

James N. Elkins, FACHE  
Hospital Director

David L. Forshey, MHA  
Assistant Hospital Director

Robert N. Longfield, M.D., F.A.C.P.  
Clinical Director



William R. Archer III, M.D.  
Commissioner of Health

Patti J. Patterson, M.D., M.P.H.  
Executive Deputy Commissioner

I hereby acknowledge that upon admission to the Texas Center for Infectious Disease (San Antonio State Chest Hospital), I have received the following information regarding my rights as a patient:

The right to make health care decisions including the right to accept or refuse treatment.

The right to formulate an Advanced Directive and/or a Durable Power or Attorney for Health Care.

Hospital policies for implementing patients' rights and responsibilities.

\_\_\_\_\_  
*SIGNATURE OF PATIENT*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*SIGNATURE OF PARENT,  
NEXT OF KIN OR GUARDIAN*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*SIGNATURE OF WITNESS*

\_\_\_\_\_  
*DATE*

I further acknowledge that I have been admitted to the Texas Center for Infectious Disease (San Antonio State Chest Hospital) under a court order and have been provided with specific rights regarding admission under this order.

\_\_\_\_\_  
*SIGNATURE OF PATIENT*

\_\_\_\_\_  
*DATE*

*Texas Center for Infectious Disease*

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