

# UNIVERSITY CANCER CENTER

## HEALTH HISTORY QUESTIONNAIRE/CUESTIONARIO DE SALUD LA HISTORIA

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.  
/Todas las preguntas contenidas en este cuestionario son confidenciales y pasaran a formar parte de sue expediente medico.

Name/Nombre:

Date/Fecha: \_\_\_\_\_

-----◆

Address/Direccion: \_\_\_\_\_◆

Living arrangements/Disposiones para la vida:  Spouse/Esposo/a  Spouse & Children/Esposo/a y los nifios  
 W/Children/Con Ninos  Alone/Solo

Referring Physician/Medico Remitente: ----- Phone/Telefono: ----- Primary Care Physician/Doctor Primario:  
----- Phone/Telefono: \_\_\_\_\_

Address/Direccion: \_\_\_\_\_

List any other physicians seen on a regular basis/Haga una lista de otros medicos que vee regularmente:

Pharmacy Name/Nombre de Farmacia: \_\_\_\_\_ Phone/Telefono: \_\_\_\_\_

O Male/Hombre D Female/Mujer DOB/Fecha de Nacimiento: \_/\_/\_ Age/Edad:

Marital Status/Estado Civil: D Single/Soltero D Married/Casado D Divorced/Divorciado D Widowed/Nidalo

Number of Children/Numero de ninos: \_\_\_\_\_ Number of Brothers/Numero de hermanos:

of Sisters/Numero de hermanas: \_\_\_\_\_

### PERSONAL HEALTH HISTORY

Previous Cancer/Cancer Previo: If yes, what type/Que tipo? \_\_\_\_\_

Treatment for previous cancer/Tratamiento para el cancer anteriores:

No treatment/Ningun tratamiento

Surgery/Cirugia  Radiation  
Therapy/Radioterapia

Chemotherapy/Quimoterapia

Hormonal ablative/Ablaci6n hormonal

Radiation History/Radiacion Historia: \_\_\_\_\_

Length of treatment/Duración del tratamiento:

—

Place of treatment/Lugar de tratamiento:

—

**XRT:** \_\_\_\_\_

Status of previous cancer/Estado de un cancer anterior:  Active/Activo  Remission/Remisión

Cured/Curado

Unknown/Desconocido



CURRENT MEDICATION

Drug Name/Nombre de la droga: Strength/Fuerza: Frequency taken/Frecuencia de toma: Reason for taking/Razon para tomar:

GENERAL EVALUATION OF PAIN/EVALUACION GENERAL DEL DOLOR

From scale 0 = no pain, 10 = severe/Desde 0=No dolor, 10=Dolor Severo (circle)/(marquee) 1 2 3 4 5 6 7 8 9 10

\_No pain/Sin dolor \_Unchanged/Inalterada Not relevant/No relevante
Pain w/ no meds/Dolor si medicamentos: /10 Pain w/ meds/Dolor con medicamentos: /10

Cause of pain/Causa del dolor: Location of pain/Localización del dolor:
-

Pain medications/Medicamentos del dolor: -----

FAMILY HISTORY OF CANCER/Historial Familiar De Cancer

Relationship/Relacion: Type/Tipo:

EDUCATION/EDUCACION: -- WORK

HISTORY/HISTORIAL DEL TRABAJO: ----- JOB

STATUS/EXTADO DE TRABAJOS: \_Full time/Tiempo completo \_Part time/Tiempo parcial
\_Contract worWContrato do trabajo \_On medical leave/Licencia por razones medicas \_Disable/Inhabilitar
\_Unemployed/Desempleados \_Retired/Retiro

EXERCISE HISTORY/HISTORIAL EJERCICIOS: \_None/Ninguno Limited/Limitado
\_Moderate/Moderado \_StrenuousNigor

DO YOU DRINK ALCOHOL/TOMA ALCHOL?D Yes/Si D No

If yes, what kind/Si es si,que tipo?
-

How many drinks per week/Cuantas bebidas por semana?

