**P.A.L.S.**

**Patient Bill of Rights and Responsibilities**

**P.A.L.S. strives to assure that all our patients receive quality care. Our organization supports the rights of each patient as they relate to medical care. You, the patient, can play an important role in assisting us to maintain and continually improve our services. If our services do not meet your expectation, please feel free to discuss your concerns with your physician, nurse or with the Executive Director of P.A.L.S. Expressing your concerns to them will not compromise your care as a patient in any way.**

**Bill of Rights**

**As a valued patient of P.A.L.S. you have the following rights:**

**Access to Care**

**You have the right to receive, within P.A.L.S. capacity, reasonable responses to your requests and needs for treatment and services.**

**Respect, Dignity and Consideration**

**You have the right to considerate and respectful care, including considerations of your psychosocial, spiritual and cultural values and beliefs.**

**You have the right to exercise your cultural and spiritual beliefs that do not interfere with the well-being of others or your course of medical treatment.**

**You have the right to know what patient support services are available.**

**Involvement in Decision-Making**

**You have the right to collaborate with your physician and/or your nurse in making decisions involving your health care, accept medical care or refuse treatment to the extent permitted by law, or be informed of medical consequences should you choose to do so.**

**You have the right to participate or designate a legal representative to participate in the consideration of medical and/or ethical issues that arise concerning your care.**

**Clear Information About Your Condition**

**You have the right to obtain complete and current information necessary to enable you to make treatment decisions that reflect your wishes, which may include the right to formulate advance directives, the identity and professional status of individuals responsible for authorizing and performing procedures and treatment, and the existence of any professional relationship among the individuals treating you. You have the right to obtain information regarding the nature and purpose of the treatment procedure, the potential benefit and the potential drawback of the treatment procedure, any problems related to recuperation and any significant alternatives to the treatment or procedure. You have the right to consent or decline to take part in any activity affecting your care, access and review information in your P.A.L.S. medical records and obtain information that guides the withholding of resuscitation services and the foregoing or withdrawing of life-sustaining treatment from the patient.**

**Confidentiality and Privacy**

**You have the right to confidentiality and privacy of information, between you and your physician(s) and any staff involved in your care.**

**Patient Responsibilities**

**As a patient of P.A.L.S. you have the following responsibilities:**

**Provide Information**

**You are responsible for providing, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses and hospitalization(s), medications, advance directives and any other pertinent information related to your health care.**

**Respect for Others**

**You are responsible for treating P.A.L.S. staff with respect and refraining from physical and non-verbal language or behavior that is offensive, abusive, or intimidating. You will show respect and consideration for the facility, staff, and property.**

**Keeping Appointments**

**You should keep all doctor, P.A.L.S. and clinic appointments. Please call the appropriate office if you need to cancel or reschedule an appointment.**

**P.A.L.S. equipment and/or supplies**

**Based on your clinical need your nurse, physician or social worker may at times loan you P.A.L.S. equipment or give you supplies. We ask that you kindly use the items for the purpose for which it was prescribed, following instructions provided for use, handling care, safety, and cleaning. We also ask that you protect the equipment from fire, water, theft, or other damage while it is in your possession.**

**Following Instructions**

**You are responsible for following the treatment plan recommended by your caregivers. Refusal of treatment or failure to follow medical instructions will be your sole responsibility. If you do not understand the instructions given to you, or if you have any additional concerns, please let your caregiver know immediately.**

**I agree I have read and understand the above rights and responsibilities:**

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 **(patient) (date)**

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 **(nurse) (date)**