



PEMERINTAH KABUPATEN KOTAWARINGIN TIMUR

RSUD dr. MURJANI SAMPIT

Jl.HM.Arsyad No.65 Sampit Telp (0531) 21010Fax (0531) 21782

e-mail: rsdmsampit@yahoo.com

GENERAL CONSENT FORM

1. PATIENT RIGHTS AND RESPONSIBILITIES

By signing this document, I acknowledge that, during registration process for treatment in RSUD dr. Murjani Sampit, I have received information about the rights and responsibilities as a patient.

2. APPROVAL OF HEALTH SERVICES

I agree and give consent to health care in RSUD dr. Murjani Sampit and I hereby request and RSUD dr. Murjani Sampit, doctors, nurses, and other health professionals to provide care for nursing, physical examination conducted by doctors and nurses and procedures diagnostic, radiology or therapeutic and management discretion needed by doctor or advised on my treatment. It covers the entire examination and routine diagnostic procedures, including X-ray, administration and / or medical treatment and injection (intramuscular, intravenous and other invasive procedures) pharmaceutical products and medicines, medical equipment installation. (except those that require special approval / written) and blood sampling for laboratory examination or pathological examination which are required for the safe treatment and action.

3. HEALTH INFORMATION ACCESS

I authorize any and all people who care for me to check and or tell my health information to other healthcare providers who are also taking care of me during in this hospital.

4. MEDICAL CONFIDENTIALITY

I agree that RSUD dr.Murjani Sampit shall ensure the confidentiality of medical information about me either for care or treatment, education and research unless I reveal myself or anyone else that I give authority to it.

5. PRIVACY.

I authorize RSUD dr. Murjani Sampit to maintain the privacy and confidentiality of my disease during the treatment.

6. PERSONAL ITEMS

I not to bring valuables that are not needed, such as: jewelry, electronics and others to RSUD dr .Murjani Sampit and if I bring it, RSUD dr. Murjani Sampit shall not be liable for any loss, damage or theft.

7. FILING A COMPLAINT

I certify that I have received information about the procedures for filing and addressing complaints related to medical services provided to me. I agree to follow the procedures for filing a complaint according to existing procedures.

8. PAYMENT OBLIGATION

I agree, either as trustee or patient, that in accordance with appropriate consideration given to the patient services, I am obliged to pay the total cost of service. The service charge is based on the reference costs and provisions of RSI Sultan Agung.

9. RELEASE OF CONFIDENTIAL INFORMATION

If the private health insurance or government program bears my financing, I authorize RSUD dr. Murjani Sampit to release my medical confidentiality to a private insurance company or a government program. **I also realize and understand that:**

If I do not give consent, or later revoke my consent to release my medical confidentiality to the insurance company that I specify, then I am personally responsible for paying all the care and medical treatment of RSUD dr. Murjani Sampit.

10. PAYMENT BY INSURANCE

If the private health insurance or government program bears my financing, I give more authority to the RSUD dr. Murjani Sampit to give a bill of all services and medical treatment given to private insurance or government programs. If my insurance states that the majority of payment continues to be my personal responsibility or not covered by insurance, then RSUD dr. Murjani Sampit has the authority to issue bills for charges not covered by insurance and I am responsible to pay for it.

11. ISLAMIC SERVICE

I agree either as a patient or patient representative that RSUD dr. Murjani Sampit implement health care based on the principles of Shariah/Islam which consists of spiritual assessment, wearing hijab for Muslim women, reminiscent of the time of prayer, wearing veils bib for breastfeeding mothers.

12. RESEARCH AND EDUCATION

I agree to allow the medical, nursing, and other health personnel in the education / training, unless requested otherwise, to be present during patient care, or participate in the care of patients as part of their education.

Through this document, I reaffirm that I entrust to all health professionals of hospital to provide care, diagnostic and therapeutic to me / my family as an inpatient or outpatient or emergency room (ER), including all investigations, which are needed for the treatment and safe action.

I have read and fully agree with every statement contained in this form and signed it without coercion and with full awareness.

Sampit, ,

Date and Time.....

Patient / Family / Representative

officer

(.....) RM 31

(.....)



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**SPATIENT RIGHTS OF RSUD dr. Murjani Sampit
(Pursuant to article 32 of Law 44 of 2009 on Hospital)**

1. Acquiring information on the rules and regulations of RSUD dr. Murjani Sampit
2. Acquiring information about the patient rights and responsibilities
3. Acquiring humane, fair, honest service and without discrimination.
4. Acquiring quality health services in accordance with professional standards and standard operating procedures.
5. Acquiring the services effectively and efficiently so that patients avoid physical and material damages.
6. Filing complaints against the quality of services provided.
7. Choosing doctor and nursing class in accordance with the wishes and regulations of RSUD dr. Murjani Sampit.
8. Asking for a consultation about the disease to another physician who has a Permit Practice (SIP) both inside an RSUD dr. Murjani Sampit.
9. Acquiring privacy and confidentiality of illness including medical data.
10. Receiving information that includes diagnosis and procedures for medical treatment, the purpose of medical treatment, alternative action, risks and complications that may occur, and the prognosis of the actions taken and estimated cost of treatment.
11. Approving or rejecting the actions to be carried out by health personnel for the disease.
12. Being accompanied by family in a critical condition.
13. Performing religious or belief practice as long as it does not interfere other patients.
14. Obtaining security and safety during treatment in RSUD dr. Murjani Sampit.
15. Submitting proposals, suggestions, and improvements over the treatment of RSUD dr. Murjani Sampit which is given to patient in concern.
16. Rejecting spiritual guidance service that is not in accordance with religion and belief espoused.
17. Suing and / or prosecuting RSUD dr. Murjani Sampit if allegedly providing services that do not fit the standard either civil or criminal; and
18. Complaining about the service of RSUD dr. Murjani Sampit which is not in accordance with the standard of service through the print and electronic media in accordance with the provisions of the legislation.

PATIENT LIABILITIES

(Minister of Health Regulation No. 69 of 2014 on Hospital and Patient Liabilities)

1. Comply with applicable regulations in hospital
2. Using hospital facilities responsibly
3. Respect the rights of other patients, visitors, health care workers and other personnel working in hospital
4. Providing truthful, complete and accurate information about the ability and knowledge of health problems.
5. Providing information on the financial capability and health insurance possessed.
6. Adhere to the treatment plan recommended by the health personnel at the hospital and approved by the concerned patients after an explanation in accordance with the law.
7. Accepting all the consequences of personal decision to reject the treatment plan recommended by health professionals and / or does not comply with instructions given by health personnel in order to cure diseases or health problems, and
8. Giving payment for the service received.