

**Title: Patient/Family Rights and Responsibilities**

**Formulated by:** Administration, Medical Staff  
**Approval required by:** President/CEO, Chief of Staff

**PURPOSE:** To ensure the patient and family understand their rights and responsibilities while a patient is at Texas Scottish Rite Hospital for Children (TSRHC).

**SCOPE:** This policy applies to Texas Scottish Rite Hospital for Children, including the Hospital, and any outpatient department, clinic, surgery center, whether located on the main campus or offsite (TSRHC).

**POLICY:**

- TSRHC respects the rights of the patient/family, recognizing that each patient/ family is special, unique and deserving of individualized care and effective communication.
- TSRHC makes no distinction in the availability of services; the admission, transfer or discharge of patients; or in the care we provide based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
- TSRHC recognizes and respects the diverse backgrounds and cultures of our patients and makes every effort to equip our caregivers with the knowledge and resources to respect each patient's cultural heritage and needs.
- As applicable, each patient or patient representative is provided with a clear explanation of care including, but not limited to, diagnosis, treatment plan, right to refuse or accept care, care decision dilemmas, advance directive options, estimates of treatment costs, organ donation and procurement, and an explanation of the risks, benefits, and alternatives associated with available treatment options using the patient's preferred language or interpretive method (i.e., vision, speech, hearing or cognitive impairments).
- TSRHC promotes considerate, respectful and safe care that reflects the patient's personal values and belief system and encourages the patient and the family to participate in the development and implementation of his/her plan of care and decisions regarding the patient's health care, including the decision to discontinue treatment to the extent permitted by law.
- Patients are treated in a manner that preserves their dignity, autonomy, self-esteem, civil rights and involvement in their own care.
- Patients and families are given written information outlining their rights and responsibilities at the time of registration for their first appointment, upon admission to the Hospital, and registration for outpatient surgery procedure. English and Spanish copies of this information are also available throughout the inpatient, ambulatory care and outpatient surgery center areas. Patients will also be provided with the Hospital's Notice of Privacy Practices.
- Each Medicare beneficiary who is an inpatient will also be provided an IM ("An Important Message from Medicare"), within 2 days of admission. It will be signed and dated by the patient or legal guardian and will become part of the medical record. TSRHC will also provide a copy of the IM in advance of the patient's discharge, but not more than two

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calendar days prior to that discharge.

- TSRHC staff members are trained annually on the Patient/Family Rights and Responsibilities.

**NOTE:** Since the patients at TSRHC are primarily minors, all references to "patient(s)" are interchangeable with "legal guardian", as appropriate.

### **PROCEDURE:**

#### **I. Patients', families and designated support persons' have the right to: (Refer Attachment A for Handout)**

- Not be discriminated against because of age, race, beliefs, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression and your ability to pay for care;
- Be fully informed of all your patient rights and receive a written copy, in advance of care being furnished or discontinued whenever possible;
- Be treated in a considerate, dignified and respectful manner including cultural and personal beliefs, values and preferences;
- Be protected from neglect; exploitation; verbal, mental, physical or sexual abuse and access to protective and advocacy services;
- Confidentiality, reasonable personal privacy, security, safety, spiritual or religious care accommodations and communication;
- Receive information in a manner tailored to patient's age, language needs and ability to understand. An interpreter, translator or other auxiliary aids, tools or services will be provided to you for vital and necessary information free of charge;
- Make informed decisions regarding care including options, alternatives, risks and benefits. TSRHC honors your right to give, rescind and withhold consent;
- Receive information about your condition including unanticipated outcomes, agree and be involved in all aspects of care including: refusing care, treatment and services to the extent permitted by law and to be informed of the consequences of your actions;
- Receive designated visitors, including but not limited to, a spouse, domestic partner (including same-sex domestic partner), another family member or friend;
- Receive an appropriate medical screening examination or treatment for an emergency medical condition within the capabilities of TSRHC, regardless of your ability to pay;
- An appropriate assessment and management of your pain;
- Be free from restraint or seclusion, of any form, that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff;
- Know the individual(s) responsible for, as well as those providing, your care, treatment and services;
- Delegate your right to make informed decisions to another person;
- Give or withhold consent prior to producing recordings, films or other images; request cessation of the production of the recordings, films, or other images or rescind consent before the recording, film or image is used.

