

<Full Name>  
<Patient Id 1>  
<Date of Birth>

East Jefferson  
*Radiation Oncology LLC*  
Yenni Pavilion  
4204 Houma Blvd, Suite 100  
Metairie, LA 70006

## Patient Rights

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Patients have the right to:

- Be informed of their rights and responsibilities.
- Have a family member, chosen representative and/or their physician notified promptly of admission to the hospital.
- Receive treatment and medical services without any type of discrimination.
- Be treated with privacy, consideration, respect and recognition of their individuality.
- Be informed of the names and functions of all physicians and other healthcare professionals providing their direct care.
- Receive the services of a translator or interpreter to facilitate the communication between the patient and the hospital's healthcare professionals.
- Participate in the developments and implementation of their plan of care.
- Make informed decisions regarding their care.
- Be informed of their health status, involved in care planning and treatment, and allowed to request or refuse treatment.
- Be included or to refuse to be included in experimental research.
- Be informed if the hospital has authorized other institutions to participate in their treatment. Patients have the right to know the identity and functions of these institutions, and to refuse to allow the institutions to participate in their treatment.
- Formulate advance directives and have physicians and other healthcare professionals comply with these directives.
- Be informed by their physician and other healthcare professionals about any continuing healthcare requirements after their discharge.
- Receive assistance from their physician and appropriate healthcare professionals in arranging for required follow-up care.
- Have their medical records kept confidential
- Have access to their medical records within a reasonable time frame.
- Be free from restraints of any form that are not medically necessary.
- Be free of all forms of abuse and harassment.
- To receive care in a safe setting.
- Examine and receive an explanation of their bill and may receive information relating to financial assistance available.
- Have a full explanation if they are being transferred to another facility.
- Be informed in writing about the hospital's policies and procedures for initiation, review, and resolution of patient complaints, including the address and telephone number of where to file complains with the Department of Health and Human Services.

**Concerns may also be forwarded to: The State Department of Health and Hospitals, 1201 Capitol Access Road, Post Office Box 3767, Baton Rouge, LA 70821, (866) 280-7737 or**

**The Joint Commission on Accreditation of Hospitals (JCAHO): email: [complaint@jcaho.org](mailto:complaint@jcaho.org), Fax: (630) 792-5656, Phone: (630) 792-5800 or at: Office of Quality Monitoring, 1 Renaissance Blvd., Oakbrook Terrace, IL 60181**

By my signature below, I acknowledge receipt of the Patient's Rights.

**Patients Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Or patient representative signature if patient unable to sign, (relation to patient) \_\_\_\_\_

A list of Patient's Rights & responsibilities is available in the EJGH Patient Handbook available in Guest Services. (Printed 8/06)

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