How long/Cuanto tiempo? \_months/years/meses/afios Quit/Dejar de \_ months/years ago/meses/afios hace?

DO YOU USE TOBACCO/USTED FUMA? D Yes/Si D No

If yes,# of packs per day/Si es si, # De paquetes por dia? \_

How many years/Cuantos años?

Year you quit/Años a dejar de fumar: \_

Do you currently use street drugs/Utiliza drogas de la calle? D Yes/Si D No

Have you ever used Or given yourself street drugs with a needle/Alguna vez has usado drogas de la calle con una aguja? . . . D Yes/Si D No

Have you ever been exposed to/Alguna vez ha estado expuesto a: \_chemicals/quimicos  
asbestos/asbesto radioactive material/material radioactivo

#### GENERAL SYMPTOMS/SINTOMAS GENERALES:

\_Without symptoms/Sin sintomas\_Symptoms related to present illness/Sintomas relacionados con la enfermedad actual\_Improving health/Mejorar la salud

Have you have any recent changes in Weight/Ha tenido algun cambio reciente en peso:

D Yes/Si D No If yes, # of lbs./Si es si, # de libras. \_

What is the cause of weight change/Cual es la causa del cambio de peso? \_

Over what time period/Durante que periodo de tiempo? \_

Energy levels/Nivel de energia: \_Normal

Decrease/Disminución

\_Improving/Mejorar

Fatigue/Fatiga: \_No fatigue/No Fatiga \_Mild/Leve \_Moderate/Moderado \_Extreme/Extremo

Insomnia/Insomnio: Normal \_Occasional not interferes w/functionsNez en cuando no interfiere con las funciones \_Frequent interferes w/functions/Con frecuencia interfiere con las funciones

#### EYES/OJOS

\_No problem/No problema \_See Present illness/Ver enfermedad presente \_Glasses/Lentes

Glaucoma \_Decrease acuity/Disminución de la agudeza

\_Cataracts/Cataratas: \_Right/Derecho \_Left/Izquierda \_Both/Los dos

\_Blind/Ciego: \_Right/Derecho \_Left/Izquierda \_Both/Los dos

\_Artificial eye/Ojo artificial: \_Right/Derecho \_Left/Izquierda \_Both/Los dos \_Blurred

visionNision borrosa Glaucoma Glasses/Lentes Contacts/Contactos

#### HEARING/AUDICION

Normal \_Hearing aid/Audifono \_Right/Derecho \_Left/Izquierda \_Both/Los dos

\_Deaf/Sordo \_Right/Derecho \_Left/Izquierda \_Both/Los dos

\_Ringing/Buzzing/Timbre/Zumbido \_Dizziness/Mareo \_Decrease acuity/Disminución de la

agudeza \_Partial deafness/Sodera parcial \_Right/Derecho \_Left/Izquierda \_Both/Los dos

## NOSE/NARJZ

\_Normal \_See present illnessNer enfermedad presente \_Nosebleed/Hemorragia nasal  
\_Stiffness/Mala ventilacion \_Dev. Septum/Tabique desviado \_Chronic sinusitis/Sinusitis  
cronica \_Acute sinusitis/Sinusitis aguda \_Seasonal Sinusitis/Sinusitis estacional

## DENTAL

\_Normal \_Need work/Necesitan trabajo \_Poor condition/Mal estado \_Full dentures/Dentaduras  
completas \_No teeth/Sin dientes \_Partial dentures/Dentaduras parciales:  
\_Upper/Superior \_Lower/Inferior \_Full/Completo

## ORAL CAVITY/CAVIDAD ORAL

\_No problem/Sin problema \_See present illnessNer enfermedad presente \_Pain/Dolor  
\_Lesion Noted/Lesion s♦fial6 \_Difficulty chewing food/Dificultad para masticar los alimentos

## THROAT/GARGANTA

\_No history of hoarseness/No hay historia de ronquera \_Smoking related hoarseness/Fumar ronquera  
relacionados \_Allergy related hoarseness/Alergias relacionadas ronquera \_Old injury  
hoarseness/Ronquera Antigua lesion \_Unknown cause of hoarseness/Causa desconcida de ronquera  
\_See present illnessNer enfermedad presente Difficulty swallowing/Dificultad de tragar:  
\_Yes/Si \_No \_Minor/Menor de edad \_Severe/Severa \_Cannot swallow/No puede tragar

## CARDIOVASCULAR

\_Normal \_Chest pain/Dolor de pecho \_Skip beat/Salta un golpe \_Shortness of breath/Falta de aire  
\_Ankle swelling/Hinchaz6n del tobillo \_Hypertension/Hipertensi6n \_Coronary artery  
disease/Enfermedad arterial coronario \_Heart problems/Problemas del Corazon \_Heart  
Attack/Ataque del Corazon \_Pace maker/Marcapasos \_Stroke/Trazo

## RESPIRATORY/RESPIRATORIAS

\_Normal \_Coughing up blood last 3 times/Toser sangre duran 3 veces \_Chronic cough/Tos cronica  
\_Cigarette cough/Tos de cigarrillos \_Asthma/Asma \_Emphysema/Enfisema  
\_Chronic bronchitis/Bronquitis cronica  
Shortness of breath (Respiratory symptoms)/Dificultad para respirar(sfntomas respiratorios)  
\_None/Ninguno \_Mild/Leve \_Moderate/Moderado \_Severe/Severa \_Oxygen nasal  
catheter/Caterer nasal de oxigeno \_Oxygen dependent/Oxfgeno dependiente  
Cough/Tes: \_Absent/Ausente \_Mild/Leve \_Moderate/Moderado \_Severe/Severa  
Coughing up blood (Hemoptisis)/Tos con sangre(Hemoptisis) \_None/Ninguno  
Occasional/Ocasional Mild/Leve Moderate/Moderado Severe/Severa

## GENERAL GASTRO INTESTINAL

Normal  See present illness/Ver enfermedad presente  Antacids/Antiacidos  
 Laxative/Laxante  Pain in abdomen/Dolor en el abdomen  Constipation/Constipación  
 Rectal pain/Dolor en el recto  Ribbon Stool/Taburete de la cinta  Rectal  
bleeding/Sangrado recto  Black stool/Negro taburete  White stool/Taburete blancas  
 Hepatitis  Ulcerative colitis/Colitis ulcerosa  Diverticulitis/La diverticulitis  Familial  
polyposis/La poliposis familiar  Intestinal polyps/Polipos intestinales  Gastrointestinal  
parasite/Parasite gastrointestinal  Heartburn/Acidez  GERD  
Nausea/Nausea:  None/Ninguno  Able to eat/Capaz de comer  Oral intake significantly  
decreased/Ingesta oral disminuy6 significativamente  No significant intake, IV fluids  
required/No ingesta significativa, liquidos por via intravenosa se requiere  
Vomiting/N6mitos:  None/Ninguno  1 episode/24 hrs/1 episode/24 horas  2 to 5  
episodes/24 hrs/2 a 5 horas episodes/24 horas  6 episodes in 24 hrs/6 episodes/24 horas  
 Need IV fluids/Necesitar liquidos iv  Requires parenteral nutrition/Requiere la nutricion  
parenteral  Requires ICU/Requiere de la UCI  Hemodynamic collapse/Colapso hemodinamico  
Heartburn (dyspepsia)/Acidez (dispepsia)  Yes/Si  No  Regular antacid use/El uso  
regular de antiacidos  
Vomiting Blood (Hematemesis)/N6mitos de sangre(Hematemesis)  None/Ninguno  
 Occasional/Ocasional  Mild/Leve  Moderate/Moderado  Severe/Severa  
Yellow discoloration of the skin (Jaundice)/Coloración amarillenta de la piel(Ictericia)  
 None/Ninguno  Clinically present/Clinicamente la actualidad  Fading/Desvanecimiento  
 Deepening/La profundización de  
Diarrhea/Diarrea:  None/Ninguno  Mild/Leve  Moderate/Moderado  Severe/Severa  
 Improving/Mejorar  Worsening/Empeoramiento  
Constipation/Estreñimiento:  None/Ninguno  Requiring stool softener/Requiere ablandador de  
las heces  Require laxative/Requieren laxantes  Require enema/Requieren un enema  
Blood stool/Sangre en las heces:  Yes/Si  No  Bright red bleeding/Sangrado rojo brillante  
 Black tarry stool/Heces alquitranadas negro  Occult blood/De sangre oculta en Bowel  
incontinence/La incontinencia intestinal:  Absent/Ausente  Present/Presentar  
Colonoscopy in the past/La colonoscopia en el pasado:  Yes/Si  No  
When/Cuando: \_\_\_\_\_ ?

