

# Patients' Rights and Responsibilities Clarification

Date: [Insert Date]

Dear [Patient's Name],

We hope this letter finds you well. We would like to take this opportunity to clarify your rights as a patient and the responsibilities that accompany them. It is our primary goal to ensure that you receive quality care while being aware of your rights and obligations.

## Patients' Rights:

- The right to receive respectful and considerate care.
- The right to obtain information about your diagnosis and treatment options.
- The right to participate in decisions regarding your care.
- The right to privacy and confidentiality of your medical information.
- The right to file a complaint regarding your care.

## Patients' Responsibilities:

- The responsibility to provide accurate and complete information about your health.
- The responsibility to follow the treatment plan agreed upon with your healthcare provider.
- The responsibility to communicate any changes in your condition.
- The responsibility to respect the rights of other patients and healthcare staff.
- The responsibility to fulfill financial obligations related to your care.

If you have any questions or need further clarification regarding your rights and responsibilities, please do not hesitate to reach out to our office at [Insert Phone Number] or [Insert Email Address].

Thank you for trusting us with your healthcare needs.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]