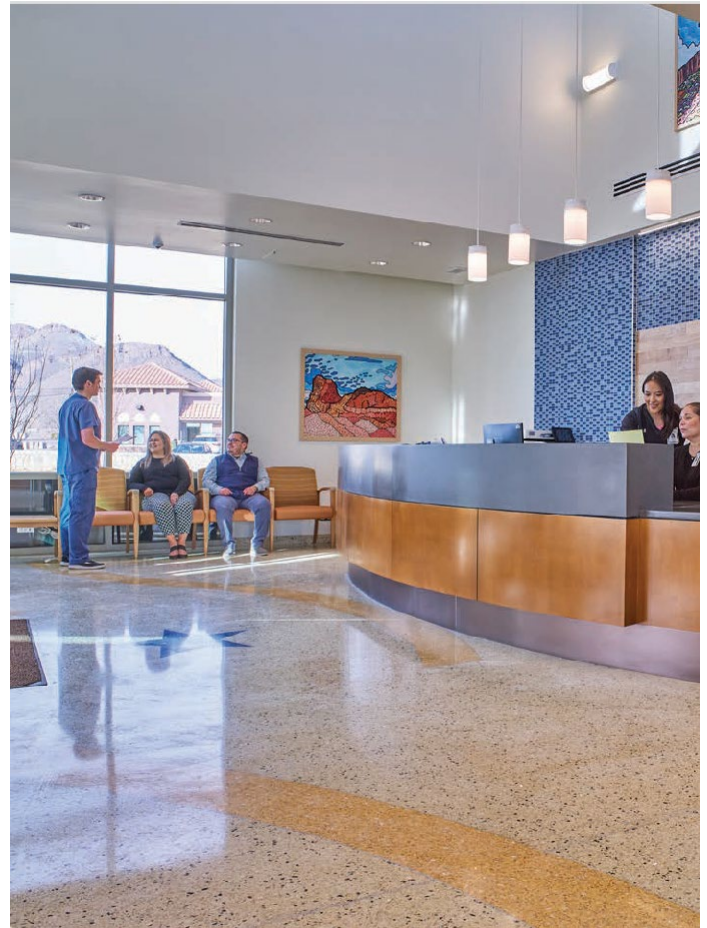
R. Jacob Cintron  
President & CEO, El Paso County Hospital District

# About Us

The El Paso County Hospital District's Healthcare System includes the following entities: University Medical Center of El Paso, an acute care teaching hospital, UMC Outpatient Clinics, which are primary care centers, El Paso Children's Hospital, the District's pediatric specialized care-focused hospital, UMC Surgical Hospital, a 40-bed hospital for both inpatient and outpatient cases, El Paso Health, the District's wholly owned subsidiary HMO, the University Medical Center Foundation of El Paso and the El Paso Children's Foundation.

University Medical Center of El Paso is the primary teaching institution for the Texas Tech University Health Sciences Center Paul L. Foster School of Medicine. As such, the University Medical Center of El Paso/Texas Tech University Health Sciences Center campus is the only academic healthcare setting in the west Texas/southern New Mexico region. That affiliation and the fact that University Medical Center of El Paso is El Paso's only not-for-profit, community-owned hospital, help ensure that high-quality healthcare services are available to all, regardless of their ability to pay.

University Medical Center of El Paso is home to the only Level 1 trauma center in a 280-mile radius, as well as the region's only Level 1 Stroke Center and Joint Commission-certified Comprehensive Stroke



Center, and the region's first Level IV Maternal Care and Officially Certified Baby-Friendly hospital.

Our regional influence also includes a state-of-the-art regional laboratory, the West Texas Regional Poison Center, and affiliation agreements with over 50 educational institutions.

## MISSION

Our Mission is to Heal, to Serve and to Educate.

## VISION

Our Vision is to be the first choice for healthcare in the Southwest.

## WE ARE COMMITTED TO C.A.R.E.S. VALUES:

**C**ommunity – Pursue access to healthcare for all members of our community.

**A**ccountability – Embrace responsibility for the outcomes resulting from our choices and actions.

**R**espect – Treat everyone with dignity and compassion.

**E**xcellence – Provide the highest quality of care.

**S**ervice – Exceed customer's expectations every time.





The University Medical Center main campus located on Alameda Avenue and the UMC Surgical Hospital located on George Dieter Street operate under a unified hospital license granted by the State of Texas. Other UMC facilities operate under the University Medical Center license. El Paso Children’s Hospital, which is located on the grounds of the main campus, is a separately licensed hospital.

