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NOTICE OF PATIENT RIGHTS AND RESPONSIBILITIES

I have the right to:

1. Be fully informed in advance about the care and services that are provided, including the disciplines that provide the care, the frequency of visits, and any modifications to the plan of care.
2. Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care and services from third parties and any charges for which I will be responsible.
3. Receive information about the scope of services that the organization will provide and specific limitations on those services.
4. Participate in the development and revision of my plan of care.
5. Refuse care or treatment after the consequences of refusing care or treatment are explained.
6. Be informed of patient rights under state law to formulate an Advanced Directive, if applicable.
7. Have my property and person treated with respect, consideration, and recognition of my dignity and individuality.
8. Be able to identify personnel members through proper identification.
9. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of property.
10. Voice complaints regarding treatment or care, lack of respect of property or recommended changes in policy, personnel or care without restraint, interference, coercion, discrimination, or reprisal.
11. Have complaints regarding treatment of care that is (or fails to be) furnished, or lack of respect of property investigated.
12. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
13. Be advised on policies and procedures regarding the disclosure of clinical records.
14. Choose a health care provider, including choosing an attending physician.
15. Receive appropriate care without discrimination in accordance with physician orders.
16. Be informed of any financial benefits when referred to an organization.
17. Be fully informed of my responsibilities.

My responsibilities Include:

1. Providing as much information as possible about my health, medication history, and insurance.
2. Providing my care provider with my Advance Directives, if these are formulated.
3. Asking for clarification when I don't understand medical words or details about my care plan.
4. Following my care plan. Being responsible for the outcomes when choosing not to follow my care plan.
5. Telling my care provider when I am unable or unwilling to follow my care plan.
6. Following the facility's rules.
7. Acting in a manner that is respectful of other patients, staff, and facility property.
8. Meeting my financial obligation to the facility.