

**DODGE COUNTY HOSPITAL
PATIENT RIGHTS**

You have the right to:

1. Receive information about your rights and have your rights respected.
2. Compassionate care, treatment and services regardless of your race, creed, religion, gender, age, handicap or your ability to pay.
3. Be told about your treatment and be able to make choices.
4. Know the names and professional status of those caring for you and if they have any business practices or conflicts of interest in providing your care or treatment.
5. Express your spiritual beliefs and cultural practices, psychological, personal beliefs, values and preferences as long as they do not harm others.
6. Have your pain managed.
7. Be involved in the decisions about your treatment, care of service.
8. Receive information in a language or manner you understand.
9. Have personal privacy.
10. Be safe, secure, and have your property protected while in our care.
11. Access your health information, ask it to be amended and know who requests information about your health.
12. Refuse care, treatment or services based on law or regulation.
13. Be free from mental, physical, sexual and verbal abuse, neglect or someone taking advantage of you.
14. Be in a place that respects your dignity and contribute positively to your self-image.
15. Access protective and advocacy services.
16. Have with your approval, your family or significant others involved in the care, treatment or service decision.
17. Have your wishes relating to end of life decision respected as permitted by law.
18. Be informed and with your permission, have your family informed about the outcomes of your care, treatment and services, including unanticipated outcomes.
19. Freely voice complaints and recommend changes without coercion, discrimination, reprisal or any unreasonable interruption of care, treatment or services.
20. Be informed, access, and use the complaint resolution process to resolve your concerns and to file complaint with the state authority.
21. Be protected and have your rights respected during research and clinical trials.
22. Receive information about your responsibilities while receiving care, treatment and services.
23. Have an explanation of the consent for treatment and the options open to you.

PATIENT RESPONSIBILITIES

1. To the best of your ability, please give us accurate, correct and complete information about issues relating to your health and past healthcare problems or conditions.
2. Please tell us at once about any risk concerns you have with your care and any changes in your condition that you did not expect.
3. Please give us feedback about your needs for services and your expectations so we better meet them.
4. Please ask us about your care, treatment and/or services. We want you to understand what they are and what they are supposed to do for you.
5. Please follow instructions and tell us any concerns you have about your ability to follow your plan of care or to be part of the treatment or services given you,
6. Please follow your plan of care, your treatment of services instructions and understand that if you decide not to follow the plan that you and your family is responsible for your health outcomes.
7. As a patient or family member, we appreciate you following our rules and regulations.

DATE: _____ PATIENT'S SIGNATURE _____

DATE: _____ SIGNATURE: _____