

## STATEMENT OF PATIENT RIGHTS

Each patient shall have a RIGHT to:

- respect, consideration and dignity.
- freedom from discrimination on the basis of race, religion, handicap, sex, age or ethnicity.
- appropriate privacy.
- be treated with confidentiality and, except when authorized by law, patients shall be given the opportunity to approve or refuse the release of disclosures and records.
- safe, efficient, cost-effective treatment.
- appropriate information concerning their diagnosis, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information shall be provided to a person designated by the patient or to a legally authorized person.
- be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- an explanation of care using clear, simple language (translators will be provided when requested).
- Information shall be available to patients and staff concerning:
  - Patient rights;
  - Patient conduct and responsibilities;
  - Services available;
  - Provisions for after-hours and emergency care;
  - Fees for services;
  - Payment policies;
  - Patients' rights to refuse to participate in experimental research; and,
  - Methods for expressing complaints and suggestions.

Any complaints may be directed to the Administrator of South Texas Cardiovascular & Rhythm Center at 210.732.0200. If this venue does not provide you with an acceptable resolution, any complaints may be submitted to: Director, Texas Department of Health, Health Facility Compliance Division, 1100 West 49th Street, Austin, Texas 78756, 1-888-973-0022.

## PATIENT RESPONSIBILITIES

Each patient shall have the RESPONSIBILITY to:

- conduct themselves in a quiet and orderly manner.
- follow/participate in the treatment plan he/she develops with his/her health care provider.
- follow the organization's rules and regulations affecting patient care and conduct.
- be considerate of the rights of other patients.
- respect the property of other patients and the health care organization.
- make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.
- assure that the financial obligation of his/her care is fulfilled as promptly as possible.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THESE RIGHTS OF PATIENTS.

PATIENT / LEGAL REPRESENTATIVE

DATE

WITNESS

DATE

WHITE = Chart    CANARY = Patient or Guardian



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6800 IH-10 W, Ste 120    Fax 210.732.0600  
San Antonio, TX 78201    STC-009 (08/10)

PATIENT IDENTIFICATION: