PATIENT RIGHTS AND RESPONSIBILITIES

Patients have the right to:

1) Considerate, respectful and dignified care provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
2) Personal and informal privacy and privacy of his/her health information as required by HIPPA.
3) Information concerning your diagnosis, treatment and prognosis, to the degree known in a language or manner you understand, or to an individual designated by you or to a legally authorize individual as part of the informed consent process.
4) Appropriate assessment and management of pain.
5) The opportunity to participate in decisions involving your health care, unless contraindicated by concerns for your health.
6) Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability.
7) Be advised and refuse to participate in any research without risk of compromising your right to access care, treatment and/or services.
8) Know the identity and professional status of individual providing service.
9) Request a change in providers of care if other qualified providers are available and at his/her own expense obtain a second opinion.
10) Express complaints about the care they received and to submit their grievance by contacting Celeste Walker at 656-9646.

Patients are responsible for:

1) Providing accurate complete information regarding your present health status (including past & present medications), past medical history, and for reporting any unexpected changes to the appropriate practitioner(s).
2) Following the treatment plan recommended by the primary practitioner.
3) Following the rules and regulations of the facility affecting patient care and conduct.
4) In the case of a pediatric patient, a parent or guardian is to remain in the facility for the duration of the patient’s stay in the facility.
5) Being considerate and respectful of the rights of other patients and facility personnel.
6) Providing a responsible adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery/anesthesia.
7) Indicating whether you clearly understand a contemplated course of action and what is expected of you.
8) Your actions if you refuse treatment leave the facility against the advice of the practitioner and/or do not follow the practitioner’s instructions relating to care.
9) Assuring financial obligations of your health care are fulfilled as expeditiously as possible.
10) Providing information about any living will, medical power of attorney or other directive that could affect his/her care.

Initials: _____