

TCID

Texas Center for Infectious Disease



TEXAS
Health and Human
Services

Texas Department of State
Health Services

TEXAS CENTER FOR INFECTIOUS DISEASE
2303 S.E. Military Drive
San Antonio, Texas 78223
210-534-8857

PATIENT SIGNATURE PAGE FOR CONSENTS

I, _____ acknowledge receipt of the following:

- Consent for TCID Admission
- Acknowledgment of Consent for TCID Admission
- Consent to Inpatient/Outpatient Admissions, Examination, and Treatment Authorization to Release Health Information
- Advanced Directives Handout
- Directly Observed Therapy
- Unit Rules
- Information for Patients Prohibited Items
- Patient Responsibilities During Hospitalization
- Rights for Patients Hospitalized at TCID
- Complaint Handout
- Patient Wifi Policy
- Disclaimer of Liability
- Department of State Health Services Notice of Privacy Practices
- Infection Control and Prevention Flyer
- The Million Dollar Man by Royce L. Gay
- Do you want your family notified of Admission? YES NO
- Name/Contact information of family member and date/time notified:

- Do you want your PCP notified of Admission? YES NO
- Name/Contact information of PCP and date/time notified:

Signature

Date

Witness

Date