



Patient Name: \_\_\_\_\_  
MRN: \_\_\_\_\_ CSN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

## RIGHTS & RESPONSIBILITIES

This document serves to inform you of your rights and responsibilities as a patient at University Health. If you are unable to exercise any or all of these rights, Texas law requires that your guardian, next of kin or legally authorized representative may exercise these rights on your behalf.

University Health prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

### You have the right, within the limits of law, to:

- Be informed of your rights as a University Health patient, including information about our patient rights policy;
- Receive information in a manner you can understand about your health status, diagnosis, prognosis, treatment and services, and outcomes of treatment and services;
- Effective communication in a manner tailored to your age, language, and ability to understand;
- Receive information about participation in research, investigation, or clinical trials;
- Receive information about the person(s) responsible for and/or providing your care, treatment, or services;
- Participate in decisions about care, treatment, and services, including those associated with end of life;
- Give or withhold informed consent;
- Request or refuse care, treatment or services;
- Designate a representative to receive information about your health status and make decisions on your behalf;
- Create advance directives and have hospital staff and practitioners who provide care comply with these directives;
- Have family and physician notified promptly of your admission to, or discharge or transfer from, the hospital;
- Be informed of any process to automatically notify your established primary care practitioner/group of your admission to the hospital;



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- Designate a support person to be present throughout your stay, as long as the safety, care or rights of others are not compromised;
- Receive visitors whom you designate and deny consent for visitors at any time during your hospitalization;
- Receive dignified and respectful treatment in an environment that preserves your dignity and contributes to a positive self-image;
- Receive care in a safe setting and is respectful of cultural, psychological, spiritual, and personal values, beliefs, preferences, and personal dignity;
- Be free from all forms of abuse, neglect, exploitation, and harassment;
- Security and personal privacy
- Be free from restraints and/or seclusion in any form that are not medically necessary;
- Access religious or other spiritual services;
- Access protective and advocacy services;
- Access interpreter and translation services at no cost to you;
- Access, request amendment to, and receive information on disclosures of your health information contained in your medical records within a reasonable period of time; and
- Prompt resolution of complaints or grievances;

**In the comprehensive medical rehabilitation setting, a minor is entitled to:**

- Appropriate treatment in the least restrictive setting available;
- Not receive unnecessary or excessive medication;
- An individualized treatment plan and to participate in the development of that plan;
- A humane treatment environment that provides reasonable protection from harm and appropriate privacy for personal needs;
- Separation from adult patients; and
- Regular communication between the minor patient and the patient's family.

**You have the responsibility to:**

- Provide, to the best of your knowledge, accurate and complete information about your health history, current symptoms, medications, allergies, current address, phone number, emergency contacts, health insurance, and all other



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information that facilitates your care, treatment, or services;

- Report unexpected changes in your condition to your care team;
- Ask questions if when you do not understand the plan of treatment or care decision;
- Know and follow the treatment plan prescribed by your medical team;
- Make and keep appointments and notify staff when you are unable to do so;
- Support mutual consideration and respect by maintaining civil language and conduct during interactions with staff and practitioners;
- Respect the rights of visitors, staff, and other patients, including another patient's rights to privacy;
- Follow all University Health rules and state laws and regulations pertaining to safety, smoking, and general conduct;
- Respect the property of other persons and of University Health and;
- Promptly meet financial commitments to University Health.

**For more information about patient rights, policies, resolution of complaints or to submit compliments, please contact the Patient Relations Department at (210) 358-0600.**

**You have the right to file a grievance with the Texas Department of State Health Services regardless of whether you have used the University Health grievance process.**

**The Texas Department of State Health Services Information/Complaint Hotline is 1-888-963-7111, ext.2150.**

**Department of State Health Services  
 Attn: Customer Service Coordinator  
 PO Box 149347, MC-1913  
 Austin, Texas 78714-9347.**

I have fully read and received a copy of this **Patient Rights and Responsibilities** form. I fully understand its contents. I am signing this as my free and voluntary act.

**Patient/Other Legally Authorized Representative**

ROBERT B. GREEN CAMPUS  
 UNIVERSITY HEALTH ROBERT B. GREEN CAMPUS FFACTS  
 903 W. MARTIN STREET  
 SAN ANTONIO TX 78207-0903  
 BEXAR

Patient Name: \_\_\_\_\_  
 MRN: \_\_\_\_\_ CSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Sex: \_\_\_\_\_



Patient Name: Patient Test  
MRN: 123456789 CSN: 987654321  
DOB: 01/01/1980 Sex: Male

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**Witness**

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**Interpreter Services**

Was an interpreter used?