

Patient Rights Acknowledgment

Date: _____

Patient Name: _____

Patient Date of Birth: _____

Dear [Patient's Name],

We are committed to ensuring that you understand your rights as a patient. Please review the following patient rights and acknowledge your understanding by signing below:

- The right to receive respectful and compassionate care.
- The right to be informed about your diagnosis, treatment, and prognosis.
- The right to participate in decisions about your care.
- The right to privacy and confidentiality of your health information.
- The right to receive information in a language you understand.
- The right to express concerns and have them addressed promptly.

By signing below, you acknowledge that you have read, understood, and agree to the above-stated patient rights.

Patient Signature

Date

If you have any questions or concerns regarding your rights, please do not hesitate to ask your healthcare provider.

Thank you for choosing us for your healthcare needs.

Sincerely,

[Healthcare Provider's Name]

[Healthcare Facility's Name]