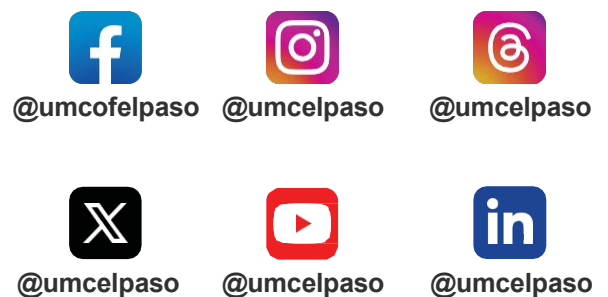


## Important Numbers (Area Code: 915)

UMC Main Number	<b>544-1200</b>
Hospital Operator	<b>0</b>
Another Room	<b>3 + room number</b>
<b>UMC Surgical Hospital 32+room number</b>	
Local Calls	<b>9 + number</b>
Admitting Department	<b>521-7730</b>
Elevate Health (Medical Eligibility)	<b>521-7760</b>
Gift Shop	<b>521-7649</b>
Patient Experience	<b>521-7357</b>
Security & Transportation	<b>521-7671</b>
Social Services	<b>521-7930</b>
Ambulatory Surgical Center West	<b>200-2650</b>
UMC Surgical Hospital	<b>200-2700</b>
UMC Outpatient Clinics	<b>790-5700</b>
Long Distance (collect, third party, calling card)	<b>9 + 00</b>

For more information, visit our website at **[www.umcelpaso.org](http://www.umcelpaso.org)**

Follow us on social media:



# Helpful Information

The **UMC Cafeteria** is located in the basement of Thomason Tower on the main campus. Guests are allowed access to the **El Paso Children's Hospital Bistro**, which is located in the basement of EPCH (East Tower of main campus). Coffee, other beverages, and prepackaged foods can be purchased at the **Java Stop**, located on the first floor near the main entrance. The **UMC Surgical Hospital Cafeteria** is located in the basement of that facility on George Dieter Street. Please check with the nurse before taking food to our patients as they may be on a restricted diet.

---

## UMC Cafeteria

The UMC Cafeteria is open 7 days a week during the following hours:

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
6:30 a.m. - 10 a.m.	11:00 a.m. - 2:30 p.m.	4:00 p.m. - 11:30 p.m.

## EPCH Bistro

The Bistro is open Monday through Friday from 10:00 a.m. to 4:00 p.m. Closed weekends.

## UMC Surgical Hospital Cafeteria

The UMC Surgical Hospital Cafeteria is open 7 days a week during the following hours:

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
7:00 a.m. - 9:00 a.m.	11:00 a.m. - 1:00 p.m.	Closed

## Java Stop

Java Stop provides continuous service Monday through Friday from 6:30 a.m. to 12:00 a.m. During weekends, Java Stop is open from 6:30 a.m. to 12:00 a.m. with scheduled closures from 11:00 a.m. to 11:40 a.m. and again from 6:00 p.m. to 6:30 p.m.

## Vending/ATM/Microwave Ovens

Vending machines and an ATM are located in the basement of Thomason Tower adjacent to the UMC Cafeteria. Additional vending machines are located in the basement of EPCH adjacent to the Bistro. Microwave ovens are provided as a convenience in the dining room of the UMC Cafeteria.

## The Shop Around the Corner (Gift Shop)

The gift shop is located on the first floor of the main campus location near the main entrance. Children under 12 years of age must be accompanied by an adult. The gift shop is open six days a week.

<b>Monday-Friday</b>	<b>Saturday</b>	<b>Sunday</b>
7:00 a.m. - 4:30 p.m.	10:00 a.m. - 3:30 p.m.	Closed

## Flowers

Patients in the critical care areas are not allowed to have fresh flowers in their room. On some occasions, artificial plants and flowers are allowed. Please consult nursing staff.

# Helpful Information (cont'd)

## **ID Bracelet**

All patients are provided an identification bracelet upon admission. Additionally, color-coded bracelets are used to help us keep patients safe by communicating to others on the healthcare team specific risk factors, or special needs the patient may have to include fall risk, allergies, or limb alert. Please do not remove ID bracelet or wristbands until discharged from the hospital.

## **Tobacco-Free Policy**

University Medical Center is a "Tobacco-Free" facility. The hospital's campus, including all buildings, grounds, parking lots and courtyards have been designated as "Tobacco-Free" where tobacco use and smoking are prohibited.

## **Lactation Rooms**

Private lactation rooms are available throughout the hospital which provide a comfortable chair, an electrical outlet, and a sink.

## **Lobbies and Waiting Rooms**

Food and drinks are permitted in the main lobbies. Children under the age of 14 must be accompanied by an adult at all times.

## **Meditation Room**

A meditation room is located at the main campus near the main entrance and is open 24 hours a day. The meditation room at UMC Surgical Hospital is located near the main entrance.

## **Parking**

The visitor garage, located at the corner of Reynolds Avenue and Alameda Avenue, is open 24 hours a day. Guests utilizing the emergency room may park in the parking lot adjacent to the emergency room entrance. All visitor parking is free of charge.