## GENERAL GENITOURINARY/GENITOURINARIO EN GENERAL

Normal  See present illness/Ver enfermedad presente  Blood in the urine/ sangre en la orina  
 Burning/Ardiente  Obstruction/obstrucción  Nocturia/Nicturia  Decrease stream/Disminuir el  
flujo de  Leakage/Fuga  Incontinence Stress/Incontinencia urinaria de esfuerzo  Incontinence  
moderate/Incontinencia moderada  Incontinence

severe/Incontinencia severa \_Difficulty urinating/Dificultad para orinar \_Painful urination/Dolor al orinar

Menopause history/La menopausia la historia: \_No \_In menopause at present/En la menopausia en la actualidad \_Completed menopause/La menopausia completa \_Normal menopause/La menopausia normal \_Surgical menopause/Menopausia quirúrgica  
\_Chemotherapy menopause/La quimioterapia menopausia \_Onset age/Edad de inicio  
" "

Pregnancy history/Historial de embarazos: \_Never pregnant/Nunca embarazada \_Number of pregnancies/Número de embarazos \_Number of live births/Número de nacidos vivos  
\_Age at first pregnancy/Edad del primer embarazo

Abnormal vaginal bleeding/Sangrado vaginal anormal: \_No \_Vaginal bleeding of unknown origin/Sangrado vaginal de origen desconocido \_See present illness/Ver enfermedad presente

Hysterectomy/Histerectomía: \_No -See present illness/Ver enfermedad presente \_Cancer

of the uterus/Cáncer de útero \_Endometriosis \_Ovarian malignancy/Malignancia ovárica

\_Cancer of the cervix/Cáncer de cervix \_Unknown reason for hysterectomy/Razón desconocida para la histerectomía \_Ovaries were removed/Ovarios fueron extirpados

Ovaries not removed/Los ovarios no se eliminaron \_Unknown ovaries status/Ovarios estado desconocido . \_Benign fibroid tumor/Fibroma benigno

Past hormonal history/Historia hormonal pasado: \_None/Ninguno \_Estrogen Only/Solo estrógeno \_Estrogen progesterone cycled/Estrógenos ciclo de progesterona \_Progesterone only/Progesterona solamente . \_Estrogen and Testosterone/Estrógeno y testosterona \_Past use birth control pills/El pasado usó píldoras anticonceptivas \_Herbal supplements/Los suplementos de hierbas \_None

Birth control/Control de la natalidad: \_None/Ninguno \_Birth control pills/Pastillas anticonceptivas \_Condom/Condón \_Tubal ligation/La Ligadura de trompas

\_Hysterectomy/Histerectomía \_Hormone injection/La hormona de la inyección \_Partner had vasectomy/Compañero sometido a una vasectomía

Pain or burning on urination (Dysuria)/Dolor o ardor al orinar (Dysuria): \_None/Ninguno

\_Mild no intervention/Leve sin intervención \_Symptoms relieve w/therapy/Alivia los síntomas con la terapia \_Symptoms not relieve, despite therapy/Los síntomas no se alivian, a pesar de la terapia

