

PATIENT STATEMENT OF RESPONSIBILITIES

I will provide accurate information about present and past illnesses, hospitalizations, medications, allergies and "NPO" status

I will make every attempt to understand the implications of my procedure, including risks of refusing treatment, and I will ask for clarification when needed.

I will arrive at the scheduled time or notify facility of inability to do so.

I will follow all discharge instructions.

I will be respectful of the rights of other patients and staff.

I will be respectful of others' property.

I will immediately inform my physician of change in condition or adverse reaction.

I will play an active role in my pain management by notifying the staff of the location and intensity of my pain as well as what interventions if any have worked in the past. I will report how effective interventions for the pain are while at the facility and work with the staff to achieve a comfortable level of pain control.

I will be responsible for assuring that the financial obligations of my health care are fulfilled as promptly as possible.

I understand and agree that if the Hospital at any time believes that there may be a weapon, explosive devices, illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Hospital may search my room and my belongings, confiscate any of the above items that are found, and dispose of them as appropriate including delivery of any item to law enforcement authorities.

By signing below I acknowledge Patient Statement Responsibilities at Houston Physicians' Hospital and will comply. I understand this form remains valid for **the respective calendar year**.

Patient Signature	Date	Time
Parent/Guarantor/Conservator	Date	Time
Witness	Date	Time



1ADM

«Last_Name», «First_Name» Age: «Age» «Birth_Date» Sex: «Sex» DOS: «Admit_Date»

Att: Dr. «Attending_Physician_First_Name» «Attending_Physician_Last_Name»

«Attending_Physician_Last_Name»

VisitID: «Visit_ID»
MRN: «Medical_Record_Number»
Revised Date: 14 June 2023