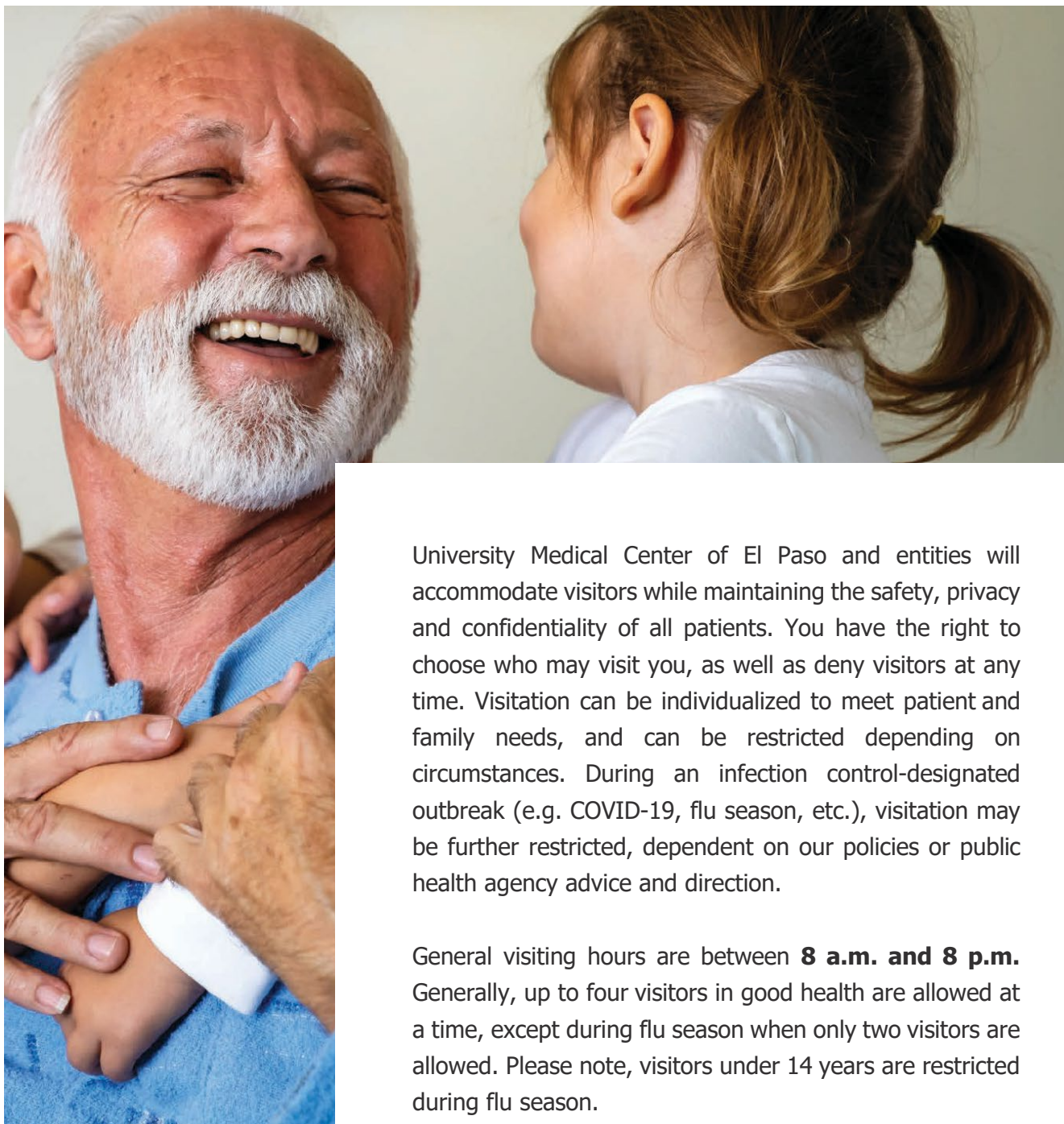
Visitors to the main campus are prohibited from parking at any other location, including the garage and parking lots on Alberta Avenue. Unauthorized vehicles parking at these locations will be subject to a fine. UMC assumes no responsibility for theft, loss or damage to vehicles or personal property.

## **Valuables**

Valuables such as cash, jewelry, credit cards, and keys should be left at home when possible.



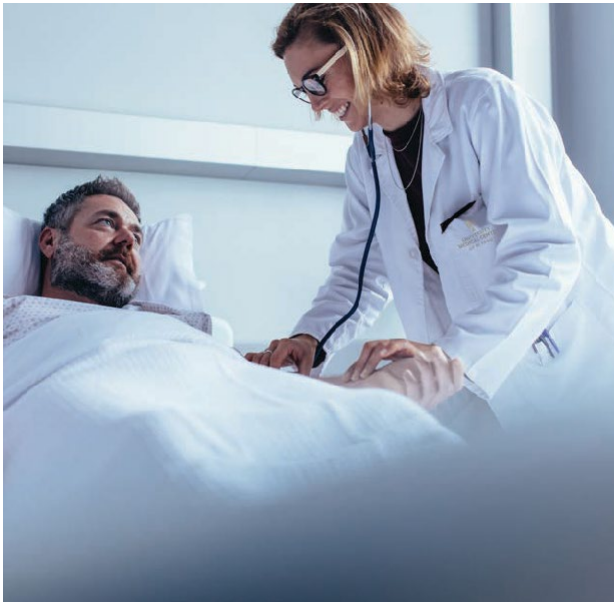
# Visitation Guidelines & Hours



University Medical Center of El Paso and entities will accommodate visitors while maintaining the safety, privacy and confidentiality of all patients. You have the right to choose who may visit you, as well as deny visitors at any time. Visitation can be individualized to meet patient and family needs, and can be restricted depending on circumstances. During an infection control-designated outbreak (e.g. COVID-19, flu season, etc.), visitation may be further restricted, dependent on our policies or public health agency advice and direction.

