

## 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 Sweetwater Angiography Center at 281-240-1016. 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



**SWEETWATER**  
**ANGIOGRAPHY CENTER**  
16651 SW Frwy, Suite 250 • Sugarland, TX 77479  
SAC-001 (12/07) (281)240-1016

PATIENT IDENTIFICATION:

## DECLARACION DE DERECHOS AL PACIENTE

Cada paciente tendra el DERECHO a:

- dignidad, concideración, y respeto.
- no ser discriminado por raza, religion, incapacidad, sexo, edad, e origen.
- privacidad apropiada.
- tratamiento confidencial, excepto cuando autorizado por ley. Paciente sera dado la oportunidad de aprobar o rechazar la revaluación de registros.
- tratamiento seguro, eficiente, y costo-effectivo.
- información adecuada sobre diagnóstico, tratamiento, y pronóstico. (cuando inconveniente, información sobre el paciente sera proporcionada a la persona designada por el paciente o legalmente autorizada.
- la oportunidad de participar en decisiones sobre su salud. Excepto cuando participacion contradice rezones medicas.
- Una explicación del cuidado usando un lenguaje claro y simple (se proporcionarán traductores cuando sean requieran)
- información disponible al paciente y empleados sobre:
  - Derechos al paciente;
  - Conducta y responsabilidad del paciente;
  - Servicios disponibles;
  - Provisions de emergencia;
  - Costo de servicios;
  - Poliza de pagos;
  - Paciente tendra el derecho de negar investigaciones experimental;
  - Metodos de sugerir y reclamar.

Reclamaciones pueden ser dirigidas al administrador de Sweetwater Angiography Center llamando a 281-240-1016. Si su problema/s no son resuelto. El departamento de salud del estado de Texas es la agencia responsable del centro de investigaciones quirúrgicas ambulatoria. Para presentar reclamacion dirijase a: Director, Texas Department of Health Facility Compliance Division, 1100 West 49<sup>th</sup> Street, Austin, Texas, 78756, o llamar 1-888-973-0022.

## RESPONSABILIDADES DEL PACIENTE

Cada paciente tendra la RESPONSABILIDAD de:

- conportarce en manera tranquila y ordenada.
- seguir y participar en tratamiento de salud que se le a desarrollado.
- seguir reglas y regulaciones de organización.
- conciderar derechos de otros pacientes.
- respetar propiedad de organización y otros pacientes.
- comprender claramente el curso de su tratamiento, y lo que se espera de el/ella.
- asegurar de su obligacion de pago/s inmediatamente.

YO CERTIFICO QUE E RECIVIDO UNA COPIA DE LOS DERECHOS DE PACIENTE.

\_\_\_\_\_  
PACIENTE

\_\_\_\_\_  
FECHA

\_\_\_\_\_  
TESTIGO

\_\_\_\_\_  
FECHA

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