



### **PATIENT RESPONSIBILITY STATEMENT**

1. To provide to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his health.
2. To participate in health care decisions and for following the treatment plan outlined by the practitioner responsible for his care. This includes following instructions of the physicians, nurses and other health care personnel carrying out the plan of care and enforcing the Center's rules and regulations.
3. For assuring that the financial obligations of his health care are fulfilled as promptly as possible, and in the case of financial difficulty, making all reasonable efforts to meet any agreed upon financial payment plan.
4. For his actions if he refuses treatment or is non-compliant in following a plan of treatment recommended by his physician.
5. To know the rules and regulations of the Center affecting his care and conduct, and for following the Center's rules and regulations.
6. For being considerate of the rights of other patients and Center personnel, and for assisting in the control of noise and smoking.
7. For being respectful of the property of other persons and of the Center.
8. To make known to his physician, attending nurse, or other health care personnel, any concerns or complaints he may have, including degree of, if any, pain he may have.
9. To make sure he understands all information regarding the implications of his symptoms, his surgery or procedure (if applicable), any alternatives to that surgery or procedure, and any risks related to having or declining such surgery or procedure, the expected outcomes of the plan of care outlined by his physician, and his responsibilities in regards to that plan of care.
10. To request, if desired, information on Advance Directives; and the policy of any health care organization on Advance Directives.