

PATIENT BILL OF RIGHTS



You have the right:

- To be treated with dignity and to receive courteous, considerate and respectful care.
- To expect that the staff have been fully credentialed and are competent to perform the treatments and procedures for which they have privileges
- Obtain from your physician their diagnosis, treatment plan and prognosis, in language clearly understandable in lay terms
- To give informed consent prior to the commencement of the procedure
- To refuse treatment within the confines of the law, to participate in your care and to be informed of the medical consequences for refusal of care
- To have your privacy respected
- To expect care regardless of age, race, color, sexual orientation, religion, marital status, sex, national origin, handicap, source of payment
- To expect interpretive services, visual and auditory aids will be made available
- To expect that referral or transfer will occur if necessary but only after your care person has been made aware of such need
- To obtain information regarding relationships between the facility and other healthcare providers, in so far as care is concerned
- To be advised when the facility is involved in research and human experimentation affecting your care or treatment. You have the right to refuse participation.
- To expect continuity of care among your healthcare team
- To be informed of fees for services and payment policies, as well as any charges above what insurance will pay
- To be free from mental, physical, sexual and verbal abuse and the right to have any allegations investigated by the facility
- To be informed of provisions for after-hour and emergency coverage
- To expect truth in advertising by the facility

- To know whether or not the organization accepts your insurance including Medicare, prior to treatment
- To know that the facility makes decisions regarding the provision of ongoing care, treatment and discharge based on the assessment of the patient
- To make suggestions regarding changes in policies and procedures of the facility and to file a grievance without fear of reprisal
- To review, inspect and amend your health record to include disclosures
- To have an advance directive and the right to know that such directive will not be followed during your surgical event/appointment
- To know that staff will be responsive to your complaints regarding pain and will provide pain prevention and management
- To contact the accreditation agency, the state and CMS regarding issues and/or complaints surrounding the quality of your care

The undersigned has received a copy and has had a chance to review the Patient Bill of Rights.

Print name_____

Signature_____

Date of Birth_____

Today's Date_____