

### **Consent for Treatment Patient's Rights**

#### **Patient Rights**

As a patient, you have the following rights:

- o To exercise your rights as a patient when seeing a doctor/provider.
- o If judged incompetent, a family member or guardian may exercise your rights on your behalf.
- o To personal dignity and to have your property treated with respect.
- o To voice concerns about your treatment or care and to report any disrespect to your property, without fear of discrimination or reprisal.
- o To be involved in the planning and changes of your care and treatment.
- o To be informed in advance about your care and any changes to it.
- o To receive a clear explanation of charges, including coverage by Medicare, Medicaid, and private insurance.
- o To be informed of any changes in charges within 30 working days.
- o To have your clinical records kept confidential.
- o To be informed of the collection of your medical information and its purpose.
- o To be informed that your medical information will not be disclosed, except as permitted by federal privacy laws.
- o To refuse to answer questions.
- o To review and request changes to consent forms before care is initiated.
- o To lodge a complaint against this practice or any visiting physician/provider by calling **972-559-4150**. The practice is required to investigate complaints, document them, and resolve them. Complaints can also be made via the 24-hour hotline.
- o To receive appropriate pain assessment and management.
- o To formulate advance directives, with care not being withheld based on whether an advance directive exists.
- o To choose whether to participate in research, clinical trials, or experimental studies.
- o To have your communication needs met.
- o To privacy and security.
- o To have your cultural, psychological, spiritual, and personal values respected.



- o To access, request amendments to, and receive a disclosure accounting of your health information as permitted by law.

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### **Advance Directives**

Advance directives ensure your healthcare decisions are followed if you become unconscious or unable to speak for yourself. Texas law allows the use of various advance directives, including:

- Living Will Directives
- Out of Hospital DNR (Do Not Resuscitate)
- Medical Power of Attorney
- Declarations of Mental Health Statement

### **Patient Responsibilities**

To receive services through our practice, you are responsible for:

- o Signing an informed consent for care before receiving medical treatment.
- o Giving complete and accurate health information.
- o Being available for scheduled appointments and canceling when necessary. Failure to cancel may result in a charge for the visit.
- o Actively participating in the planning of your care.
- o Following your prescribed treatment plan.
- o Paying for services that are not covered by insurance.
- o Notifying your provider about any changes in your health status.
- o Informing staff about any changes in insurance or relationships with other healthcare providers.
- o Reading the notice and privacy policies and asking questions if something is unclear.

### **Medication Refills**

For medication refills, please contact your pharmacy and provide our office number: **972-216-1500**.

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*Patient Name/Authorized Representative Signature/Relationship*

*Date of Birth*

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*Provider/Office Staff Signature*

*Date*