

## Rights and Responsibilities of Patients

### RIGHTS

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#### As a Patient, I have the RIGHT to:

1. Full information about my rights and responsibilities as a patient at Cancer Care Northwest;
2. Receive an explanation of my diagnosis, benefits of treatment, alternatives, recuperation, risks and an explanation of consequences if treatment is not pursued;
3. An explanation of all rules, regulations and services provided by Cancer Care Northwest, the days and hours of service and provisions for possible emergency care, including telephone numbers;
4. Choose the type of medical plan which is best suited to my particular situation and work with the physician members within my health care plan;
5. Participate in development of a plan of care, including Advance Directives, and have my own copies;
6. Refuse participation in any protocol or aspect of care, including investigational studies, and freely withdraw my previously given consent for further treatment;
7. Disclosure of any teaching programs, research or experimental programs in which the facility is participating;
8. Full financial explanation and payment schedules prior to beginning treatment;
9. Receive professional care without discrimination, regardless of race, creed, color, religion, national origin, sexual preference, handicap, sex or age;
10. Be treated with courtesy, dignity and respect of my personal privacy by all employees of Cancer Care Northwest;
11. Be free of physical/mental abuse and/or neglect by all employees of Cancer Care Northwest;
12. Complain or file grievance with the Cancer Care Northwest Patient Representative without fear of retaliation or discrimination;
13. Confidential treatment of my condition, medical record and financial information;
14. Access to my personal records and to obtain copies upon written request; and,
15. Assistance and consideration in the management of pain.

## RESPONSIBILITIES

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### **As a Patient, I have the RESPONSIBILITY to:**

1. Disclose accurate and complete information related to physical condition, hospitalizations, medications, allergies, medical history and related items;
2. Participate in developing a Plan of Care, Advance Directives and Living Will;
3. Assist in maintaining a safe, peaceful and efficient environment;
4. Provide new/changed information related to my health insurance to the business office and be prepared to meet my agreed co-pay during my office visit;
5. Contact Cancer Care Northwest when unable to keep a scheduled appointment;
6. Cooperate in the planned care and treatment developed for me;
7. Request more detailed explanations for any aspect of service I don't understand;
8. Inform my physicians and nurses of any changes in my condition or any new problems or concerns;
9. Communicate any temporary or permanent change in my address or telephone number which might hinder contact by Cancer Care Northwest staff;
10. Relate my levels of discomfort and/or pain and perceived changes in my pain management to my physician; and,
11. Inform my physician or nurse when I am going to need a prescription refill before my supply is gone.