

Policy Number:
Approved By:

Policy Origination Date:
Policy Revision Date:

Pulmonary Health and Rehabilitation Services
PARTICIPANT RIGHTS AND RESPONSIBILITIES

As a participant, you have the right to expect the following from us:

- I have a right to considerate, respectful care which recognizes individual dignity at all times and under all circumstances.
- I can expect that patient confidentiality and privacy will be preserved at all times.
- I will be asked what I want and what I need to know about my illness and plan of care
- I will learn in a manner that is comfortable for me and my care partner. I am encouraged to ask questions and clarify needs. Every attempt will be made to resolve issues to my satisfaction. I can expect support from all members of the pulmonary rehabilitation team.
- I have a right to receive clear and expedient financial information.
- I will receive an explanation of all tests and procedures before they are done.

As a participant, you have the following responsibilities:

- I will provide to the best of my knowledge, complete and accurate information about my present health status and past medical history and to report any unexpected changes to appropriate health care team members.
- I will notify the health care team members of ANY and ALL unusual signs, symptoms or problems I experience either at the program or while away from the program.
- I will notify the health care team members of ANY and ALL changes that may occur in my medical condition or my treatment plan (e.g., medication changes).
- I will identify my care partners and encourage them to participate in my care and educational activities supporting me.
- I am willing to participate in ongoing follow-up of my progress by answering questions either by phone or questionnaire at regularly scheduled times. These intervals are commonly at program completion, 6 months post program completion, 1 year and 2 years.
- I will actively seek educational activities that will increase my understanding of lifestyle changes surrounding “Lung Health” living to ensure my return to independence as soon as possible (i.e., diet, exercise, stress management, medications, risk factors, etc.).
- I understand I am financially responsible to The Medical Center for all services and supplies to be furnished including any and all deductibles in accordance with the regular rates and terms of The Medical Center.

Participant signature/date

Professional staff member signature/date
