

# 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: