

Acknowledgment of Patients' Rights and Responsibilities

Date: _____

Patient Name: _____

Patient ID: _____

Dear [Patient's Name],

We acknowledge that you have received and understood the document outlining your rights and responsibilities as a patient at [Healthcare Facility Name]. This includes your right to receive respectful and compassionate care, your role in your own treatment plan, and the importance of open communication with your healthcare providers.

By signing this acknowledgment, you affirm that you are aware of your rights and responsibilities and agree to cooperate with the healthcare team in your treatment process.

Please sign below to confirm your acknowledgment:

(Patient's Signature)

(Date)

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

Thank you for being an essential part of your healthcare journey.

Sincerely,

[Your Healthcare Facility Name]