

PATIENT RIGHTS**Patient Identification**

You have the right to participate in the development and implementation of your plan of care.

You, or your representative (as allowed under State law), has the right to make informed decision regarding your care. You have the right to be informed of your health status, be involved in care planning and treatment, and be able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

You have the right to formulate an advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.

You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.

You have the right to personal privacy.

You have the right to receive care in a safe setting.

You have the right to be free from all forms of abuse or harassment.

You have the right to confidentiality of your clinical records.

You have the right to access information contained in your clinical records within a reasonable time frame.

You have the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.

You have the right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to service.

You have the right to know the professional status of any person providing your care or services.

You have right to know the reasons for any proposed changes in the Professional Staff responsible for your care.

You have right to know the reasons for your transfer either within or outside the hospital.

You have right to know the relationship(s) of the hospital to other persons or organizations participating in the provision of your care.

You have right of access to the cost, itemized when possible, of services rendered within a reasonable period of time.

You have the right to be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care.

You have right to have pain treated as effectively as possible.

You have right, subject to your consent, to have visitors whom you designate, including but not limited to, a spouse, a domestic partner (including same sex domestic partner), another family member, or a friend, and you right to withdraw or deny such consent at any time. Visitation shall be limited only by any clinically necessary or reasonable restriction that may need to be in place.

You have right to considerate, safe and respectful care.

Your family has the right of informed consent for donation of organs and tissues.

Patient / Patient Representative Signature

Date