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- Formulate advance directives and have TSRHC staff and practitioners who provide their care at TSRHC comply with these directives;
- Have a family member or representative of your choice and your own physician notified promptly of your admission to the TSRHC;
- TSRH's reasonable response to your requests and needs for treatment or service, within TSRHC's capacity, stated mission, and applicable law and regulation;
- Optimized comfort and dignity if you require end of life care, including treatment of primary and secondary symptoms that respond to treatment as desired by you or your surrogate decision maker, effectively managed pain and acknowledgement of your psychosocial and spiritual concerns regarding death and your expression of grief;
- Be transferred to another facility if there is a conflict with the TSRHC's mission or philosophy or capability to meet your need or request.
- Donate organs and other tissues including medical staff input and direction by family and designated support persons';
- Review, request amendment to and obtain information on disclosures of your health information in accordance with law and regulation;
- File a grievance (complaint) and to be informed of the process to review and resolve the grievance without fear of retribution or denial of care;
- Information regarding research, investigations or clinical trials in conjunction with or affecting your care or treatment;
- Refuse to participate in research, investigations or clinical trials or discontinue participation at any time without jeopardizing your access to care, treatment and services unrelated to the research.
- Full information and counseling on the availability of known financial resources for your health care;
- An explanation of your statement or bill for health care services provided at the Hospital; and
- Expect that the facility will provide you information about your continuing health care needs at the time of your discharge and understand the means for meeting those needs.
- Be provided information regarding the scope of services at the North Campus Outpatient Surgery Center.

### **II. You have the responsibility to:**

- Provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives and other matters relevant to your health care;
- Participate in your healthcare by helping make decisions, following the treatment plan outlined by your physician, discuss any concerns about your ability to comply with that plan and accept responsibility for your choices;
- Demonstrate respect and consideration for other patients and TSRHC staff;
- Ask questions or acknowledge when you do or do not understand the treatment course or care decision;
- Follow TSRHC policies, rules and regulations about safety and patient care during your stay such as those about visitors, smoking, noise, etc.;
- Tell your care providers if you have special needs your healthcare team should know about;
- Arrive to scheduled appointments on time or notify TSRHC of your need to cancel or arrive late;

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- Respect the privacy of other patients by not photographing other patients or families;
- Be respectful of the property of others and TSRHC; and
- Support mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.

### **Complaint Resolution (Refer to ATTACHMENT B for Handout)**

1. If at any time the patient feels that his/her rights have been violated or has a patient safety or quality concern, we recommend that the patient notify the staff member working with him/her at the time or his/her physician for quick resolution.
2. If the patient feels that his/her concern is not resolved at that point, the patient may share his/her concern with Hospital Administration at 214-559-7602.
3. The patient may also contact the following outside organizations:

Texas Department of State Health Services: 1-888-973-0022  
Health Facility Licensing/Compliance Division  
P.O. Box 149347  
Austin, Texas 78714-9347

Civil Rights Office: (For discrimination Issues)  
Office for Civil Right Voice Phone- 214-767-4056  
US Department of Health & Human Service  
1301 Young Street, Suite 1169  
Dallas, Texas 75202

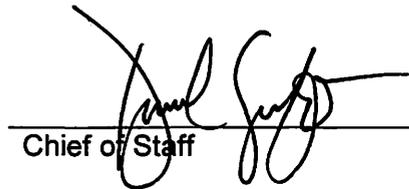
TJC (The Joint Commission) 1-800-994-6610  
Office of Quality Monitoring  
One Renaissance Blvd  
Oakbrook Terrace, IL 60181

TMF Health Quality Institute: 1-800-725-8315  
Review and Compliance  
Bridgepoint I, Suite 300  
5918 West Courtyard Drive  
Austin, TX 78730-5036

**Approved to become effective October 1, 2018 by:**



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President/CEO



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Chief of Staff

Date Originated: 1/88  
Date Revised: 3/91, 1/94, 10/96, 1/00, 9/01, 1/05,  
12/10, 11/11, 9/18  
Date Reviewed: 1/03, 10/07

**Patient/Family Rights and Responsibilities**

At Texas Scottish Rite Hospital for Children, service to our patients and their families or representatives is our top priority. We are committed to making your hospital stay or outpatient visit as pleasant as possible. We have adopted the following Patient/Family Rights and Responsibilities to protect the interests and promote the well-being of those we serve. If, for any reason, your stay does not go as anticipated, you have the right to notify someone in Administration or pursue other channels outlined in "Concerns About Your/Your Child's Care".

