

Healthcare Patient Rights and Responsibilities Form

Patient Information

Full Name:

Date of Birth:

Patient ID:

Patient Rights

- I acknowledge my right to receive information about my diagnosis, treatment, and prognosis.
- I acknowledge my right to privacy and confidential handling of my medical information.
- I acknowledge my right to informed consent before any procedure.

Patient Responsibilities

- I accept the responsibility to provide accurate and complete information about my health.
- I accept the responsibility to follow the treatment plan recommended by my healthcare provider.
- I accept the responsibility to respect the rights and comfort of other patients and staff.

Additional Comments:

Patient Signature:

Date:

Submit