Urination at night (Nocturia)/Orinar por la noche (nicturia): \_No \_Yes/Si " times per  
por noche



Urinary incontinence/Incontinencia urinaria:  No  Chronic leakage/Perdida cronica  
 Incontinence stress/Incontinencia urinaria de esfuerzo  Incontinence  
moderate/Incontinencia moderado  Incontinence severe/Incontinencia Severa  
Blood in urine (Hematuria)/Sangre en la orina (Hematuria):  None/Ninguno  
 Microscopic/Microsc6pica  Mild/Leve  Moderate/Moderado  Severe/Severa

#### BREASTS/PECHOS

No problems reported/Sin problemas reportados  See present illness/Ver enfermedad presente  
 Nipple retraction/Retracci6n del pez6n  Discharge/Descarga  Lump/Tumor  
 Dimpling/Hoyuelos  Infection/Infeccion  Negative biopsy/Biopsia negativa  Positive  
biopsy/Biopsia positiva  
Last mammography done/Ultima hecha mamografia:   
Hormonal Therapy/Terapia Hormonal:  None/Ninguno  Tamoxifene/El tamoxifeno  
 Nolvades  Farestone  Ovarian ablation/Ablaci6n ovarica  Arimidex

#### SKIN/PIEL

No problems/Sin problema  See present illness/Ver enfermedad presente  Sun burns  
easily/Sol quema facil  Bad sun burns in past/Quemaduras graves de sol en el pasado  
 Tanning booth in the past/Cabina de bronceado en el pasado  Tanning booth present  
user/Cabina de bronceado usuario actual  Long term sun exposure/La exposici6n a largo  
plaza <lorn  See past history/Ver la historia pasada  
Skin lesion history/Lesiones de piel historial:  Enlarging/Ampliar  Change in color/Cambia  
del color  Lesion that get irritated/Las lesiones que se irrita  Bad scar from burn/Mala  
cicatrizaci6n de quemaduras

#### MUSCULOSKELETAL/MUSCULOESQUELETICO

No problems/Sin problema  See present illness/Ver enfermedad presente  
 Arthritis/Artritis  Joint pains/Dolores articulares  Stiff joints/Articulaciones rigidas  
 Muscle weakness/ Debilidad muscular  Chronic back pain/Dolor de espalda cr6nico Skeletal  
Pain/Dolor esqueletico:  No pain/Sin dolor  New pain/Dolor nuevo  Chronic stable/Cr6nica  
estable  Decreased somewhat/Desminuy6 ligeramente  Decreased dramatically/Desminuy6  
drasticamente  Pain gone/Dolor ha desaparecido  Pain unchanged due to cancer/Dolor sin  
cambios debido a un cancer  Severe/Severa  Pain getting worse/Dolor empeora  
Mobility/Movilidad:  Normal activity/Actividad normal  Limited work/Trabajo limitado  
 Cannot work/No puede trabajar  Limited self care/Cuidado personal limitado  Requires  
assistance/Requiere asistencia  Wheel chair bound/Silla de ruedas  Bedfast/Silla de ruedas

Arthritis/Artritis: Yes/Si No Location of arthritis/Lugar de la artritis:

Weakness/Debilidad: Yes/Si No Balance difficulty/Equilibrio Dificil: \_Yes/Si \_No

#### NEUROLOGICAL/NUEROLOGICO

\_No symptoms/Sin sintomas \_See present illness/Ver enfermedad presente \_Memory loss/Perdida de memoria \_Frequent headaches/Cefaleas frecuentes \_Passing out/Desmayarse  
\_Long term seizures/Convulsiones a largo plazo \_Recent onset seizures/Convulsiones reciente aparicion  
\_Long term paralysis/Paralisis largo plazo \_Recent onset paralysis/Paralisis inicio reciente  
\_Tremors/Temblores \_Difficulty walking/Dificultad para caminar \_Dizziness/Mareo Stroke/Carrera