General visiting hours are between **8 a.m. and 8 p.m.** Generally, up to four visitors in good health are allowed at a time, except during flu season when only two visitors are allowed. Please note, visitors under 14 years are restricted during flu season.

# Hospital Services



## Notice of Nondiscrimination

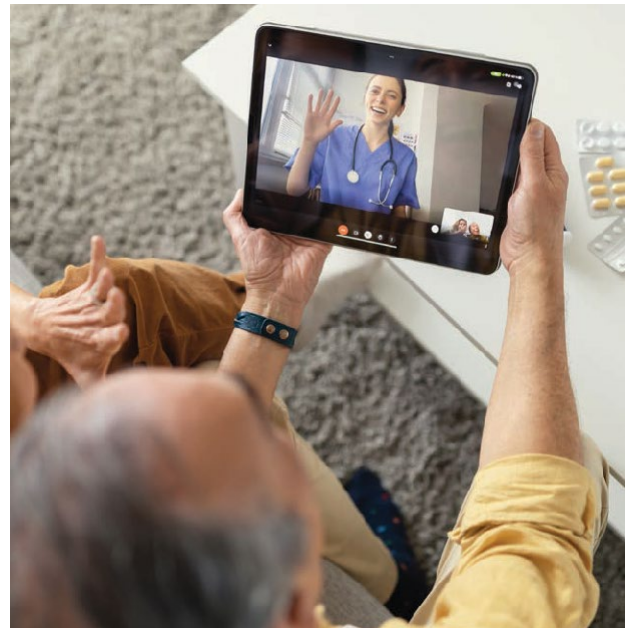
The El Paso County Hospital District complies with all applicable civil rights laws and does not discriminate, exclude, or treat individuals differently on the basis of race, color, national origin, age, disability, or sex.

## Access to Services

The following services are available, free of charge, to allow individuals to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio and accessible electronic formats)
- Foreign language services such as:
  - Qualified Medical Interpreters
  - Information written in languages other than English
  - Telephonic/video interpretation services.

If you require these services, call **(915) 521-7200**.



## Service Animals

Your service animal is welcome during your inpatient or outpatient visit. However, if the service animal poses a health risk, is not housebroken or is out of control, we may ask you to make other arrangements for the care of the animal. Under the Americans with Disabilities Act (ADA), service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls. Animals whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.



## Clergy/Pastoral Care

The hospital will provide for pastoral and spiritual needs. Only approved clergy or clergy specifically requested by you or your family may visit to provide pastoral care. Let your caregiver know if you would like to arrange a pastoral visit.

## SANE Program

If you feel you have been sexually assaulted, UMC has a dedicated staff of Sexual Assault Nurse Examiners to assist you. Have your nurse or other healthcare provider call extension **41149**.





# Admitting, Billing & Financial Assistance

## Admitting

The Admitting Department at UMC is located near the main entrance of the main campus and is open Monday through Friday, 7 a.m. to 5 p.m.

The Admitting Department at UMC Surgical Hospital is open from 5 a.m. to 5 p.m.

To register, you will be asked to show proof of residence and evidence of insurance, cash payment, or eligibility for a charity care or financial assistance program.

The following can be used as proof of residence:

- Current Driver's License
- State-Issued Identification
- Rent/Mortgage Receipts
- Paycheck or Pay Stubs
- Automobile Registration
- Mail Received at that Address
- Voting Records
- Property Tax Records
- Income Tax Records

## Billing

During your stay, you may have been treated by more than one physician or specialist.

Following your stay, expect to see a bill from UMC as well as different bills from the various physicians who treated you. You will receive separate bills for the services provided by the physician or physicians that were involved in your care.

Patients who are unable to pay their balance in full may qualify for financial assistance. Our Patient Financial Services (PFS) team is ready to help answer your billing and insurance questions.

For additional information regarding your bill, please contact PFS at **(915) 521-7900**.

