

# Patient Bill of Rights and Responsibilities

**You the patient have the right** to have all of your questions answered prior to the test being done.

**You the patient have the right** to assistance in completing the forms provided by the sleep program, this may include having a technologist sit with you and discuss the forms, read them to you, and or write your responses for you.

**You the patient have the right** to have a family member accompany you to the sleep study and stay with you until it is time for the study to begin.

**You the patient have the right** to feel safe when sleeping in the facility.

**You the patient have the right** to voice any concerns you have regarding the services, the facility or the staff.

**You the patient have the right** to participate in decisions made regarding your care.

**You the patient have the right** to personal privacy while in the facility and to know that any information gathered in the process will be kept private .

# Responsibilities

**You the patient have a responsibility** to provide accurate and complete information regarding your present medical/sleep history, past history, hospitalizations, medications and other matters related to your health.

**You the patient have a responsibility** to voice any concerns that you have about the care provided to you.

**You the patient have a responsibility** to ask any and all questions that you might have about the sleep study and follow-up process.

**You the patient have a responsibility** to follow the treatment plan prescribed; and, if you are unable, or unwilling, you must notify us or your physician.

**You the patient have a responsibility** to accept consequences when you do not complete the sleer:: study or follow prescribed treatment.

**You the patient have a responsibility** to be respectful of the staff and your surroundings while in the facility.

**You the patient have a responsibility** to meet financial obligations that result from this service.

**Signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date**: