

Pediatric Orthopedic Associates of San Antonio

Patient Rights and Responsibilities

Patient Rights:

- To be provided with considerate, courteous, respectful, and compassionate care regardless of your age, race, gender, religion, national origin, sexual orientation, or physical or mental disability.
- To privacy and confidentiality with regard to treatment and medical records.
- To be informed about your diagnosis, treatment, and expected results of treatment, as well as effectiveness and possible risks of treatment.
- To refuse a recommended treatment to the extent permitted by law, and to be informed of the medical consequences of your refusal.
- To ask for a second opinion, or alternative course of treatments, and to be informed of the medical consequences of your actions.
- To be informed of personal responsibilities (including financial) involved in seeking medical treatment and maintaining health and well-being after treatment.
- To bring any dissatisfaction to the attention of the office administrator.

Patient Responsibilities:

- To present complete and accurate identifying information, current photo i.d. including name, address, telephone numbers, date of birth, social security number, employer, insurance carrier and current insurance card.
- To be knowledgeable of your health care plan and to give adequate notice to the medical staff if referrals are needed for specialists or procedural visits with other health care providers.
- To provide complete and accurate information about your health, including present condition, past illnesses, hospitalization, medications, natural products, and vitamins, and any other matters pertaining to your health.
- To cooperate responsibly with all persons involved in the health care process.
- To keep appointments on time
- To cancel appointments only when absolutely necessary, and far enough in advance so that other patient might utilize that time.
- To comply with the treatment plan provided by the physician and nurses.
- To ask for clarification whenever information or instruction are not understood.
- To promptly handle your financial obligations with regard to your health care bill.
- To show respect and consideration to other patients and medical staff with regard to foul language, control of noise, and use of cell phones while in the medical office.
- To comply with our “No Food or Drinks Allowed” policy out of respect and consideration to patients that may be fasting for surgical procedure.

I have read and I understand the “Patient Rights and Patient Responsibilities” at Pediatric Orthopedic Associates of San Antonio.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/ Legal Guardian

Date

Printed Patient Name

Date of Birth