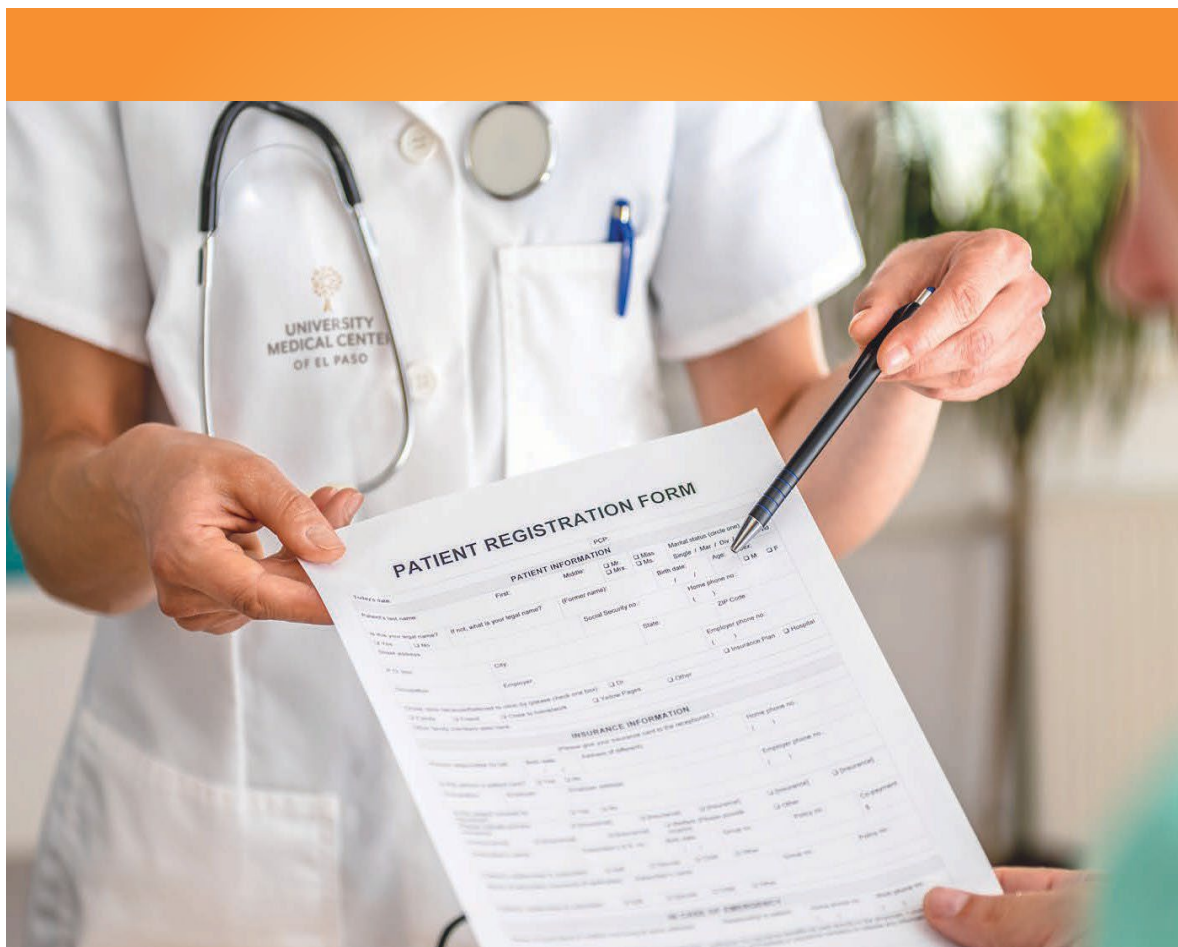
# Charity Care Program    Crime Victims

If you need assistance with your medical expenses, you can apply for charity care. Only residents of El Paso County may apply for this program.

For more information, call Patient Financial Services at **(915) 521-7900**.

If you are a victim of a violent crime, financial assistance may be available to you. Victims of violent crime may suffer financial stress that can be as devastating as their physical injuries and emotional trauma. Crime victim compensation is a direct reimbursement to, or on behalf of, a crime victim for a wide variety of crime-related expenses, including medical costs, funeral and burial costs, expenses for mental health counseling and lost wages or loss of support.

We have team members available to assist you. To inquire about this assistance, please call **(915) 521-7732**.



# Patient Care

## Patient Choice Options

Upon admission, every patient's resuscitation status is evaluated to assist staff in knowing what to do if the patient stops breathing or goes into cardiac arrest.

### Categories of Care

**Category 1:** Total Support: Everything medically necessary will be done to prevent death. This includes CPR, breathing devices, medications and the use of electrical shock (defibrillation). Unless otherwise specified, all patients will be presumed as Total Support.

**Category 2:** Do Not Resuscitate. No medical intervention will take in the event death is imminent.

**Category 3:** Comfort Support: Therapeutic measures, including medications, to keep the patient comfortable in the event death is likely.

### Palliative Care

Please ask your provider regarding options for palliative care.

### Consent to Treatment

You have the right to decide what may be done to you during the course of treatment. Your physician will discuss with you the nature of your condition, the proposed treatment and any alternate procedures that are available. Your physician also will provide you with information about the risks associated with certain medical procedures. This information will help you make an informed decision about the kind of treatment you would like to receive.

### Comfort Care of the Dying Patient

Comfort measures will provide dignity and allow a peaceful death. To refuse life-saving treatment does not mean to stop care or treatment- it means making the final moments of life better for the patient. Treatment options will be evaluated when the patient, the appropriate patient representative, or the treating doctor believes that additional measures to prolong life may not be helpful. The goal of care for dying patients is comfort. Measures that provide dignity and comfort to the patient will be continued.

### Surrogate Decision Maker for Consent

Should you become unable to make medical decisions for yourself during your stay and you have not designated someone to make decisions on your behalf, certain individuals in order of priority, (spouse, adult children, parents, person identified prior to incapacity, nearest relative) will be called upon to make medical decisions for you. If no person can be identified after a reasonably diligent inquiry, two physicians will provide consent for your medical treatment.