This policy applies to Texas Scottish Rite Hospital for Children, including the Hospital, and any outpatient department, clinic, surgery center, whether located on the main campus or offsite (TSRHC).

**Patients', families and designated support persons' have the right to: (Refer to Attachment A for Handout)**

- Not be discriminated against because of age, race, beliefs, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression and your ability to pay for care;
- Be fully informed of all your patient rights and receive a written copy, in advance of care being furnished or discontinued whenever possible;
- Be treated in a considerate, dignified and respectful manner including cultural and personal beliefs, values and preferences;
- Be protected from neglect; exploitation; verbal, mental, physical or sexual abuse and access to protective and advocacy services;
- Confidentiality, reasonable personal privacy, security, safety, spiritual or religious care accommodations and communication;
- Receive information in a manner tailored to patient's age, language needs and ability to understand. An interpreter, translator or other auxiliary aids, tools or services will be provided to you for vital and necessary information free of charge;
- Make informed decisions regarding care including options, alternatives, risks and benefits. TSRHC honors your right to give, rescind and withhold consent;
- Receive information about your condition including unanticipated outcomes, agree and be involved in all aspects of care including: refusing care, treatment and services to the extent permitted by law and to be informed of the consequences of your actions;
- Receive designated visitors, including but not limited to, a spouse, domestic partner (including same-sex domestic partner), another family member or friend;
- Receive an appropriate medical screening examination or treatment for an emergency medical condition within the capabilities of TSRHC, regardless of your ability to pay;
- An appropriate assessment and management of your pain;
- Be free from restraint or seclusion, of any form, that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff;
- Know the individual(s) responsible for, as well as those providing, your care, treatment and services;
- Delegate your right to make informed decisions to another person;
- Give or withhold consent prior to producing recordings, films or other images; request cessation of the production of the recordings, films, or other images or rescind consent before the recording, film or image is used.
- Formulate advance directives and have TSRHC staff and practitioners who provide their care in the TSRHC comply with these directives;
- Have a family member or representative of your choice and your own physician notified promptly of your admission to TSRHC;
- TSRHC's reasonable response to your requests and needs for treatment or service, within the

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- TSRHC's capacity, stated mission, and applicable law and regulation;
- Optimized comfort and dignity if you require end of life care, including treatment of primary and secondary symptoms that respond to treatment as desired by you or your surrogate decision maker, effectively managed pain and acknowledgement of your psychosocial and spiritual concerns regarding death and your expression of grief;
- Be transferred to another facility if there is a conflict with the TSRHC's mission or philosophy or capability to meet your need or request.
- Donate organs and other tissues including medical staff input and direction by family and designated support persons';
- Review, request amendment to and obtain information on disclosures of your health information in accordance with law and regulation;
- File a grievance (complaint) and to be informed of the process to review and resolve the grievance without fear of retribution or denial of care;
- Information regarding research, investigations or clinical trials in conjunction with or affecting your care or treatment;
- Refuse to participate in research, investigations or clinical trials or discontinue participation at any time without jeopardizing your access to care, treatment and services unrelated to the research.
- Full information and counseling on the availability of known financial resources for your health care;
- An explanation of your statement or bill for health care services provided at the Hospital;
- Expect that the facility will provide you information about your continuing health care needs at the time of your discharge and understand the means for meeting those needs.
- Be provided information regarding the scope of services at the North Campus Outpatient Surgery Center.

### **You have the responsibility to:**

- Provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives and other matters relevant to your health care;
- Participate in your healthcare by helping make decisions, following the treatment plan outlined by your physician, discuss any concerns about your ability to comply with that plan and accept responsibility for your choices;
- Demonstrate respect and consideration for other patients and TSRHC staff;
- Ask questions or acknowledge when you do or do not understand the treatment course or care decision;
- Follow TSRHC policies, rules and regulations about safety and patient care during your stay such as those about visitors, smoking, noise, etc.;
- Tell your care providers if you have special needs your healthcare team should know about;
- Arrive to scheduled appointments on time or notify TSRHC of your need to cancel or arrive late;
- Respect the privacy of other patients by not photographing other patients or families;
- Be respectful of the property of others and TSRHC;
- Support mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.



