## **Summary of Patients' Rights and Responsibilities**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

## Dear [Patient's Name],

We value your rights as a patient and believe it is important for you to understand your rights and responsibilities during your care. Below is a summary for your reference:

## **Patients' Rights:**

- The right to receive respectful and considerate care.
- The right to receive information about your diagnosis, treatment, and prognosis.
- The right to participate in decisions regarding your care.
- The right to privacy and confidentiality of your medical information.
- The right to receive care without discrimination.

## **Patients' Responsibilities:**

- The responsibility to provide accurate and complete health information.
- The responsibility to follow the treatment plan agreed upon with your healthcare providers.
- The responsibility to ask questions if you do not understand your care.
- The responsibility to inform staff of any changes in your condition.
- The responsibility to respect the rights of other patients and staff.

We encourage you to speak up if you have concerns about your care or treatment. Your feedback is essential for us to provide the best care possible.

Thank you for choosing [Healthcare Facility Name].

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]