# Advance Directives

This page contains general information on the various types of advance directives recognized under Texas law. Advance directives can be changed or canceled at any time. The State of Texas provides these forms on the internet for individuals to complete on their own, without an attorney. You may also request blank forms from your care team.

An advance directive does not need to be notarized. Neither this hospital nor your physician may require you to execute an advance directive as a condition for your admittance or for you to receive treatment in this or at any other hospital. The fact that you have executed an advance directive will not affect any insurance policies that you may have. Contact Case Management for questions regarding an Advance Directive. Please note that Case Management cannot provide you legal advice regarding the completion of these forms.

The information below should not be considered as legal advice.

## Directive To Physicians

Also known as a "living will," a directive to physicians allows you to tell your physician whether or not to use artificial methods to prolong life if you have an irreversible condition. If you have signed a directive, please let your care team know and ask that it be made part of your medical record. If you have not issued a directive and become unable to communicate after being diagnosed with a terminal or irreversible condition, your attending physician and legal guardian, or certain family members in the absence of a legal guardian, can make decisions concerning withdrawing, withholding or providing life-sustaining treatment. Your attending physician and another physician not involved in your care also can make decisions to withdraw or withhold life-sustaining treatment if you no family members or legal representatives can be contacted.

## Out of Hospital Do Not Resuscitate Order (OOHDNR)

An OOHDNR allows you to refuse certain life sustaining treatments. At the hospital, the OOHDNR is only honored in the emergency department. Once you are admitted to the hospital, your care team will consult with you or your decision maker regarding an in-hospital do not resuscitate order (see Categories of Care on previous page).

## Medical Power of Attorney

Medical Power of Attorney allows you to designate another person to make healthcare decisions on your behalf, should you become unable to make these decisions yourself. Typically, this document is different from a Durable Power of Attorney document which may allow another person to make financial decisions on your behalf. Generally, your healthcare provider cannot serve as your agent. Your agent can only make healthcare decisions on your behalf only when your attending physician certifies that you lack the capacity to make your own healthcare decisions. Your agent must make healthcare decisions after consulting with your attending physician, and according to the agent's knowledge of your wishes, including your religious and moral beliefs. If your wishes are unknown, your agent must make a decision based on what he believes is in your best interest.

## Declaration for Mental Health Treatment

A Declaration for Mental Health Treatment allows you to tell healthcare providers your choices for mental health treatment in the event that you become incapacitated.

# Joint Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

---

- 1.** Purpose: University Medical Center of El Paso (UMC) and El Paso Children's Hospital (EPCH) are separately licensed hospitals.
- 2.** UMC members of its workforce including professional staff, employees, students and volunteers follow the privacy practices described in this Notice. UMC maintains your medical information in records that will be kept in a confidential manner, as required by law. Note: The words "You," "Your" or "Patient" means "the patient or their parent/ legal guardian."
- 3.** EPCH members of its workforce including professional staff, employees, students and volunteers follow the privacy practices described in this Notice. EPCH maintains your medical information in records that will be kept in a confidential manner, as required by law. Note: The words "You," "Your" or "Patient" means "the patient or their parent/legal guardian."
- 4.** UMC and EPCH must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, UMC and EPCH must share your medical information with each other and with other entities as necessary for treatment, payment, and health care operations. Your medical information may be shared in either printed or electronic format, or both.
- 5.** Your information may be shared among health care providers involved in your care for treatment purposes. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants in order to make a diagnosis. UMC and/or EPCH may use your medical information as required by your insurer or HMO to obtain payment for your treatment and hospital stay. UMC and/or EPCH may use and disclose your medical information to improve the quality of care, e.g., for review and training purposes as part of health care operations. You may request to restrict disclosure of your protected health information ("PHI") to a health plan for payment or health care operations if the PHI pertains to health care items or services which were paid in full out of pocket by the patient or his/her representatives.
- 6.** Your PHI and other medical information maybe used, unless you ask for restrictions on a specific use or disclosure, for the following purposes:
  - Hospital Directory, which may include your name, general condition, and your location in the Hospital.
  - Religious affiliation to a hospital chaplain or member of the clergy.
  - Family members or close friends involved in your care or payment for your treatment.

- Disaster relief agency if you are involved in a disaster relief effort.
- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- As required by law.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred on the Hospital's premises; and in emergency circumstances relating to reporting information about a crime.)
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation.
- Certain research projects.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Inmates. (Medical information about inmates of correctional institutions may be released to the institution.)
- Workers' Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.
- Customer satisfaction surveys.
- Fundraising Activities. We may disclose medical information to the University Medical Center Foundation or El Paso Children's Hospital Foundation so that the foundation may contact you in raising money for UMC or EPCH and provide you information on activities and programs at UMC, UMC Surgical Hospital or EPCH and solicit your support to further the mission of UMC, UMC Surgical Hospital or EPCH. We will only release contact information such as the patient's and or parent/legal guardian's name, address, phone number, age, gender, insurance status, and dates of treatment at the hospital. You may opt out of receiving any fundraising communications by contacting the University Medical Center Foundation at (915) 521-7229 or [www.umcfoundationelpaso.org](http://www.umcfoundationelpaso.org) or the El Paso Children's Hospital Foundation at (915) 521-7229 or [www.elpasochildrensfoundation.org](http://www.elpasochildrensfoundation.org).
- Your PHI may be used by and disclosed to other health care providers or other health care entities for treatment, payment, health care operations purposes, and public health activities as permitted by law,