Headaches/Cefaleas: \_None/Ninguno \_Improving/La mejora de  
\_Worsening/Empeoramiento \_Mild/Leve \_Moderate/Moderado \_Severe/Severa \_Not related to present illness/No relacionados con enfermedad actual

Paralysis/Paralisis: \_None/Ninguno \_Pending/Pendiente \_Partial/Parcial \_Complete/Completo  
\_Previous accident/Accidente anterior \_Previous stroke/Accidente cerebrovascular previo  
\_Previous surgery/Cirugia Worsening/Empeoramiento \_Recent previa

onset paralysis/Paralisis reciente aparición \_Long term paralysis/Paralisis a largo plazo

Seizures/Convulsiones: \_Yes/Si \_No \_Long term seizures/Convulsiones a largo plazo  
\_Recent onset seizures/Convulsiones reciente aparición

Vertigo: \_Yes/Si \_No Syncope/Sincope: \_Yes/Si \_No

#### PSYCHIATRIC/PSIQUIATRICO \_

\_No problems/Sin problemas \_Feels good always/Siempre siente bien \_Feels good part time/Se siente bien a tiempo parcial  
\_Depression/Depresión \_Problems at work/Problemas en el trabajo  
\_Family problems/Problemas familiares \_Don't care/No le importa \_Suicidal/ Suicida  
Consider suicidal/Considerar el suicidio

Psychiatric treatment/Tratamiento psiquiatrico: \_No treatment/Sin tratamiento \_Mood elevator/El estado de animo ascensor  
\_Tranquilizers/Tranquilizantes \_Antidepressive medication/Los medicamentos antidepresivos  
\_Regularly taking drugs/Tomando regularmente las drogas  
\_Working with psychologist/De trabajo con el psicólogo  
\_Into group therapy/En la terapia de grupo  
\_Heat intolerance/Intolerancia al calor \_Cold intolerance/Intolerancia al frio  
\_Anemia \_Easy bruising/Moretones con facilidad  
\_Blood transfusion reaction/Reacción a una transfusion  
\_Enlarged lymph nodes/Inflamación de los ganglios  
\_Lymphadema/El linfedema  
Fever/Fiebre: Yes/Si No Night sweats/Sudores nocturnos: \_Yes/Si \_No

OTHER/OTRO: \_\_\_\_\_

UNIVERSITY CANCER  
CENTER  
Notice of Privacy  
Practices

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

- \* We may use and disclose medical and billing information about you for treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing patient data to improve treatment methods).
- \* We may use or disclose medical and billing information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out protected health information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, workers' compensation purposes, or during emergencies. We may also disclose protected health information when required by law, such as in response to a request from law enforcement officials in specific circumstances, or in response to valid judicial or administrative orders.
- \* We may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you, or to support fund-raising efforts.
- \* We may disclose medical and billing information about you to a friend or family member who is involved in your medical care or to disaster relief authorities so that you and your family can be notified of your location and condition.

OTHER USES OF MEDICAL INFORMATION:

- \* In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing your protected health information. If you choose to authorize our use or disclosure of your protected health information, you can later revoke that authorization by notifying us in writing of your decision.

YOUR RIGHTS REGARDING PERSONAL MEDICAL INFORMATION:

- \* In most cases, you have the right to look at or obtain a copy of medical and billing information contained in the designated record set that we use to make decisions about your care. If you request copies, we may charge a fee for the cost of copying, related supplies or postage. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- \* If you believe that information in your designated record set is incorrect or that important information is missing, you have the right to submit a written request that we correct the records. We could deny your request to amend a record if the information was not created by us, if it is not part of the medical or billing information maintained by us, or if we determine that the record is accurate. You may appeal, in writing, a decision by us to not amend a record.
- \* You have the right to a list of those instances where we have disclosed medical and billing information about you, other than for treatment, payment, healthcare operations or where you specifically authorized a disclosure. When you submit a written request, the request must state the time period desired for the accounting, which must be less than a six (6)-year period and starting after March 22, 2004. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period will be provided to you at no cost; other requests will be charged in accordance with our cost to produce the list. We will inform you of the cost before you incur any charges.
- \* You have the right to request that your medical and billing information be communicated to you in a confidential matter, such as sending mail to an address other than your home. You must notify us in writing of the specific way or location for us to use to communicate with you.
- \* You may request, in writing that we not use or disclose protected health information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, or when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision.

