

Your Rights and Responsibilities as a Patient

You have entrusted us with your most valuable asset, your health. We strive to provide quality care in accordance with your wishes; we are dedicated to protecting your dignity at all times.

There are also certain responsibilities that you must assume as a patient. We provide this list for your information and convenience. If you have any questions, we will be glad to answer them.

You have the right:

1. To considerate, respectful care at all times and under all circumstances, with recognition of your personal dignity.
2. To impartial access to all available treatment and accommodations that are medically indicated, regardless of race, creed, sex, national origin or sources of payment for care.
3. To obtain from your physician complete and current information concerning diagnosis, treatment and any known prognosis.
4. To have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected unless prohibited by state law.
5. To receive support for your psychological, social, emotional and spiritual needs within the capabilities of the clinic.
6. To consent to all decisions regarding your health care, based on clear, concise explanations of your condition and all proposed technical procedures, the potential benefits and drawbacks of procedures, and any problems related to recuperation or likelihood of success. You have the right to be advised of significant alternative treatments or procedures. You have the right to refuse or request treatment that is medically necessary and appropriate.
7. To know the identity and professional status of those providing service to you and the reason for their involvement in your care.
8. To have access to interpretive services, when necessary and appropriate, to prevent language barriers from hampering your care; for the hearing or visually impaired, to have access to appropriate audiovisual aids.
9. To be informed of any investigational, research or educational activities related to your treatment, as well as your right to refuse to participate in any such activity and to renew that decision periodically.
10. To participate as fully as possible in all treatment decisions.
11. To be assured of the confidentiality of information in your clinical records, in accordance with applicable law.
12. To have a private, safe and secure environment for your care and treatment, free from all forms of abuse or harassment; you have the right to be free from restraints of any form that are not medically necessary.
13. To receive a thorough explanation of your bill, regardless of payment source.
14. To be informed about clinic rules and regulations that affects your stay as a patient.
15. To access information, request amendment to and receive an accounting of disclosure regarding your health information.

Your responsibilities are:

1. To be respectful and courteous to all staff members and of all clinic property. You understand that abusive or disrespectful behavior could result in dismissal from the practice.
2. To be considerate of the rights of other patients and clinic staff, including but not limited to controlling noise volume, complying with service animal ADA requirements, not smoking, etc.
3. To keep your appointments or provide adequate notice in accordance with clinic policy if you are unable to do so.

4. To provide complete and accurate information to the best of your knowledge regarding your entire medical history, including but not limited to: past medical records, past pain treatment and alcohol or other drug addiction history.
5. To inform your healthcare provider or nurse of all allergies and drug side effects or concerns regarding prescription drugs.
6. To follow the advice of your health care team to the best of your ability and to report any change in condition to your healthcare provider or nurse. You also acknowledge that you are responsible for your actions if you refuse treatment or do not follow your healthcare provider's instructions.
7. To inform clinic staff when instructions to you, information provided to you, or answers to your questions are not understandable or cannot be followed.
8. To participate in the teaching/learning process so that you will acquire and understand the skills and behaviors that promotes health and recovery, maintain or improve function, or manage disease or symptom progression.
9. To abide by all rules and regulations that apply to patients of Pullman Regional Hospital Clinic Network, including those outlined on any forms or those posted within the clinic.

By my signature below, I agree to abide by the above responsibilities.

Printed name of patient _____ Patient's Date of Birth _____

Patient or legally authorized individual's signature _____ Date _____ Time _____

Printed name if signed on behalf of the patient _____ Relationship
 (Parent, legal guardian, personal representative)

This form will be retained in your medical record.

For Office Use Only

Office staff complete below:

I have attempted to obtain the patient's signature on this form, but was not able to obtain it for the reason(s) listed below:

Date: _____ Staff member initials: _____

Reasons: _____
