



Patient Name: _____ **Date of Birth** _____

Please take this opportunity to read carefully the information that is being provided to you. We will be happy to assist you with any questions that you may have.

PATIENTS RIGHTS AND RESPONSIBILITIES:

I acknowledge that I have read and received an explanation of the "Patients Rights and Responsibilities".
A copy of this form is available upon request. _____ (Initials)

ACKNOWLEDGEMENT OF ADVANCE DIRECTIVES:

I do _____ do not _____ desire to have information provided to me at this time regarding "Advance Directives".

I have _____ have not _____ signed an Advance Directives

I am _____ am not _____ providing a copy of my Advance Directives to Inova hospital San Antonio. I understand that my healthcare providers cannot honor my directives unless I provide a copy to Inova Hospital San Antonio. I understand that a copy of the "Advance Directives" will be placed in my medical records.

NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received an explanation of the "Inova Hospital San Antonio Notice of Privacy Practices". _____ (Initials)

Signature of Patient or Legal Guardian

Date

Signature of Witness

Date