

Patients' Charter

PATIENTS RIGHT S	PATIENTS RESPONSIBILITIES	DOCTORS CODE OF PRACTICE
I deserve respectful care from my doctors	I will maintain healthy habits & take responsibility for my health	I will provide a printed schedule of my fees for office visits. Procedures. Testing and surgery and provide itemized bills.
I would like to be heard to my satisfaction	I will be respectful to doctors and medical staff	I will schedule appointments to allow the necessary time to see you with minimal Waiting & listen to you without interruption
I would like to get complete information about my medical problem	I will be honest with my doctor & disclosed my family medical history	I will encourage you to bring a friend or relative into the examining room with you.
I would like to be educated, so I can provide informed consent	I will do my best to comply with my doctor's treatment plan	I will facilities your getting the medical and hospital records, and will provide you with copies of your test results

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<p>I would like my privacy to be respected</p>	<p>If I am not happy, I will inform my doctor</p>	<p>I will explain your prognosis and further diagnostic activity and treatment in simple terms you can understand</p>
<p>I want confidentiality to be maintained</p>	<p>I will do my homework to I can participate intelligently in my medical care</p>	<p>I will prescribe information therapy and discuss your diagnostic, treatment and medication option, to allow you to make a well informed decision</p>
<p>I would like my doctor to provide me with treatment options, so I can select what works best for me</p>	<p>I will not ask for padded bills and false certificates.</p>	<p>I will inform you of my qualifications to perform the proposed diagnostic measure or treatments.</p>
<p>I expect my doctor to write the prescription legibly and explain me the dosage, do's & don'ts & generic option for the medicines</p>	<p>I will understand my medicines</p>	<p>I will inform you of organization support groups, websites and publication that can assist you</p>

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I would like to be informed of hospital rules and regulations	I will be punctual for my appointments	I will not proceed until you are satisfied that you understand the benefits and risks of each alternative and I have your agreement on a particular course of action.
I would like information on whom to contact in case of an emergency	I will pay my bills on time	I will display the patient charter prominently in my facility
I would like information about medical fees	I will abide by the hospital / facility rules	
	I will have realistic expectations from my doctor and his treatment	
	I will report fraud and wrong doing.	