



## 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 expediently as possible.
- 10) Providing information about any living will, medical power of attorney or other directive that could affect his/her care.

Initials: \_\_\_\_\_