through the Paso Del Norte Health Information Exchange (PHIX). For example, information about your past medical care and current medical conditions and medications can be available to other primary care physicians or hospitals, if they participate in PHIX. Exchange of health information can provide faster access, better coordination of care, and assist providers and public health officials in making more informed treatment decisions. You may opt out of PHIX and prevent providers from being able to search for your information through the exchange. You may opt out and prevent your medical information from being searched through PHIX by completing and signing the hospital's "Health Information Exchange Opt-Out Form" and giving it to the person listed on the form.

**7. Your authorization is required for other Disclosures.** Except as described above, we will not use or disclose your medical information unless you authorize (permit) UMC or EPCH in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

**8. You have rights regarding your medical information.** You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by UMC, UMC Surgical Hospital or EPCH:

- Right to request restriction. You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

- Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- Right to inspect and copy. You have the right to inspect and receive a paper/ hard copy of your medical information regarding decisions about your care; however, psychotherapy notes may not be inspected and copied. You may request that the hospital transmit your medical information directly to an entity or person you designate, if such direction is clear, concise and specific. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by UMC or EPCH. The hospital will comply with the outcome of the review.
- Right to request amendment. If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by the hospital, which requires certain specific information. The hospital is not required to accept the amendment.
- Right to accounting of disclosures. You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment, payment, or operations in the past six (6) years. After the first request, there may be a charge.
- Right to choose someone to act for you if you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

**9. Requirements regarding this notice.** UMC and EPCH are required by law to provide you with this Notice and to notify you if there is a breach of unsecured protected health information. We will be governed by this Notice for as long as it is in effect. UMC and EPCH may change this Notice and these changes will be effective for medical information we have about you, as well as any information we receive in the future. Each time you register at UMC or EPCH for health care services as an inpatient or outpatient, you may receive a copy of the notice in effect at the time.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with UMC or EPCH, whose contact information is listed below, or the Texas Attorney General, or the Secretary of the United States Department of Health and Human Services.

**Office of the Attorney General  
Consumer Protection Division  
PO Box 12548  
Austin, Texas 78711-2548**

**<https://www.oag.state.tx.us/consumer-protection/file-consumer-complaint>**

**SECRETARY OF THE UNITED STATES  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES:**

**<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>**

You will not be penalized or retaliated against in any way for making a complaint.

WHO TO CONTACT.

- If you have a complaint;
- If you have any questions about this notice;

- If you wish to request restrictions on uses and disclosures for health care treatment, payment, or operations;
- If you wish to elect not to receive fundraising activities; or
- If you wish to obtain a form to exercise your individual rights described in paragraph 5.

UNIVERSITY MEDICAL CENTER OF EL PASO (UMC) PATIENTS please contact the Chief Compliance & Privacy Officer at:  
**4815 Alameda Avenue  
El Paso, Texas 79905**

Or call the 24-hour compliance hotline at:  
**888-310-3434**

Effective Date: Sept. 23, 2013, Revision Date: May 8, 2019,  
Version 7

# Patient Rights & Responsibilities

No person shall be denied access to available and medically indicated treatment or accommodations on the basis of race, ethnicity, religion, culture, language, creed, national origin, physical or mental disability, gender, sexual orientation, gender identity or expression, or source of payment for care. These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor. Patients can expect a reasonable response to his or her requests and needs for treatment or service, within the hospital's capacity, its stated mission, and applicable law and regulation.

---

## **AS A PATIENT OR PARENT/LEGALLY AUTHORIZED REPRESENTATIVE, YOU HAVE THE RIGHT TO:**

1. Be treated considerately and respectfully with consideration of cultural, personal values, beliefs and preferences that influence the perceptions of illness, free from all forms of abuse or harassment;
2. To make decisions in consultation with your physician, about your health care; and to receive appropriate treatment in the least restrictive setting available;
3. Not receive unnecessary or excessive medication;
4. Have an individualized treatment plan and to participate in the development of the plan;
5. Receive care in a safe environment which safeguards personal privacy;
6. Have the confidentiality that your personal health information is maintained;
7. Receive regular communication between the patient and the patient's family from the treatment team;
8. Receive and understand your care and treatment plan;
9. Receive physical and emotional care in a safe setting, which includes environmental safety, infection control and access to protective/security services; to the extent the hospital can control the environment;
10. Have sufficient information to be able to accept medical care or to refuse medical care, treatment, or services to the extent permitted by law and to be informed of the medical consequences of such refusal;
11. Expect proper management of pain;
12. Expect the information necessary to enable you to make treatment decisions that reflect your preferences;
13. Complete an advance directive (living will) as allowed by law and to expect the healthcare providers to comply with such a directive;
14. Have your physician, family member or representative of choice promptly notified of your admission to the hospital;
15. Receive, at the time of admission, information about patient rights policy and be informed of how to file a complaint and receive feedback;
16. Participate in consideration of ethical issues that arise in the care of the patient;
17. Be informed of the existence of business relationships among the hospital, educational institutions, other health

