



PATIENT RIGHTS

I have the right to participate in all decisions involving my care or treatment.

I have the right to know the names, professional status and experience of the staff that are providing care or treatment to me.

I have the right to know if the facility is participating in teaching programs, research and/or experimental progress.

I have the right to refuse any drugs, test, procedure or treatment.

I have the right to care or treatment that is respectful, recognizes my dignity and provides for personal privacy to the extent possible during the course of treatment.

I have the right to be informed of the facility's rules and regulations as they apply to me.

I have the right to be informed prior to the initiation of care or treatment, based on the preliminary procedure(s) scheduled, of the estimated cost(s) involved for the service(s), and based on routine, usual, and customary fees charged by the facility regardless of the source of payment.

I have read and understand the meaning and terms of the above paragraphs.

Patient's Signature
(Parent or Legal Guardian)

Date

Witness

Date