

Palliative Care Patient Rights

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are committed to ensuring that you are aware of your rights as a patient receiving palliative care. You have the right to:

- Receive care that respects your dignity and individuality.
- Be fully informed about your treatment options and care plan.
- Participate in decisions regarding your care.
- Receive emotional and spiritual support.
- Have your privacy and confidentiality maintained.
- Access services and information on how to make complaints or suggestions.
- Have family members involved in your care, with your permission.

If you have any questions or require further information, please do not hesitate to reach out to our team.

Sincerely,

[Your Name]

[Your Title]

[Palliative Care Facility Name]