

Patients' Rights and Responsibilities Compliance Notice

Date: [Insert Date]

Recipient Name: [Insert Patient Name]

Address: [Insert Address]

Dear [Insert Patient Name],

We are committed to ensuring that all patients are informed of their rights and responsibilities while receiving care at our facility. This Compliance Notice serves to reiterate the key rights afforded to you as a patient and the responsibilities you are expected to uphold during your treatment.

Patients' Rights

- The right to receive considerate and respectful care.
- The right to be informed about your medical condition and treatment options.
- The right to privacy and confidentiality regarding your medical records.
- The right to participate in decisions regarding your care and treatment.

Patients' Responsibilities

- Providing accurate and complete information about your health.
- Following the treatment plan agreed upon with your healthcare provider.
- Respecting the rights of other patients and healthcare personnel.
- Promptly reporting any changes in your condition to your healthcare team.

For any questions or further clarification regarding your rights and responsibilities, please do not hesitate to contact our Patient Advocacy Department at [Insert Contact Information].

Thank you for choosing [Insert Facility Name] for your healthcare needs.

Sincerely,

[Insert Sender Name]

[Insert Sender Title]

[Insert Facility Name]

[Insert Facility Contact Information]