- care providers, or payers that may influence the patient's treatment and care;
18. Consent or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent;
  19. Expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic care options when hospital care is no longer appropriate;
  20. Be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities;
  21. Be informed of the hospital's charges for services and available payment methods;
  22. Access or request an amendment to, and obtain information on disclosures of health information in accordance to law and regulation;
  23. Be treated with comfort and dignity during end of life events. This includes managing pain, and recognizing your grief, cultural and spiritual needs;
  24. Receive visitors of your choosing, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend;
  25. Refuse a person visiting, or withdraw consent to see a visitor at any time;
  26. All visitors may enjoy full and equal visitation privileges consistent with your preferences;
  27. Designate a "Support Person" to exercise your visitation rights on your behalf;
  28. Give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment;
  29. To receive information about the individuals

responsible for, as well as those providing your care treatment and services. This includes the physician, clinical psychologist or other practitioner who has primary responsibility and the health care team.

**AS PATIENTS/LEGALLY AUTHORIZED REPRESENTATIVE, YOU HAVE THE RESPONSIBILITY TO:**

1. Provide complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required;
2. Provide the hospital or your doctor with a copy of your advance directive, if you have one;
3. Provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks;
4. Inform the hospital or your doctor right away if you need assistance in a language other than English, so that you can understand and give informed consent for your care and treatment;
5. Ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your doctor. You are responsible for outcomes if you do not follow the care, treatment and services plan;
6. Tell your doctor, nurse, or patient representative if you have concerns or are not satisfied with the care you are receiving;
7. Actively participate in your pain management plan and to keep your doctors and nurses informed of the effectiveness of your treatment;



8. Leave valuables at home and only bring necessary items for your hospital stay;
9. Treat all hospital staff, other patients and visitors with courtesy and respect; abide by all hospital rules and safety regulations; and be mindful of noise levels, privacy and number of visitors;
10. Provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner;
11. Keep appointments, be on time, and call your health care provider if you cannot keep your appointments.

**IF YOUR CONCERN IS NOT RESOLVED TO YOUR LIKING, YOU MAY CONTACT:**

- Your nurse, who will attempt to resolve the issue to your satisfaction.
- If you would like to talk to someone in the Patient Experience Office, call (915) 521-7357, Monday through Friday from 8 a.m. to 8 p.m., Saturdays from 8 a.m. to 5 p.m. The office is closed on Sunday.
- A Patient Experience staff member will explore the situation to find a solution. A concern or grievance will not compromise current care or future access to care.
- You have the right to file a formal, written Grievance with the Texas Department of State Health Services (DSHS) by addressing correspondence to the below address or calling the listed number:  
**Texas Department of State Health Services  
 PO Box 149347  
 Austin TX, 78714-9347  
 888-963-7111  
 800-735-2989 (TDD)**
- You also may contact The Joint Commission's Office of Quality Monitoring

to report any concerns about a Joint Commission-accredited health care organization by accessing the Joint Commission website at

**[www.jointcommission.org](http://www.jointcommission.org)**

and clicking on the "Report a Safety Event" tab.

- Fax complaint to: 630-792-5005
- Mail complaint to:  
**The Joint Commission Office of Quality and Patient Safety One  
 Renaissance Boulevard  
 Oakbrook Terrace, Illinois 60181**
- Medicare patients have the right to contact the Quality Improvement Organization (QIO) in the state of Texas:  
**KEPRO (BFCC)-QIO  
 5201 West Kennedy Blvd. Suite 900  
 Tampa, FL 33609  
 888-315-0636 (toll-free);  
 711 (TTY);  
 844-878-7921 (toll-free fax)  
<https://www.keproqio.com>**

If you want to report a concern or file a formal grievance, contact:

**Patient Experience Office  
 University Medical Center  
 4815 Alameda  
 El Paso, TX 79905  
 915-521-7357**

# Preventing Workplace Violence

## Take a Stand: No More Violence Against Healthcare Workers.

In 2023, the State of Texas signed into law SB 840 which makes violence against hospital personnel a third degree felony. At the El Paso County Hospital District, we have zero tolerance for violence against our hospital personnel, this includes violence committed against hospital staff by other staff members, patients and visitors to the hospital.



If you witness any violence committed against any member of our hospital staff, please let a member of your care team know or contact our Patient Experience Department at **(915) 521-7357**.

---

## How Did We Do?

We welcome your feedback! You may receive a survey through telephone or in the mail asking specific questions to your most recent patient experience at University Medical Center. We would appreciate it if you would take a few minutes to complete the survey. These surveys help us ensure that we are delivering the best possible patient care. This survey is a tool to measure and report patient satisfaction. It is made up of simple questions on key topics, such as:

- Doctor and nurse communication
- Medicine and discharge information
- Pain management and staff responsiveness
- Overall rating of the hospital

We also like to recognize the members of your healthcare team for their outstanding work. If a nurse, physician, or any other member of your care team deserves praise, please include his or her name on the survey.

