

PATIENT DECLARATION OF VALUES/EXPECTATIONS

EXPECTATION	AS A PATIENT YOU HAVE THE RIGHT...	AS A PATIENT YOU HAVE A RESPONSIBILITY TO...
PRIVACY	<ul style="list-style-type: none"> • To privacy, confidentiality and security of your personal health information. • To access your Medical Record. 	<ul style="list-style-type: none"> • Respect the privacy of others.
QUALITY/SAFETY	<ul style="list-style-type: none"> • To excellence in the delivery of safe and high quality patient care services in a safe, accessible environment free of discrimination, harassment or abuse. 	<ul style="list-style-type: none"> • Recognize that needs of others may sometimes be more urgent than your own. • Express opinions positive or negative about your healthcare experience. • Recognize your role in patient safety and safety of others.
RESPECT	<ul style="list-style-type: none"> • To be treated with dignity, courtesy and respect 	<ul style="list-style-type: none"> • Respect and adhere to hospital policies. • Treat healthcare team members, other patients and families with dignity, courtesy and respect.
PATIENT FOCUS	<ul style="list-style-type: none"> • To have access to reliable and current information about your health care options. • To actively participate in decision-making/planning regarding diagnosis, treatment and discharge planning pertaining to your health care. • To have informed choices outlined in terms you understand. 	<ul style="list-style-type: none"> • Identify a spokesperson or provide a Power of Attorney in the event you cannot make decisions for your care. • Ask questions and share relevant and accurate information with health care providers. • Make informed choices to consent or refuse treatment accepting responsibility for those decisions.