



Clínica Especializada de Azuero  
CUIDANDO TU SALUD

## Patient Rights and Responsibilities:

### Patient Responsibilities:

1. Collaborate with the compliance of all the norms and instructions established by the Hospital as well as inform him/herself, understand, and respect the regulations in the Hospital.
2. Treat with the highest level of respect all the Hospital staff and respect the rights of other patients, family members and visitors.
3. Use the Hospital facilities in a responsible manner and collaborate with the maintenance of the habitability of the Hospital.
4. Comply with the treatment recommended by your physician and when legally possible reject treatment. The Patient must request and sign a document for voluntary discharge or liability waiver where the Patient is assuming full responsibility for the decision made. If the Patient does not want to sign these documents, the Medical Direction following the recommendation of the physician may discharge the Patient.
5. Pay the bills generated by the attention received, provide general and financial information if necessary as well as sign all the consents presented to them at the moment of admission and during their hospitalization before undergoing any medical procedures.
6. Provide complete and accurate information on your overall health and physical wellbeing as well as collaborating with its obtaining.

### Patient Rights:

1. The Patient has the right to receive comprehensive health care appropriate to their health needs in an efficient functioning health care environment, obtain an appropriate evaluation and management of pain, and that their responsible family member has access to information.
2. The Patient has the right to have his/her personality, dignity, intimacy, security, and personal privacy respected and not be discriminated for any social, economical, moral, ideological, cultural, religious or racial reason.
3. The Patient has the right to the confidentiality of all the information related with the attention process, including the secrecy of his stay in the Hospital, except for any legal requirements that make the delivery of this information obligatory to judicial authorities.
4. The Patient has the right to receive complete and continuous written and verbal information about his/her process including diagnosis, alternative treatments, risks and prognosis in a comprehensible language. If the patient is clearly unwilling or unable to receive such information, it shall be given to the family members or legal guardians.
5. The Patient has the right to freely choose among the options presented by his/her physician, being necessary, prior written consent must be expressed before carrying out any intervention, except in the following cases:

- When there exists a risk of irreversible injury or death and the emergency does not allow any delays.
  - When the absence of treatment supposes a risk to public health.
  - When there is a legal imperative.
  - When the Patient is not in full capacity to make his/her own decisions. In this case the family members or legal guardian will have the right to choose. In case no family member or legal guardian is located the respective authorities will be notified.
6. The Patient has the right to refuse treatment, except in the cases specified in point No. 5, after requesting and signing the voluntary discharge and/or liability waiver.
  7. The Patient has the right to be assigned a physician whose name shall be known and that will be the responsible physician and valid liaison with the health team. In case this physician is absent another physician from the team will assume this responsibility.
  8. The Patient has the right to have all his process recorded in writing or in digital format. This information and the test performed constitute the Medical Record. At the end of the stay in the Hospital, the Patient or responsible family member will receive a copy of the Patient Discharge Summary and the Patient Discharge Plan. The Patient is also entitled to have access to the information in his/her Medical Record within a reasonable time.
  9. The Patient has the right to decide whether or not research, experiments, or clinical trials are performed on his/her person without prior written consent and/or explaining of the methods and purposes of the study.
  10. The Patient has the right to examine and receive proper explanation on all his/her accounts regardless of the source of payment.
  11. The Patient has the right to receive proper functioning of the health services and administrative structure of the Hospital that provide acceptable conditions of habitability, hygiene, food, security and respect for their privacy.
  12. The Patient has the right to make suggestions and file complaints as well as to receive a written response by the Patient Care Department.

**Patient's Full Name or Responsible Family Member:** JUAN GONZALEZ

**Patient's Signature or Responsible Family Member:** \_\_\_\_\_

**Patient's Personal I.D. number or Responsible Family Member** 8-00-678-887-D

**Date** \_\_\_\_\_