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THIS FACILITY HAS BEEN DESIGNATED  
A BREAST IMAGING CENTER OF EXCELLENCE  
BY THE AMERICAN COLLEGE OF RADIOLOGY

Main: (281) 337-9730  
Fax: (281) 337-9737  
[www.vwimaging.com](http://www.vwimaging.com)

## Patient Rights and Responsibilities

As a patient in our facility, you have the right to:

- ❖ Considerate and respectful care in a way that supports your dignity and individuality, in a safe setting free from abuse or harassment, regardless of your race, color, creed, age, sex, physical handicap, national ancestry or source of payment. This includes consideration of the special psychological, social, spiritual and cultural factors that influence your beliefs about illness and death.
- ❖ Privacy, comfort, dignity and freedom from restraints of any form that are not medically necessary.
- ❖ A commitment to prevention and management of pain by our medical and nursing staff.
- ❖ A reasonable response to your requests and needs for care, within the facility's capacity, its stated mission, and applicable laws. You have the right to transfer to another facility at your request, or when it is medically recommended.
- ❖ Information about your illness, possible treatments and likely outcomes, including significant unanticipated outcomes, and the names and roles of your healthcare providers.
- ❖ Participate in the consideration of ethical issues that may arise in your care or in that of your child.
- ❖ Confidentiality of patient information and medical records, unless you have given permission to release information, or unless reporting is required or permitted by law.
- ❖ Consent or decline to take part in medical research. If you decline, you have the right to know that your decision will not affect the delivery of service to you. Examine and receive an explanation of your bill, regardless of the source of payment.
- ❖ Receive information, when you are a patient, about our patient rights policies, other facility rules that may apply to you, and how to resolve complaints about your care.
- ❖ Complain, without fear of reprisal, about the care or services you receive.
- ❖ Participate with your physicians in healthcare decisions, including the right to accept or refuse treatment as permitted by law. Review your medical record and have the information explained, except when restricted by law. You have the right to obtain a copy of your medical record at a reasonable fee, within a reasonable time frame.
- ❖ You may file a complaint through the facility's COO, Cheryl Parish, R.T.(R)(M) at (281)337-9730. Concerns regarding care also may be filed with the Texas Department State Health Services (888)963-7111.

As a patient in our facility, you have the responsibility to:

- ❖ Provide accurate, complete information about your present condition, past illnesses and surgeries, medications, and other matters relating to your health.
- ❖ Report to your healthcare providers' unexpected changes in your medical condition.
- ❖ Participate in treatment decisions, follow treatment recommendations and instructions, and inform your healthcare providers when you believe you cannot follow the prescribed treatment, or when you must cancel an appointment.
- ❖ Ask questions when you don't understand information or instructions.
- ❖ Recognize the effects of lifestyle on personal health, and to take reasonable precautions to remain healthy.
- ❖ Follow facility rules and regulations affecting your care.
- ❖ Be considerate of the rights of others in the facility, and to follow facility policy about controlling noise, smoking and other issues.
- ❖ Provide the facility with insurance information and to fulfill financial obligations to the facility.
- ❖ Provide the facility with date and location of your previous images to aid in the diagnosis of your exam.