www.tsrhc.org

## Concerns About Your / Your Child's Care

- ❖ Texas Scottish Rite Hospital for Children (TSRHC) is dedicated to providing safe, quality health care to children.
- ❖ If you have a concern about the quality or safety of care you or your child is receiving at TSRHC, we encourage you to let us know by either:
  - **Contacting your physician or another staff member**
  - **Calling an administrator at 214-559-7602 (Dallas Campus)**
  - **Calling an administrator at 469-515-7108 (Frisco Campus)**
  - **Writing to an administrator about your concern**

You may notify us verbally or in writing. The staff at TSRHC will do their best to resolve any concerns brought to our attention or inform you of the status of our resolution as soon as possible. Some situations may affect the time frame for the resolution of your grievance. If we cannot resolve your concern immediately, we will attempt to notify you of follow-up to your complaint. If we are unable to respond to your concern within 7 days, we will notify you of the status of the investigation and when you can expect a written response.

**You may also contact:**

**Texas Department of State Health Services: 1-888-973-0022**  
**Health Facility Licensing/Compliance Division**  
**P.O. Box 149347**  
**Austin, Texas 78714-9347**

and/or

**Civil Rights Office: (For discrimination Issues)**  
**Office for Civil Right Voice Phone- 214-767-4056**  
**US Department of Health & Human Service**  
**1301 Young Street, Suite 1169**  
**Dallas, Texas 75202**

and/or

**TJC (The Joint Commission) phone: 1-800-994-6610**  
**Office of Quality Monitoring**  
**One Renaissance Blvd**  
**Oakbrook Terrace, IL 60181**

and/or

**TMF Health Quality Institute: 1-800-725-8315**  
**Bridgepoint I, Suite 300**  
**5918 West Courtyard Drive**  
**Austin, TX 78730-5036**

Patient Name:  
Patient ID Number:  
Physician:

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### An Important Message From Medicare About Your Rights

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#### As A Hospital Inpatient, You Have The Right To:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

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Name of QIO  
TMF Health Quality Institute

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Telephone Number of QIO  
1-800-725-8315

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#### Your Medicare Discharge Rights

**Planning For Your Discharge:** During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

#### If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
  - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call 214-559-7602.

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**Please sign and date here to show you received this notice and understand your rights.**

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Signature of Patient or Representative

Date/Time

Steps To Appeal Your Discharge

Step 1: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).

- Here is the contact information for the QIO:

Name of QIO

TMF Health Quality Institute

Telephone Number of QIO

1-800-725-8315

- You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is :

Hospital Name

Texas Scottish Rite Hospital for Children

Provider ID Number

75-0818178

Step 2: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.

Step 3: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.

Step 4: The QIO will review your medical records and other important information about your case.

Step 5: The QIO will notify you of its decision within 1 day after it receives all necessary information.

- If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
- If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

**If You Miss The Deadline To Appeal, You Have Other Appeal Rights:**

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - If you have Original Medicare: Call the QIO listed above.
  - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

**Additional Information:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Nombre del paciente:  
Número de identificación del paciente:  
Médico:

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### Mensaje Importante De Medicare Sobre Sus Derechos

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#### Como Paciente Interno, Usted Tiene El Derecho A:

- Recibir servicios cubiertos por Medicare. Esto incluye servicios de hospital necesarios desde el punto de vista médico y servicios que podría necesitar después de la salida (dado de alta), si son ordenados por el médico. Tiene el derecho a estar informado sobre estos servicios, quién pagará y dónde obtenerlos.
- Participar en toda decisión sobre la estadía en el hospital y saber quién la pagará.
- Notificar toda preocupación que tenga sobre la calidad de la atención recibida a la Organización para el Mejoramiento de la Calidad (QIO, por sus siglas en inglés) mencionada aquí :

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Escribir el nombre del QIO

TMF Health Quality Institute

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El número de teléfono

1-800-725-8315

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#### Sus Derechos De Medicare Para Salir Del Hospital:

**Planificación para su salida (dado de alta):** Durante la estadía en el hospital, el personal cooperará con usted para prepararlo para que su salida no presente riesgos y organizar los servicios que usted podría necesitar después de salir del hospital. Cuando ya no necesite recibir la atención de hospital como paciente interno, el médico o el personal del hospital le informarán la fecha de su salida.

