

Place patient label here
Patient Name: _____
Medical Record #: _____

Bill of Rights

To Our Clients,

As recipients of services from Seven Hills Hospital, you are entitled to the following rights:

- To receive services without regard to your race, color, religion, sex, age, marital status, national origin, veterans status, or disability.
- To be treated with respect, consideration, and dignity.
- To receive prompt, appropriate treatment and services, in accordance with the laws and standards governing the health care industry.
- To inquire and learn about the professional skills and qualifications of those who will provide your services.
- To participate in the planning and periodic review of your individual treatment plan.
- To be informed of all of your rights as our client.
- To refuse any form of treatment.
- To be informed about available treatment options and the effectiveness of any such options.
- To have your conversations and communications with your provider remain confidential, to the extent permitted by laws and professional standards.
- To receive a copy of your medical record, in accordance with our policies and procedures.
- To sign an informed consent if you desire to participate in any clinical or experimental research studies.
- To refuse to be filmed or taped.
- To receive information about the methods available to file a complaint or grievance regarding our provision of services to you, and know that you will not be retaliated against for filing any such grievance.
- To receive a copy of this Bill of Rights at any time.

By signing below, I acknowledge that Seven Hills Hospital has provided me with the Bill of Rights written above, and that I have reviewed and understand all of the terms therein.

Client Signature (including minors)

Date

Spouse (if Conjoint Treatment)

Date

Legal Guardian Signature (if applicable)

Date

Witness Signature

Date