



**PATIENT RIGHTS AND RESPONSIBILITIES**

**You Have The Right:**

- To be treated with respect, consideration and dignity, without discrimination on the basis of race, color, sex religion, or national origin.
- To know the policy on rights and responsibilities you have as a patient.
- To participate in decisions involving your health care; to be assisted in the development of advance directives, and to know and take responsibility for the consequences of refusing treatment or not complying with therapy.
- To receive services in a safe and clean environment.
- To privacy and confidentiality and to approve or refuse the release of your medical records, except when release is required.
- To receive information concerning your diagnosis, treatments, and prognosis; and to accept or refuse treatment after full information is given.
- To know what provisions are available for after hours and emergency coverage; and to have access to an interpreter as needed in order to understand explanations.
- To know the fees for services provided and the policies regarding the payment of fees.
- To be free from abuse or neglect; to access protective services.
- To be referred to specialists and other professionals when needed and to change physicians if you are not satisfied and if other qualified physicians are available.
- To voice a compliment or complaint by calling 952.473.6642.

**You Have The Responsibility:**

- To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
- To follow the treatment plan recommended by the practitioner responsible for your care; and for your actions if you refuse treatment or do not follow the practitioner's instructions.
- To keep appointments and, when unable to do so for any reason, to notify the attending practitioner.
- To ensure that the financial obligations of your health care are fulfilled as promptly as possible.
- To be considerate of the rights of other patients and personnel and for assisting in the control of noise, and smoking
- To be respectful of the property of others.
- To ask for clarification when explanations regarding your treatment have not been given to your satisfaction

**ADVANCE DIRECTIVES**

An *advance directive* is a written document which communicates your health care wishes clearly. A copy of your advance directive must be placed in your medical record. There are two types of advance directives:

**A Durable Power of Attorney for Health Care** - is a document that allows you to designate another person (known as a proxy agent) who is at least 18 years of age to make medical decisions for you in the event you are unable to do so. These decisions may include, but are not limited to, the withholding or withdrawal of life prolonging procedures.

**A Living Will or Health Care Directive** - is a document that allows you to state in advance your wishes regarding the use of certain medical procedures and treatments and becomes effective when you are unable to make your own decisions and can no longer communicate such decisions. It serves as a guide to your family or the person you name as your agent.

---

**Name of Patient      Signature of Patient      Date**

---

**Name of Legal Authorized Person      Signature of Legal Authorized Person      Date**

---

**Name of Witness      Signature of Witness      Date**