



UNIVERSITY MEDICAL CENTER

[hereinafter referred to as "UMC"]

Chart Number: _____

PATIENT'S RIGHTS AND RESPONSIBILITIES
SIGNATURE FORM

We encourage you to take an active role in managing your health. We can work together most effectively if you understand what to expect from us and what we expect from you. Here is a summary of your rights and responsibilities as a user of UMC Health Services. If you would like more information about any of these points, please ask your provider or another UMC Staff.

I am signing that I have received and accept the University Medical Centers Patient Rights and Responsibilities.

Patient Printed Name _____
Patient Signature/Parent or Guardian _____
Relationship to Patient _____

Date: _____