All written requests or appeals should be submitted to our Chief Operating Officer. If you have any questions, please contact our Chief Operating Officer at the address or phone number on this notice.

WHO WILL FOLLOW THIS NOTICE?

- University Cancer Center provides health care to our patients in partnership with physicians and other professionals and organizations. The information privacy practice in this Notice will be followed by:
  - \* Any healthcare professional who treats you at our locations; all departments and units of our organization including the medical staff and other credentialed healthcare providers of the medical staff.
  - \* All employed associates, staff or any business associate with whom we share health information.

OUR PLEDGE TO YOU

We understand that medical and billing information about you is personal. We are committed to protecting the privacy of your medical and billing information. We create a designated record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or Notice regarding the doctor's use and disclosure of your medical and billing information created in the doctor's office. We are required to:

- \* Keep medical and billing information about you private
- \* Give you this Notice our legal duties and privacy practices with respect to your protected health information
- \* Follow the terms of the Notice currently in effect

COMPLAINTS

- \* If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Chief Operating Officer at this office.
- \* Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our office will provide you with the address upon request. Under no circumstances will you be penalized or retaliated for filing a complaint.

Phone: (936) 438-8430 Fax: (936)  
438-8431

# University Cancer Center

## Patient Rights

### Your Rights as a Patient

University Cancer Center considers you a partner in your health care. When you are well informed, participate in treatment decisions and communicate openly with your doctor and other health care professional, you help make your care as effective as possible. While you are a patient at the facility, your rights include the following:

### Respect and Dignity

You have the right to considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.

### Information

You have the right to be well informed about your illness, possible treatments and likely outcome and to discuss this information with your physician. You have the right to review your medical records and to have the information explained, except when restricted by law.

### Refusal of Treatment

You have the right to consent to or refuse treatment, as permitted by law, throughout your visit at the facility. If you refuse a recommended treatment, you will receive other needed and available care. You also have the right to know the financial implications of treatment choices.

### Advance Directives

You have the right to have an advance directive, such as a living will or medical power of attorney. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to the facility, your family, and your physician.

### Privacy

You have the right to privacy. Your case discussion, consultation, examination, and treatments should be conducted to protect your privacy.

### Confidentiality

You have the right to expect that all medical records are confidential unless you have given permission to release information or reporting is required or permitted by law such as suspected abuse or health hazards. When the facility releases records to others such as insurers, it emphasizes that the records are confidential.

### Continuity of Care

You have the right to expect reasonable continuity of care when appropriate and to be informed by your physician's assistant of available and realistic patient care options.

### Facility Rules and Regulations

You have the right to know about the facility's policies affecting your treatment. You have the right to know about the facility's resources, such as patient representatives or ethics committees, that can help you resolve problems and questions concerning your care.

### Facility Charges

You also have the right to be informed of the charges for the services we provide you and available payment methods.

*In addition to your patient rights, you also have the responsibilities as a patient:*

You are responsible for providing information about your past illnesses, hospitalizations, medications, and other matters related to your health. You are responsible for requesting additional information or clarification when you do not fully understand information and instructions. If you anticipate problems in following prescribed treatment, you are responsible for informing your physician and caregivers.

University Cancer Center works to provide health care efficiently and fairly to all patients and the community. You, your family, and friends, are responsible for being considerate of the needs of other patients, staff, and the facility. You are responsible for providing information for insurance claims and for working with the facility to arrange payment.

Your health depends not just on your outpatient care but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of lifestyle on your personal health.

640 1 45  
South  
Huntsville, TX  
77340

Phone: (936) 438-8430 Fax: (936) 438-843]