#### Si piensa que su salida es muy apresurada:

- Puede hablar con el personal del hospital, su médico y la administración de su plan de cuidado de la salud (si pertenece a uno de ellos) sobre sus preocupaciones.
- También tiene el derecho de apelar, es decir, pedir una revisión de su caso por una Organización para el Mejoramiento de la Calidad (QIO, por sus siglas en inglés). El QIO es un organización externa contratada por Medicare para revisar el caso a fin de decidir si usted está listo para salir del hospital.
  - **Si desea apelar, debe comunicarse con el QIO antes de la fecha de su salida (dado de alta) planificada y antes de salir del hospital.**
  - En tal caso, no tendrá que pagar los servicios que reciba durante el proceso de apelación (con excepción de los cargos como copagos y deducibles).
- Si no apela la decisión, pero decide permanecer en el hospital más allá de la fecha de salida (dado de alta) planificada, tal vez tenga que pagar el costo de los servicios que reciba después de esa fecha.
- **La página 2 incluye instrucciones paso por paso para comunicarse con el QIO y presentar una apelación.**

Si desea hablar con alguien en el hospital sobre este aviso, llame al [214-559-7602](tel:214-559-7602).

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#### Favor de firmar y escribir la fecha para mostrar que recibió este aviso y que entiende sus derechos.

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Firma del paciente o representante

Fecha/Hora

**Pasos Para Apelar Una Salida**

**Paso 1:** Debe comunicarse con el QIO antes de la fecha de su salida (dado de alta) planificada y antes de salir del hospital. En tal caso, no tendrá que pagar los servicios que reciba durante la apelación (con excepción de los cargos como copagos y deducibles).

- Esta es la información para comunicarse con el QIO:

Escriba el nombre de el QIO Name of QIO (in bold)

**TMF Health Quality Institute**

Escriba el número de teléfono del QIO

1-800-725-8315

Puede presentar una solicitud de apelación cualquier día de la semana. **Una vez que hable con alguien o deje un mensaje, ha comenzado la apelación.**

Puede pedir ayuda al hospital para comunicarse con el QIO si fuera necesario.

El nombre de este hospital es:

Escriba el nombre del hospital

Texas Scottish Rite Hospital for Children

El número de identificación del proveedor

75-0818178

**Paso 2:** Recibirá un aviso detallado del hospital o del plan Medicare Advantage u otro plan de cuidado de salud administrado de Medicare (si pertenece a uno de ellos) que explica las razones por las que consideran que usted está listo para ser dado de alta.

**Paso 3:** El QIO le solicitará su opinión. Usted o su representante necesitan estar disponibles para hablar con el QIO, si se solicita. Usted o su representante pueden presentar al QIO una declaración escrita, pero no se le exige que así lo haga.

**Paso 4:** El QIO revisará su historial médico y otra información importante sobre su caso.

**Paso 5:** El QIO le notificará sobre su decisión en el lapso de 1 día después de recibir toda la información necesaria.

Si el QIO determina que usted no está listo para ser dado de alta, Medicare continuará cubriendo el costo de los servicios de hospital.

Si el QIO determina que usted está listo para ser dado de alta, Medicare continuará pagando sus servicios hasta el mediodía del día **después** que el QIO le notifique a usted su decisión.

**Si No Cumple Con La Fecha Limite Para La Apelación, Usted Tiene Otrosderechos De Apelación:**

- Todavía puede solicitar al QIO o a su plan (si pertenece a uno de ellos) que revisen su caso:
  - Si tiene Medicare Original: Llame al QIO mencionado arriba.
  - Si pertenece al plan Medicare Advantage o a otro plan de cuidado de salud administrado de Medicare: Llame a su plan.
- Si usted se queda en el hospital, el hospital puede cobrarle el costo de los servicios que reciba después de la fecha de su salida (dado de alta) planificada.

Si desea más información, llame GRATIS al 1-800-MEDICARE (1-800-633-4227) o TTY: 1-877-486-2048.

• **Información Adicional:**

De acuerdo con la Ley de Reducción de papaleo ("Paperwork Reduction Act) de 1995, no se exige a nadie que responda a la información solicitada a menos que se exhiba un número de control OMB válido. El número de OMB correspondiente a esta recolección de datos es el 0938-0692. El tiempo promedio calculado para contestar las preguntas es 15 minutos por respuesta, incluido el tiempo para leer las instrucciones, buscar reseñas de datos existentes, recopilar los datos necesarios, completar y revisar la información. Si tiene comentarios sobre el tiempo de respuesta o sugerencias para mejorar este formulario, favor de escribir a CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.